O-090-22

NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form

Applicant/Program: Kentucky Shakespeare, INC.
Applicant Requested Amount: $26,250
Appropriation Request Amount: ~~$23,250~~ $26,250

Executive Summary of Request

Funds requested to produce annual Shakespeare in the Parks tour for this years production of Julius Caesar

Is this program/project a fundraiser?	☐ Yes	☒ No
Is this applicant a faith based organization?	☐ Yes	☒ No
Does this application include funding for sub-grantee(s)?	☐ Yes	☒ No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

6	[signature]	$3000	2/28/22
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman Date

Final Appropriations Amount: _______

sh

Applicant/Program: Kentucky Shakespeare, Inc. Shakespeare in the Park TOUR

Additional Disclosure and Signatures

Additional Council Office Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

District 1		$
District 2	Dr. Barbara Shanklin EE	$ 1500.00
District 3		$
District 4	[signature]	$ 1,500.00
District 5		$
District 6		$
District 7	Paula McCraney LF	$ 1,500.00
District 8	Cassie Armstrong	$ $1,500
District 9	Bill Hollander (ke)	$ #2,250—
District 10	Eamon P Mulvihill	$ $1500—
District 11		$
District 12	Rick Blackwell	$ $1500.00
District 13	Mark H. Fox	$ $375
District 14	Cindi Fowler	$ ~~$1,500~~ KT
District 15	[signature]	$ ~~750~~ $1,875—

Applicant/Program: Kentucky Shakespeare, INC.
Shakespeare in The Park Tour

Additional Disclosure and Signatures

Additional Council Office Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 ____________________ $__________

District 17 [signature] KS $ 1500.00

District 18 ____________________ $__________

District 19 Anthony B. Piagentini $ $1,500

District 20 Stuart Benson by [signature] $ 750.00 Broad Run

District 21 [signature] $ 375.00

District 22 Robin J Engel $ 750.00 Broad Run

District 23 [signature] TJ $ 1500

District 24 ____________________ $__________

District 25 Amy Holton Stone $ $375

District 26 Brent Ackerson / Jm $ 1500.00

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization	Kentucky Shakespeare, Inc.
Program Name and Request Amount	Shakespeare in The Park TMR

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	...Y
Is the funding proposed by Council Member(s) less than or equal to the request amount?	...Y
Is the proposed public purpose of the program viable and well-documented?	...Y
Will all of the funding go to programs specific to Louisville/Jefferson County?	...Y
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	...Y
Has prior Metro Funds committed/granted been disclosed?	...Y
Is the application properly signed and dated by authorized signatory?	...Y
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	...Y
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	...NA
Is the entity in good standing with: ▸ Kentucky Secretary of State? ▸ Louisville Metro Revenue Commission? ▸ Louisville Metro Government? ▸ Internal Revenue Service? ▸ Louisville Metro Human Relations Commission?	...Y
Is the current Fiscal Year Budget included?	...Y
Is the entity's board member list (with term length/term limits) included?	...Y
Is recommended funding less than 33% of total agency operating budget?	...Y
Does the application budget reflect only the revenue and expenses of the project/program?	...Y
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	...NA
Is the most recent annual audit (if required by organization) included?	...NA
Is a copy of Signed Lease (if rent costs are requested) included?	...NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	...NA
Are the Articles of Incorporation of the Agency included?	...Y
Is the IRS Form W-9 included?	...Y
Is the IRS Form 990 included?	...Y
Are the evaluation forms (if program participants are given evaluation forms) included?	...NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	...NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	...Y

Prepared by: Shalanna Fr Sylu Date: 2/28/22

Print Form

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records*	Kentucky Shakespeare, Inc.		
Main Office Street & Mailing Address:	616 Myrtle Street, Louisville, KY 40208		
Website:	www.kyshakespeare.com		
Applicant Contact:	Matt Wallace	**Title:**	Producing Artistic Director
Phone:	502.574.9900, ex. 12	**Email:**	matt@kyshakespeare.com
Financial Contact:	Matt Wallace	**Title:**	Producing Artistic Director
Phone:	502.574.9900, ex. 12	**Email:**	matt@kyshakespeare.com
Organization's Representative who attended NDF Training:	Matt Wallace		
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	18 - see attachment		
Council District(s):	18 - see attachment	**Zip Code(s):**	18 - see attachment

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:	Shakespeare in the Parks JULIUS CAESAR 2022 tour		
Total Request: ($)	$26,250	**Total Metro Award (this program) in previous year: ($)**	18750

Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☒ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- ■ IRS Exempt Status Determination Letter
- ■ Current year projected budget
- ■ Current financial statement
- ■ Most recent IRS Form 990 or 1120-H
- ■ Articles of Incorporation (current & signed)
- Cost estimates from proposed vendor if request is for capital expense
- Signed lease if rent costs are being requested
- ■ IRS Form W9
- Evaluation forms if used in the proposed program
- ■ Annual audit (if required by organization)
- Faith Based Organization Certification Form, if applicable

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:		Amount: ($)	
Source:	EAF Funding - Central Park	Amount: ($)	19000
Source:	NDF - Central Park - D6	Amount: ($)	5000
Source:		Amount: ($)	

Has the applicant contacted the BBB Charity Review for participation? ☒ Yes ☐ No

Has the applicant met the BBB Charity Review Standards? ☒ Yes ☐ No

Applicant's Initials MW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission
Grounded in the works of Shakespeare, we enrich communities through accessible, inclusive, professional theatre experiences that educate, inspire, and entertain diverse audiences.
Vision
To use Shakespeare's truths and the power of the arts to transform lives.
Shakespeare belongs to everyone.

About Us
Kentucky Shakespeare serves communities through the Kentucky Shakespeare Festival in Central Park, education programs for schools, public performances, and community outreach programs. Currently in its 62nd season, the Kentucky Shakespeare Festival in Central Park is the longest-running free, non-ticketed Shakespeare festival in the United States. As the most comprehensive in-school arts education provider in the Commonwealth, Kentucky Shakespeare serves schools throughout the region with interactive educational programming directly tied to academic standards, helping impact student achievement. Our many community programs explore conflict resolution, empathy building, and communication, in a range of settings from preschools to senior centers.

What we do:
- PERFORMANCES: Kentucky Shakespeare Festival in Central Park, Shakespeare in the Parks tour, Shakespeare in the Libraries tour, Indoor productions during the year
- EDUCATION PERFORMANCE AND WORKSHOP TOUR: Two-Actor Much Ado About Nothing, Shakespeare Alive!, Julius Caesar spring tour, Voice of Social Change: Ira Aldridge, Living History: We the People, Living History: Kentucky History, Bard Buddies, Fairy Tales from Around the World, Hip-Hop Shakespeare, Conflict Resolution and Anti-Bullying, Acting Fundamentals, Stage Combat, Staging Shakespeare, Renaissance Dance, Discovering Shakespeare, Mathematics of Shakespearean Design, and Voices of Young Women
- CAMPS AND CLASSES: Camp Shakespeare, Shakespeare Off the Page, Stage Combat, Improv
- COMMUNITY PROGRAMS: Shakespeare with Veterans, Juvenile Justice Arts Program, Shakespeare with Immigrants and Refugees, Survivorship Shakespeare, Community Residencies

Kentucky Shakespeare has been recognized by the Folger Library and the Kentucky Humanities Council for exemplary programming, is a multiyear recipient of the National Endowment for the Arts Shakespeare in American Communities program, and is a past recipient of the Kentucky Governor's Award in the Arts. Kentucky Shakespeare has been awarded multiple LEO Weekly Reader's Choice Awards, Broadway World Louisville Regional Awards, the 2015 Center for Nonprofit Excellence's Art of Vision Pyramid Award, the 2017 Louisville Awards in the Arts Bobby Petrino Family Foundation Arts Impact Award, and the 2019 Arts for All Kentucky Community Partner Award for arts inclusion work with people with disabilities.

Applicant's Initials MW

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Elizabeth Cherry Siebert, Chair - LG&E	8/2022
Kerry Wang, Treasurer - Humana	8/2022
Shannon Harris, Secretary - UPS	8/2023
Anya Bond-Beckley - DDW	8/2022
Brad Comer - Republic Bank	8/2025
Mera Cossey Corlett - Community Liaison	8/2020
Liam Felsen - Frost Brown Todd	8/2024
Rosie Felfle - Liquid Design	8/2019
Jonese Franklin - 89.3 WFPL	8/2024
Kevin Gibson - Humana	8/2023
Joan Gould - Baptist Health	8/2022
LaShondra Hood - Louisville Central Community Center	08/2024
Kay Madrick Howard - Norton Healthcare	08/2023
Erin Paternoster-Vice - Brown-Forman	8/2023
Brooke Zimmerman, White Clay	8/2024
See the next page for the updated list of Board Members	

Describe the Board term limit policy:

Three year terms and three-term limit.

BY-LAWS - SECTION 4. Board members shall serve for for three years beginning immediately upon their election by the Board,and ending on the fiscal year-end following the third anniversary of the date of election. Board members can be elected to no more than three (3) consecutive terms. After serving three (3) consecutive terms, a Board member may be re-nominated to the Board after a one year hiatus. During this one year hiatus, at the discretion of the Board, a Board member may hold the position of Director Emeritus.

Three Highest Paid Staff Names	Annual Salary
Matt Wallace, Producing Artistic Director	98,000
Amy Attaway, Associate Artistic Director	51,000
Kyle Ware, Director of Education	51,000

Applicant's Initials MW

Kentucky Shakespeare Board of Directors, 2022

First	Last	Member Since	3-Term End	
Elizabeth Cherry	Siebert	March 1, 2014	August 1, 2023	
Kay Madrick	Howard	March 1, 2020	August 1, 2029	
Liam	Felsen	August 1, 2016	August 1, 2025	
Kerry	Wang	September 1, 2014	August 1, 2023	
Anya	Bond-Beckley	April 1, 2019	August 1, 2028	
Mera Cossey	Corlett	March 1, 2013	August 1, 2022	
Rosie	Felfle	August 1, 2015	August 1, 2024	
Kevin	Gibson	August 1, 2015	August 1, 2024	
Joan	Gould	June 1, 2019	August 1, 2028	
Shannon	Harris	August 1, 2015	August 1, 2024	
Erin Paternoster	Vice	June 1, 2019	August 1, 2028	
Brooke	Zimmerman	November 1, 2017	August 1, 2026	
LaShonda	Hood	January 21, 2021	August 1, 2030	
Jonese	Franklin	February 21, 2021	August 1, 2030	
Cathryn	Miller	February 21, 2021	August 1, 2030	
Brad	Comer	February 1, 2022	August 1, 2031	
Peter	Tanguay	August 1, 2013	August 1, 2022	Emeritus
Jean	West	May 1, 2019	May 1, 2028	Ex Officio
Jonathan C.	Smith	May 1, 2019	May 1, 2028	Ex Officio
David	James	August 1, 2013	August 1, 2022	Ex Officio
Philip	Allen	November 1, 2019	August 1, 2028	Emeritus

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Annual Shakespeare in the Parks tour this bringing an 80-minute production of JULIUS CAESAR to parks.
Friday, April 8 at 6:30PM - Park TBD, poss. Farnsley Park - Councilman Brent Ackerson, D26
Saturday, April 9 at 2:00PM - Seneca Park - Councilman Bill Hollander, D9
Sunday, April 10 at 6:30PM - Iroquois - CM Fox, D13; CM Triplett, D15; CW George D21; CW Stewart D25
Saturday, April 16 at 2:00PM - Shelby Park - Councilman David James, District 6
Thursday, April 21, 2022 at 6:30PM - Highview Park - Councilman James Peden, District 23
Saturday, April 23 at 2:00PM - Long Run Park - Councilman Anthony Piagentini, District 19
Sunday, April 24 at 6:30PM - Hounz Lane Park - Councilman Markus Winkler, District 17
Saturday, April 30 at 6:30PM - Tyler Park - Councilwoman Cassie Chambers Armstrong, District 8
Sunday, May 1 at 6:30PM - Sun Valley Park - Councilwoman Cindi Fowler, District 14
Sunday, May 8 at 2:00PM - Broad Run Park - Councilman Benson, D 20, and Councilman Engel, D22
Saturday, May 14 at 2:00PM - Petersburg Park - Councilwoman Barbara Shanklin, District 2
Sunday, May 15 at 2:00PM - Riverview Park - Councilman Rick Blackwell, District 12
Sunday, May 15 at 6:30PM - Story Avenue Park - Councilman Bill Hollander, District 9
Saturday, May 21at 2:00PM - Victory Park - Councilman Jecorey Arthur, District 4
Saturday, May 21 at 6:30PM - Joe Creason Park - Councilman Pat Mulvihill, District 10
Sunday, May 22 at 2:00PM - Windy Hills Green - Councilwoman Paula McCraney, District 7
Sunday, May 22 at 6:30PM - Emerson Park - Councilman Kevin Triplett, District 15
Added - Friday, April 22 at 6:30 - South Central Park - Councilman David James, District 6

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

The cost is $1,500 per park performance which covers the cost of the cast of professional actors, stage manager, sound/microphone engineer, costuming, director, education director, dramaturg, and partial rehearsal cost.

Kentucky Shakespeare covers the cost of sound system and all technical elements. In the event of rain, we will have backup alternate rain spaces for each location so the program can take place regardless of weather.

Kentucky Shakespeare covers booking logistics, the cost of paid advertising on social media, postering neighborhoods, and two signs in each park. Each Council Member will receive a digtial packet of advertising materials specifc to their park/district for distribution in advance.

Explanations, please note:
- For the Story Avenue performance, White Clay Consulting is again co-hosting and splitting the $1,500 cost with Councilman Hollander. D9 is also sponsoring a Seneca Park performance.

- Councilman Kevin Triplett is sponsoring both the Emerson Park performance and a portion of the Iroquois Park performance.

- Councilman David James is sponsoring two performances in his district - Shelby and South Central Parks - $3,000 total

Applicant's Initials MW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

Not applicable. This event is not a fundraiser. It's a free, event/program for all of our community.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

☒ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Applicant's Initials MW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

This free community arts event will encourage families throughout the city to experience the arts together as we come together, safely - distanced and outdoors, to heal through accessible arts experiences.

As there is no charge for the event, all community members will have the opportunity to attend and experience this unique community service and event in their own neighborhood park.

To measure attendance, gage participation and demographics, Kentucky Shakespeare will have a voluntarily survey for participants/attendees to assess the event, demographics, and their experience.

Engagement in the arts and exposure to the arts have proven to encourage tolerance, safe emotional discharge, empathy, and improved self-esteem. The event will aid in strengthening family and community bonds, welcoming them to this positive, communal event in a neighborhood park.

The targeted population is all members of the districts. As the programs are presented free of charge, there is no cost barrier.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Kentucky Shakespeare works with Louisville Metro Parks and Olmsted Parks to bring this program to multiple area Parks - a record 35 total parks booked in spring of 2022. Olmsted and Metro Parks help to publicize the events.

2022 parks tour currently sponsored by 19 Louisville Metro Council Members/Districts.

In each neighborhood/district, Kentucky Shakespeare will work with community centers, churches, library branches, community and neighborhood associations to publicize the event.

Applicant's Initials MW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits	$26,250	23000	$49,250
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel		5000	5000
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts		4000	4000
H: Program Materials		5000	5000
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment		2750	2750
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
****TOTAL PROGRAM/PROJECT FUNDS***	$26,250	39750	$66,000
% of Program Budget	40 %	60 %	**100%**

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	20000
United Way	
Private Contributions (do not include individual donor names)	19,750
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	39,750

**Total of Column 1 MUST match "Total Request on Page 1, Section 2"*

***Must equal or exceed total in column 2.*

Applicant's Initials MW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Total			

Applicant's Initials MW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 9/1

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? **NO** ☒ **YES** ☐

If YES, please explain:

Applicant's Initials MW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

Council President James is an Honorary/Emeritus (non-voting) Kentucky Shakespeare Board Member.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	[signature]			**Date:**	2.3.22
Legal Signatory: (please print):	Matt Wallace			**Title:**	Producing Artistic Dir.
Phone:	502-574-9900	**Extension:**	12	**Email:**	matt@kyshakespeare.com

Applicant's Initials MW

DATE	PARK	AMOUNT	SPONSOR	PARK ADDRESS/ZIP SERVED
Friday, April 8 at 6:30PM	TBD/Poss. Farnsley Park	$1,500	Councilman Brent Ackerson, District 26	3100 Wedgewood Way, Louisville, KY 40220
Saturday, April 9 at 2:00PM	Seneca Park	$1,500	Councilman Bill Hollander, District 9	3151 Pee Wee Reese Road, Louisville, KY 40207
Sunday, April 10 at 6:30PM	Iroquois Park	$375	Councilman Mark Fox, District 13	1080 Amphitheater Rd, Louisville, KY 40214
		$375	Councilman Kevin Triplett, District 15	
		$375	Councilwoman Nicole George, District 21	
		$375	Councilwoman Amy Holton Stewart, District 25	
Saturday, April 16 at 2:00PM	Shelby Park	$1,500	Councilman David James, District 6	600 East Oak Street, Louisville, KY 40203
Thursday, April 21, 2022 at 6:30PM	Highview Park	$1,500	Councilman James Peden, District 23	7201 Outer Loop, Louisville, KY 40228
Friday, April 22, 2022 at 6:30PM	South Central Park	$1,500	Councilman David James, District 6	2400 Colorado Ave, Louisville, KY 40208
Saturday, April 23 at 2:00PM	Long Run Park	$1,500	Councilman Anthony Piagentini, District 19	Long Run Park Road, Louisville, KY 40245
Sunday, April 24 at 6:30PM	Hounz Lane Park	$1,500	Councilman Markus Winkler, District 17	2300 Hounz Lane, Louisville, KY 40223
Saturday, April 30 at 6:30PM	Tyler Park	$1,500	Councilwoman Cassie Chambers Armstrong, District 8	1501 Castlewood Avenue, Louisville, KY 40204
Sunday, May 1 at 6:30PM	Sun Valley Park	$1,500	Councilwoman Cindi Fowler, District 14	6616 Ashby Lane, Louisville, KY 40272
Sunday, May 8 at 2:00PM	Broad Run Park	$750	Councilman Stuart Benson, District 20	1551 Bardstown Rd, Louisville, KY 40291
		$750	Councilman Robin Engel, District 22	
Saturday, May 14 at 2:00PM	Petersburg Park	$1,500	Councilwoman Barbara Shanklin, District 2	5008 E Indian Trail, Louisville, KY 40218
Sunday, May 15 at 2:00PM	Riverview Park	$1,500	Councilman Rick Blackwell, District 12	8202 Greenwood Road, Louisville, KY 40258
Sunday, May 15 at 6:30PM	Story Avenue Park	$750	Councilman Bill Hollander, District 9	1519 Story Avenue, Louisville, KY 40206
Saturday, May 21 at 2:00PM	Victory Park	$1,500	Councilman Jecorey Arthur, District 4	1051 S. 23rd Street, Louisville, KY 40210
Saturday, May 21 at 6:30PM	Joe Creason Park	$1,500	Councilman Pat Mulvihill, District 10	1297 Trevilian Way, Louisville, KY 40213
Sunday, May 22 at 2:00PM	Windy Hills Green	$1,500	Councilwoman Paula McCraney, District 7	Highway 42 and Rudy Lane, Louisville, KY 40207
Sunday, May 22 at 6:30PM	Emerson Park	$1,500	Councilman Kevin Triplett, District 15	1100 Sylvia St, Louisville, KY 40217
		$26,250	**TOTAL**	

Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Kentucky Shakespeare

Grantee Representative Name: Matt Wallace

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

☑ I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
   Client Assistance, Community Events and Festivals, and Other Expenses.,
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
   Who, What, When, and Where.
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Grantee Representative Signature

2.3.22
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov Fax: 502-574-3219
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752857510
Nov. 17, 2014 LTR 4168C 0
61-6036654 201312 67
00021617
BODC: TE

KENTUCKY SHAKESPEARE FESTIVAL INC
323 W BROADWAY STE 401
LOUISVILLE KY 40202-2476

014000

Employer Identification Number: 61-6036654
Person to Contact: TAX EXEMPT & GOVERNMENT
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 05, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JULY 1965.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0752857510
Nov. 17, 2014 LTR 4168C 0
61-6036654 201312 67
00021618

KENTUCKY SHAKESPEARE FESTIVAL INC
323 W BROADWAY STE 401
LOUISVILLE KY 40202-2476

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Kim Bailey

Kim D. Bailey
Operations Manager, AM Operations 3

Organization ID # 0010680
State of origin KY
Filing fee $15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0010680

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
http://www.sos.ky.gov

Amended 2022 Annual Report

ARA

Exact organization name and principal office address

KENTUCKY SHAKESPEARE INC.
616 MYRTLE STREET
LOUISVILLE KY 40208

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at **https: \web.sos.ky.gov\ftsearch** or forms can be downloaded from our website.

Registered Agent and Registered Office Address

MATT WALLACE
616 MYRTLE STREET
LOUISVILLE, KY 40208

Principal Officers - List the **name, address and title** of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Chairman	ELIZABETH CHERRY SIEBERT	
Secretary	SHANNON HARRIS	
Treasurer	KERRY WANG	

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

MERA CORLETT	
KEVIN GIBSON	
BROOKE ZIMMERMAN	
ROSIE FELFLE	
LIAM FELSEN	

X

Signature of officer Or chairman of the board (Required) Title (Required) Date (Required)

Kentucky Shakespeare - 2021-2022 APPROVED BUDGET

INCOME	2021-2022 BUDGET
3000 CONTRIBUTED INCOME	
3010 Corporate	
3011 Restricted	$73,000
3012 Unrestricted	$20,000
Total 3010 Corporate	**$93,000**
3020 Foundation	
3021 Restricted	$105,000
3022 Unrestricted	$165,000
Total 3020 Foundation	**$270,000**
3030 Government	
3031 Restricted	$200,500
3032 Unrestricted	$25,000
Total 3030 Government	**$225,500**
3040 Individuals	
3041 Barreling/Park	$42,000
3042 Board	$41,000
3043 Patrons - Restricted	$60,000
3044 Patrons - Sustainers	$6,000
3045 Patron - Unrestricted	$195,000
Total 3040 Individuals	**$344,000**
Total 3000 Contributed Income	**$932,500**
4000 EARNED INCOME	
4010 Production - Summer	
4011 Bar	$55,000
4012 Concessions	$14,500
4013 Merchandise	$21,000
Total 4010 Production Summer	**$90,500**
4100 Programs	
4110 Touring Programs	$163,000
4200 Youth Tuition	$52,000
Total 4110 Touring Programs	**$215,000**
4300 Fall Production	
4310 Tickets	$25,000
4320 Bar	$2,000
4330 Merchandise	$0
Total 4300 Fall Production	**$27,000**
4400 Winter Production	
4410 Tickets	$11,000
4430 Merchandise	$2,500
Total 4400 Winter Production	**$13,500**
4500 Other Earned Income	
4510 Miscellaneous Income	$8,000
4520 Rentals	$1,500

Kentucky Shakespeare - 2021-2022 APPROVED BUDGET

4531 Special Event Tickets	$20,000
Total 4500 Other Earned Income	**$29,500**
Total 4000 Earned Income	**$375,500**
5000 IN-KIND CONTRIBUTIONS	
5010 Materials and Supplies	$8,000
5020 Rent	$0
5030 Services	$12,000
Total In-Kind Contributions	**$20,000**
5100 Discounts	**$10,000**
TOTAL INCOME	**$1,318,000**

EXPENSE

6000 ADMINISTRATION	
6010 Communications - phone, Internet	**$1,800**
6012 Utilities	**$9,200**
6013 Security/Alarm Monitoring	**$840**
6014 Building Maintenance	**$2,000**
6020 Conferences & Staff Development	**$5,600**
6030 Equipment leases (meter, copier)	**$2,420**
6040 Marketing - General	
6042 Digital	$400
6046 Merchandise	$200
Total Marketing	**$400**
6050 Membership and Dues	**$1,200**
6060 Miscellaneous	**$2,000**
6070 Office Supplies	**$1,000**
6080 Permits/Licenses	**$100**
6090 Postage	**$1,400**
6100 Professional Fees	
6101 Auditor	$10,250
6102 IT/Computer	$200
6105 Consultant	$10,000
Total Professional Fees	**$20,450**
6110 Rent	
6111 Office	$33,600
6112 Parking	$2,100
6113 Warehouse	$13,200
Total 6110 Rent	**$48,900**
6120 Refund	**$100**
6130 Salaries	
6134 Payroll	$319,850
6137 Unemployment Tax - UI-3	$600
Total 6130 Salaries	**$320,450**
6140 Service Fees and Charges	

Kentucky Shakespeare - 2021-2022 APPROVED BUDGET

6141 Bank	$0
6142 Intuit - Payroll	$4,300
6143 PayPal	$1,900
6144 Software	$399
6145 Square	$3,100
6146 Trinity Retirement	$2,016
6147 Web Hosting	$360
Total 6140 Service Fees and Charg	**$12,075**
6150 Subscriptions and Publications	**$700**
Total 600 Administration	**$430,535**
6200 DEVELOPMENT	
6210 Marketing	
6211 Broadcast - Radio/TV	$2,000
6212 Digital	$500
6214 Printing	$1,000
6216 Misc.	$750
Total 6210 Marketing	**$4,250**
6220 Postage	**$1,017**
6230 Special Event	
6235 Catering and Reception	$13,000
6240 Event Rentals	$500
6245 Labor	$3,000
Total 6230 Special Event	**$16,500**
6255 Subscriptions and Publications	**$100**
6200 Development - Other	**$2,000**
Total 6200 Development	**$23,867**
6300 EDUCATION	
6310 Administration	
6311 Housing	$13,863
6312 Postage	$2,500
6313 Supplies	$1,000
Total 6310 Administration	**$17,363**
6320 Conferences/Staff Development	**$750**
6330 Labor	
6331 Camp Instructor	$16,720
6332 Camp Assistant	$10,720
6333 Choreographer	$300
6334 Crew	$300
6335 Designer	$3,500
6336 Dramaturg	$500
6337 Educator - Contractor	$53,000
6338 Educator - Salaried	$67,000
Total 6330 Labor	**$152,040**

Kentucky Shakespeare - 2021-2022 APPROVED BUDGET

6350 Marketing	
6351 Digital	$1,500
6352 Printing	$1,500
6356 Photography	$1,600
Total 6350 Marketing	**$4,600**
6360 Production Materials	
6361 Costumes	$2,000
6362 Properties	$1,000
6363 Set	$750
6364 Sound	$500
Total 6360 Production Materials	**$4,250**
6370 Refunds	**$450**
6380 Rentals	**$500**
6390 Touring Expense	
6391 Fuel and Maintenance	$4,000
6392 Lodging	$3,500
6393 Meal Allowance	$1,700
6394 Van Rental - spring tour	$4,500
6395 Mileage	$400
Total Touring Expense	**$14,100**
Total 6300 Education	**$194,053**
6400 PRODUCTION - FALL	
6410 Front of House Expense	
6411 Bar	$1,000
6412 Merchandise	$1,000
6413 Permits and Licenses	$575
6415 Equipment Rental	$0
Total 6410 Front of House Expens€	**$2,575**
6420 Labor	
6421 Actors	$6,780
6422 Crew	$5,100
6423 Designers	$4,800
Total Labor	**$16,680**
6430 Production - Fall Marketing	**$4,000**
6440 Production - Fall Materials	
6441 Costumes	$600
6442 Lighting	$1,200
6443 Properties	$50
6444 Set	$1,500
6445 Sound	$50
6455 Rights	$0
Total 6400 Production Fall Materia	**$3,400**
Total 6400 Production 1 - Fall	**$26,655**

Kentucky Shakespeare - 2021-2022 APPROVED BUDGET

6460 PRODUCTION 2 - WINTER	
6470 Front of House Expense	
6470 Merchandise	$1,000
Total 6410 Front of House Expense	**$1,000**
6480 Labor	
6480 Co-Pro Cost	$10,000
Total Labor	**$10,000**
Total 6400 Production 2 - WINTER	**$11,000**
6500 PRODUCTION - SUMMER	
6510 Administration	**$750**
6520 Equipment Rental	**$14,000**
6530 Front of House Expense	
6531 Bar	$13,000
6532 Merchandise	$10,000
6533 Permits and Licenses	$750
6534 Security	$12,060
6535 FOH Expense - Other	$11,000
Total 6530 Front of House Expense	**$46,810**
6540 Fuel and Maintenance	**$200**
6550 Housing	**$8,500**
6560 Labor	
6561 Actors	$96,600
6562 Crew	$66,000
6563 Designers	$18,500
6564 Choreographers	$2,800
6565 Dramaturg, Coaches	$1,500
6566 Front of House	$8,900
6567 Interns	$31,000
6569 Labor - Other	$2,500
Total 6560 Labor	**$227,800**
6570 Marketing	
6571 Broadcast - Radio/TV	$8,000
6572 Digital	$1,500
6573 Photography/Video	$1,950
6574 Printing	$1,000
6576 Design	$0
Total 6570 Marketing	**$12,450**
6580 Production Materials	
6581 Costumes	$14,000
6582 Lighting	$8,890
6583 Properties	$2,000
6584 Set	$17,000
6585 Sound	$3,000
6886 Production Management	$500

Kentucky Shakespeare - 2021-2022 APPROVED BUDGET

6587 Stage Management	$500
Total 6580 Production Materials	**$45,890**
Total Production - Summer	**$356,400**
7000 OTHER TYPES OF EXPENSES	
7010 Insurances	
7011 Insurance D&O	$3,764
7012 Employee Health	$47,069
7013 General Liability	$22,065
7014 Insurance - Workers Comp	$6,500
Total 7010 Insurances	**$79,398**
7020 Sales and Use Tax	$6,000
7025 Longterm Liabilities	$18,171
7030 Payroll Expenses	
7032 401K Match	$5,050
7033 FICA/taxes	$30,000
Total 7030 Payroll Expense	**$35,050**
7040 Facility	
7041 Benches	$0
7042 Trailer	$0
7043 Vehicle	$0
7044 Vehicle Property Taxes	$500
7055 Headquarters	$100,000
Total 7040 Facility	**$100,500**
Total 7000 Other Types of Expenses	**$239,119**
Total Expense	**$1,281,629**
Net Income	**$36,371**

Kentucky Shakespeare, Inc.

Balance Sheet

As of February 3, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1000 Republic Bank - Checking	186,725.27
1010 Republic Bank - Savings	50,025.07
1015 Republic Bank - Fundraising	0.00
1020 Fifth Third - Checking	0.00
1030 Fifth Third - Savings	0.00
1040 In-Kind	0.00
Total Bank Accounts	**$236,750.34**
Accounts Receivable	
1100 Accounts Receivable	149,158.81
Total Accounts Receivable	**$149,158.81**
Other Current Assets	
1200 Undeposited Funds	0.00
Payroll Refunds	497.14
Total Other Current Assets	**$497.14**
Total Current Assets	**$386,406.29**
Fixed Assets	
1300 Furniture and Equipment	-880.00
1305 Property & Equipment	80,776.74
1310 KSF Equipment	128,313.12
1311 Vehichles	79,961.00
1312 Accum Deprec Vehichles	-38,497.61
1313 Lighting & Sound Equipment	81,281.00
1320 Accum Deprec Equipment	-166,972.60
1321 Accum Deprec Furn/Fix	-1,254.16
1330 Leasehold Improvements	837,282.63
1340 Accum Deprec Leaseholds	-322,258.81
1350 Furniture & Fixtures	8,173.54
Total 1300 Furniture and Equipment	**685,924.85**
Total Fixed Assets	**$685,924.85**
TOTAL ASSETS	**$1,072,331.14**

Kentucky Shakespeare, Inc.

Balance Sheet

As of February 3, 2022

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	0.00
Total Accounts Payable	**$0.00**
Credit Cards	
2010 Credit Card Charges	
2011 Chase	0.00
2012 Lowes	0.00
2013 American Express	0.00
Total 2010 Credit Card Charges	**0.00**
Total Credit Cards	**$0.00**
Other Current Liabilities	
2100 Other Current Liabilities	
2110 Cash Banks	0.00
2120 Sales&Use Tax Payable	0.00
Total 2100 Other Current Liabilities	**0.00**
2200 Payroll Liabilities	0.00
2210 Federal Withholding - 941	-1,119.15
2220 State Withholding - K1	-2,186.92
2230 Local Witholding - W1	1,713.89
2240 Direct Deposit Liabilities	9,605.53
2250 Medicare	65.25
2251 Employee	-13,342.10
2252 Company	0.00
Total 2250 Medicare	**-13,276.85**
2260 Social Security	279.00
2261 Employee	-56,983.34
2262 Company	0.00
Total 2260 Social Security	**-56,704.34**
Total 2200 Payroll Liabilities	**-61,967.84**
2270 Employee 403B Retire Plan	-1,478.27
2271 403B Company Match	458.45
2272 403B Employee Contribution	-217.05

Kentucky Shakespeare, Inc.

Balance Sheet

As of February 3, 2022

	TOTAL
Total 2270 Employee 403B Retire Plan	**-1,236.87**
Direct Deposit Payable	0.00
Payroll Liabilities	
American Funds	39,598.63
Federal Taxes (941/944)	0.00
Humana-Dependent	7,255.43
KY Income Tax	2,978.55
KY Local Tax	-267.92
KY Unemployment Tax	271.65
Rent	258.00
Total Payroll Liabilities	**50,094.34**
Total Other Current Liabilities	**$ -13,110.37**
Total Current Liabilities	**$ -13,110.37**
Long-Term Liabilities	
2300 Long Term Liabilities	
2310 Prior Years - Federal	38,332.69
2311 SBAD Loan	149,900.00
2312 CL SBA Loan	0.00
2320 Prior Years - Unemployment	0.00
2330 Chrysler Town & Country	0.00
Total 2300 Long Term Liabilities	**188,232.69**
Total Long-Term Liabilities	**$188,232.69**
Total Liabilities	**$175,122.32**
Equity	
2340 Opening Balance Equity	72,823.11
2370 Unrestricted Net Assets	633,447.20
Net Income	190,938.51
Total Equity	**$897,208.82**
TOTAL LIABILITIES AND EQUITY	**$1,072,331.14**

** PUBLIC DISCLOSURE COPY **

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 **2019** Open to Public Inspection

A For the 2019 calendar year, or tax year beginning SEP 1, 2019 and ending AUG 31, 2020

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: KENTUCKY SHAKESPEARE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 323 W. BROADWAY Room/suite: 401

City or town, state or province, country, and ZIP or foreign postal code: LOUISVILLE, KY 40202

D Employer identification number: 61-6036654

E Telephone number: (502) 574-9900

G Gross receipts $ 853,159.

F Name and address of principal officer: MATT WALLACE 323 W. BROADWAY, SUITE 401, LOUISVILLE, KY

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ KYSHAKESPEARE.COM

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1960 M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PRESENT ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE, INSPIRE, AND ENTERTAIN.

2 Check this box ▶ ☐ 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)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	743,302.	747,124.
	9	Program service revenue (Part VIII, line 2g)	391,057.	89,697.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,250.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,438.	526.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,131,671.	837,347.
Expenses	13	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)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	393,632.	408,599.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,391.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	615,161.	327,225.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,008,793.	735,824.
	19	Revenue less expenses. Subtract line 18 from line 12	122,878.	101,523.
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	561,225.	717,012.
	21	Total liabilities (Part X, line 26)	240,784.	295,048.
	22	Net assets or fund balances. Subtract line 21 from line 20	320,441.	421,964.

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.

Sign Here ▶ Signature of officer Date 3/11/2021

▶ MATT WALLACE, PRODUCING ARTISTIC DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTINE N KOENIG	Christine N Koenig	3.6.2021		P01022180

Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC Firm's EIN ▶ 61-1064249

Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187 Phone no. (502)426-9660

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

GROUNDED IN THE WORKS OF SHAKESPEARE, WE ENRICH OUR COMMUNITY BY PRESENTING ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE, INSPIRE AND ENTERTAIN PEOPLE OF ALL AGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 243,495. including grants of $) (Revenue $ 24,294.)

THE OFFICIAL SHAKESPEARE FESTIVAL OF THE COMMONWEALTH OF KENTUCKY, KENTUCKY SHAKESPEARE, INC. PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE PUBLIC.

4b (Code:) (Expenses $ 296,703. including grants of $) (Revenue $ 70,058.)

THE ORGANIZATION OPERATES AN EDUCATIONAL OUTREACH PROGRAM OFFERED THROUGHOUT THE KENTUCKIANA AREA WITH PROGRAMS FOR SCHOOLS, ADULTS, VETERANS, AND VULNERABLE GROUPS WITHIN THE COMMUNITY. KENTUCKY SHAKESPEARE, INC. IS THE MOST COMPREHENSIVE IN-SCHOOL ARTS EDUCATION PROVIDER IN THE COMMONWEALTH OF KENTUCKY.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 540,198.

Part IV Checklist of Required Schedules

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

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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *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 sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	69			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
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		
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	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).**				
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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

Check if Schedule O contains a response or note to any line in this Part VI .... [X]

Section A. Governing Body and Management

				Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	18			
b Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6 Did the organization have members or stockholders?			6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a 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 at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*			9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a 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 in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

KENTUCKY SHAKESPEARE, INC. - (502) 574-9900
323 W. BROADWAY, SUITE 401, LOUISVILLE, KY 40202

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ELIZABETH CHERRY SIEBERT CHAIR	1.00	X		X				0.	0.	0.
(2) LIAM FELSEN SECRETARY	1.00	X		X				0.	0.	0.
(3) KERRY WANG TREASURER	1.00	X		X				0.	0.	0.
(4) PHILLIP ALLEN DIRECTOR	1.00	X						0.	0.	0.
(5) ANYA BOND-BECKLEY DIRECTOR	1.00	X						0.	0.	0.
(6) MERA COSSEY CORLETT DIRECTOR	1.00	X						0.	0.	0.
(7) BLAKE COUNSELL DIRECTOR	1.00	X						0.	0.	0.
(8) COLLEEN DEVLIN DIRECTOR	1.00	X						0.	0.	0.
(9) ROSIE FELFLE DIRECTOR	1.00	X						0.	0.	0.
(10) KEVIN GIBSON DIRECTOR	1.00	X						0.	0.	0.
(11) JOAN GOULD DIRECTOR	1.00	X						0.	0.	0.
(12) CULVER HALLIDAY DIRECTOR	1.00	X						0.	0.	0.
(13) SHANNON HARRIS DIRECTOR	1.00	X						0.	0.	0.
(14) LANE DENALI HETTICH DIRECTOR	1.00	X						0.	0.	0.
(15) KAY MADRICK HOWARD DIRECTOR	1.00	X						0.	0.	0.
(16) JEFF KOLEBA DIRECTOR	1.00	X						0.	0.	0.
(17) ERIN PATERNOSTER VICE DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) BROOKE ZIMMERMAN DIRECTOR	1.00	X						0.	0.	0.
(19) DAVID JAMES EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(20) DR. PETER TANGUAY EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(21) JEAN WEST EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(22) DR. JONATHAN C. SMITH EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(23) DIANE BAILEY-BOULET DIRECTOR (PREVIOUS)	1.00	X						0.	0.	0.
(24) REGAN NICHOLS DIRECTOR (PREVIOUS)	1.00	X						0.	0.	0.
(25) MATT WALLACE PRODUCING ARTISTIC DIRECTOR	40.00			X				92,923.	0.	8,264.
1b Subtotal ▶								92,923.	0.	8,264.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								92,923.	0.	8,264.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Form **990** (2019)

932008 01-20-20

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	8,557.				
d Related organizations	1d					
e Government grants (contributions)	1e	209,913.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	528,654.				
g Noncash contributions included in lines 1a-1f	1g	$ 5,000.				
h **Total.** Add lines 1a-1f		▶	747,124.			
Program Service Revenue		Business Code				
2 a EDUCATION PROGRAMS		711190	66,602.	66,602.		
b PRODUCTIONS		711190	23,095.	23,095.		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f		▶	89,697.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)		▶				
4 Income from investment of tax-exempt bond proceeds		▶				
5 Royalties		▶				
		(i) Real / (ii) Personal				
6 a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income or (loss)		▶				
		(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	7a					
b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c					
d Net gain or (loss)		▶				
8 a Gross income from fundraising events (not including $ 8,557. of contributions reported on line 1c). See Part IV, line 18	8a	10,653.				
b Less: direct expenses	8b	15,812.				
c Net income or (loss) from fundraising events		▶	-5,159.			-5,159.
9 a Gross income from gaming activities. See Part IV, line 19	9a	1,030.				
b Less: direct expenses	9b	0.				
c Net income or (loss) from gaming activities		▶	1,030.			1,030.
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory		▶				
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		711190	4,655.	4,655.		
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d		▶	4,655.			
12 **Total revenue.** See instructions		▶	837,347.	94,352.	0.	-4,129.

Part IX | Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106,103.	45,625.	18,037.	42,441.
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	251,775.	198,135.	47,375.	6,265.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,006.	19,454.	4,546.	6.
10 Payroll taxes	26,715.	18,413.	4,894.	3,408.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,000.		10,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	24,113.	16,006.	1,519.	6,588.
13 Office expenses	19,069.	1,733.	13,700.	3,636.
14 Information technology				
15 Royalties				
16 Occupancy	26,233.	19,712.	6,474.	47.
17 Travel	15,635.	13,295.	2,340.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,634.		3,634.	
20 Interest	4,287.		4,287.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,477.	47,004.	2,473.	
23 Insurance	14,936.	13,442.	1,494.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATION EXPENSE	52,311.	52,311.		
b ACTORS CONTRACTS	51,551.	51,551.		
c PRODUCTION EXPENSE	43,517.	43,517.		
d BANK CHARGES	9,927.		9,927.	
e All other expenses	2,535.		2,535.	
25 **Total functional expenses.** Add lines 1 through 24e	735,824.	540,198.	133,235.	62,391.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

Part 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
Assets	1	Cash - non-interest-bearing		38,237.	1	224,809.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		218,664.	3	176,562.
	4	Accounts receivable, net		2,782.	4	1,009.
	5	Loans and other receivables from 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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		916.	9	28,840.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 755,779.			
	b	Less: accumulated depreciation	10b 469,987.	300,626.	10c	285,792.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		561,225.	16	717,012.
Liabilities	17	Accounts payable and accrued expenses		237,328.	17	107,670.
	18	Grants payable			18	
	19	Deferred revenue		3,456.	19	27,378.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	160,000.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		240,784.	26	295,048.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		125,045.	27	218,736.
	28	Net assets with donor restrictions		195,396.	28	203,228.
		Organizations that do not follow FASB ASC 958, check here ▶ [ ] and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		320,441.	32	421,964.
	33	Total liabilities and net assets/fund balances		561,225.	33	717,012.

Form **990** (2019)

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Part 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	837,347.
2	Total expenses (must equal Part IX, column (A), line 25)	2	735,824.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,523.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	320,441.
5	Net unrealized gains (losses) on investments	5	
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	421,964.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
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 basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Name of the organization	Employer identification number
KENTUCKY SHAKESPEARE, INC.	61-6036654

Part I — Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] 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:
5 [ ] 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).**
7 [X] 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.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] 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 university:
10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **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.**
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.**
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.**
d [ ] **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.**
e [ ] 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.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	443,796.	529,027.	516,131.	743,302.	747,124.	2979380.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	443,796.	529,027.	516,131.	743,302.	747,124.	2979380.
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)						101,935.
6 **Public support.** Subtract line 5 from line 4						2877445.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	443,796.	529,027.	516,131.	743,302.	747,124.	2979380.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,779.	25,535.	11,871.	4,462.	4,655.	60,302.
11 **Total support.** Add lines 7 through 10						3039682.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 1,800,991.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 94.66 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 ..... 15 | 93.26 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ [X]

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2019.** 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" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

		Line	Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in 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.**	9c		
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 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), 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**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea*(**see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization	Employer identification number
KENTUCKY SHAKESPEARE, INC.	61-6036654

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 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

[ ] 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

[X] 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 or 990-EZ), 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, 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., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization: KENTUCKY SHAKESPEARE, INC.

Employer identification number: 61-6036654

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		$ 128,687.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 17,832.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 27,538.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: KENTUCKY SHAKESPEARE, INC.

Employer identification number: 61-6036654

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		$ 22,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 33,375.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 45,630.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 77,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: KENTUCKY SHAKESPEARE, INC.

Employer identification number: 61-6036654

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
13		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KENTUCKY SHAKESPEARE, INC.	61-6036654

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
2	RENTAL SPACE	$ 17,832.	08/31/20
		$	
		$	
		$	
		$	
		$	

Name of organization: KENTUCKY SHAKESPEARE, INC.

Employer identification number: 61-6036654

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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
2019
Open to Public Inspection

Name of the organization: KENTUCKY SHAKESPEARE, INC.

Employer identification number: 61-6036654

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V | Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ________ %
b Permanent endowment ▶ ________ %
c Term endowment ▶ ________ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		473,357.	319,404.	153,953.
d Equipment		282,422.	150,583.	131,839.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				285,792.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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" 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	
(8)	
(9)	
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]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	869,808.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	28,332.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,129.		
e	Add lines 2a through 2d			2e	32,461.
3	Subtract line 2e from line 1			3	837,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	837,347.

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	768,285.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	28,332.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,129.		
e	Add lines 2a through 2d			2e	32,461.
3	Subtract line 2e from line 1			3	735,824.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	735,824.

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

AS OF AUGUST 31, 2020 AND 2019, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

Part XIII **Supplemental Information** *(continued)*

PART XII AND XIII, LINE 2D:

DIRECT EXPENSES INCLUDED IN SPECIAL EVENT EXPENSE ON FINANCIAL STATEMENTS WHICH ARE INCLUDED IN FUNDRAISING EVENT NET INCOME ON FORM 990.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization: KENTUCKY SHAKESPEARE, INC.

Employer identification number: 61-6036654

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	19,210.			19,210.
	2 Less: Contributions	8,557.			8,557.
	3 Gross income (line 1 minus line 2)	10,653.			10,653.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11,683.			11,683.
	8 Entertainment	1,850.			1,850.
	9 Other direct expenses	2,279.			2,279.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,812.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-5,159.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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 ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility | 13a | %

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 ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount 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 ☐ 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 ☐ No

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, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
KENTUCKY SHAKESPEARE, INC.	61-6036654

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

FORM 990 IS REVIEWED BY MANAGEMENT AND AGREED TO AUDITED FINANCIAL STATEMENTS PRIOR TO FILING. THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING THE RETURN

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

THE PRODUCING ARTISTIC DIRECTOR'S COMPENSATION IS PER AN EMPLOYMENT AGREEMENT APPROVED BY THE BOARD OF DIRECTORS.

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

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANTS AND OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

Form **8868**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
KENTUCKY SHAKESPEARE, INC.

Taxpayer identification number (TIN)
61-6036654

Number, street, and room or suite no. If a P.O. box, see instructions.
323 W. BROADWAY, NO. 401

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LOUISVILLE, KY 40202

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ KENTUCKY SHAKESPEARE, INC. 323 W. BROADWAY, SUITE 401 - LOUISVILLE, KY 40202
  Telephone No. ▶ (502) 574-9900 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until JULY 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year ______ or
▶ ☒ tax year beginning SEP 1, 2019 , and ending AUG 31, 2020 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2020)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

923841 12-30-19

RESTATED ARTICLES OF INCORPORATION

OF

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.
A NOT FOR PROFIT CORPORATION

* * * * *

Pursuant to the provisions of KRS 273 et seq., the undersigned persons do hereby certify that the above corporation has restated its Articles of Incorporation.

The foregoing articles are accurate, supersede any previous articles, and were adopted by a majority vote of the Board of Directors.

The undersigned further certifies that Articles I, II, III, IV, V, VII, and VIII are amended articles and that except for these amendments, these Restated Articles of Incorporation set forth without change corresponding provisions of the Articles and that they supersede said Articles of Incorporation as amended:

ARTICLE I

The name of the corporation will be: Kentucky Shakespeare Festival, Inc., and shall do business as Kentucky Shakespeare Festival. The corporation was previously listed as The Committee for Shakespeare in Central Park, Inc.

ARTICLE II

The principal office of the corporation will be at 1114 S. Third St., Louisville, Kentucky 40208.

ARTICLE III

The agent for service of process upon the corporation will be Curt L. Tofteland, whose mailing address is the principal office of the corporation above.

ARTICLE IV

The purpose of the corporation will be to foster, aid, and encourage the production of the plays of William Shakespeare for the educational values to be derived thereof by young and old alike from viewing or participating in the staging and interpretation of this great and continuing contribution to our culture. The corporation is organized for any lawful purpose and is irrevocably dedicated and operating exclusively for non-profit purposes.

The corporation is further organized and operated exclusively under the provisions of Section 501 (C) (3) of the Internal Revenue Code and is organized and operated exclusively for any religious, charitable, scientific testing for public safety, literary or educational purposes. The organization is expressly prohibited from devoting more than an insubstantial part of its activities in an attempt to influence legislation, directly or indirectly participating in any political campaign on behalf of, or in opposition to any candidate for public office, or having objectives and engaging in activities which characterize it as an "action" organization.

Further, the organization is not a foundation, etc., pursuant to Section 509 (a) of the Internal Revenue Code.

ARTICLE V

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501 (c) (3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the County in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE VI

The duration of the life of the corporation shall be perpetual or until terminate by its own action.

ARTICLE VII

No Director of the corporation shall be liable for monetary damages for breach of his or her duty as a Director except in the manner provided under KRS 273.248.

The above Restated Articles of Incorporation were adopted by resolution of the Board of Directors and submitted to a vote of the Directors at a special meeting. A written notice of which setting forth the proposed amendments was given to the Directors and that the above amendments were approved by a majority of the membership.

ARTICLE VIII

The corporation shall be governed by its By-laws.

STUART E. ALEXANDER, III
CO- CHAIR STRATEGIC PLANNING
KENTUCKY SHAKESPEARE FEST.
BOARD OF DIRECTORS

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Kentucky Shakespeare, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ________

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ 501c3 not-for-profit charitable organization

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
616 Myrtle Street

Requester's name and address (optional)

6 City, state, and ZIP code
Louisville, KY 40208

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
___ – __ – ____

or

Employer identification number
6 1 – 6 0 3 6 6 5 4

Part II **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶ 2.3.22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

KENTUCKY SHAKESPEARE, INC.

FINANCIAL STATEMENTS

Years Ended August 31, 2021 and 2020

Table of Contents

deming malone
livesay + ostroff

Independent Auditors' Report

To the Board of Directors
Kentucky Shakespeare, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of Kentucky Shakespeare, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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131 E. Chestnut Street
Corydon, Indiana 47112
T: 812.738.3516
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We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kentucky Shakespeare, Inc. as of August 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Deming, Malone, Livesay & Ostroff

Louisville, Kentucky
January 27, 2022

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF FINANCIAL POSITION
August 31, 2021 and 2020

Assets	2021	2020
Current Assets		
Cash and cash equivalents	$ 181,051	$ 224,809
Grants receivable	232,470	176,562
Other receivables	2,421	1,009
Prepaid expenses	5,639	28,840
Total current assets	421,581	431,220
Property and Equipment		
Leasehold improvements	755,981	473,357
Vehicles	59,986	59,986
Furniture, fixtures and equipment	216,751	222,436
	1,032,718	755,779
Less accumulated depreciation	510,067	469,987
	522,651	285,792
Total assets	$ 944,232	$ 717,012

See Notes to Financial Statements.

Liabilities and Net Assets	2021	2020
Current Liabilities		
Accounts payable	$ 555	
Accrued expenses	100,832	$ 107,670
Deferred revenue	10,720	27,378
Current maturities of notes payable	869	5,480
Total current liabilities	112,976	140,528
Long-Term Liabilities		
Notes payable, less current maturities	149,131	154,520
Total liabilities	262,107	295,048
Net Assets		
Without donor restrictions	460,789	218,736
With donor restrictions	221,336	203,228
Total net assets	682,125	421,964
Total liabilities and net assets	$ 944,232	$ 717,012

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF ACTIVITIES
Years Ended August 31, 2021 and 2020

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenues and Other Support			
Grants	$ 62,563	$ 410,338	$ 472,901
Contributions	218,385	233,170	451,555
Small Business Administration grants		220,897	220,897
Small Business Administration loan forgiveness		10,000	10,000
Gifts in-kind	31,888	12,625	44,513
Education programs	113,114		113,114
Productions	97,002		97,002
Special events (net of cost of direct benefits to donors of $11,683 in 2020)	6,250		6,250
Other income	8,700		8,700
	537,902	887,030	1,424,932
Net assets released from restrictions	868,922	(868,922)	
Total revenues and other support	1,406,824	18,108	1,424,932
Expenses			
Program services	925,920		925,920
Management and general	175,338		175,338
Fund-raising	63,513		63,513
Total expenses	1,164,771		1,164,771
Net increase in total net assets	242,053	18,108	260,161
Net assets, beginning of year	218,736	203,228	421,964
Net assets, end of year	$ 460,789	$ 221,336	$ 682,125

See Notes to Financial Statements.

2020		
Without Donor Restrictions	With Donor Restrictions	Total
$ 115,862	$ 339,645	$ 455,507
185,360	25,100	210,460
	67,600	67,600
33,332		33,332
66,602		66,602
23,095		23,095
8,557		8,557
4,655		4,655
437,463	432,345	869,808
424,513	(424,513)	
861,976	7,832	869,808
559,614		559,614
141,973		141,973
66,698		66,698
768,285		768,285
93,691	7,832	101,523
125,045	195,396	320,441
$ 218,736	$ 203,228	$ 421,964

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF FUNCTIONAL EXPENSES
Years Ended August 31, 2021 and 2020

	2021					
	Productions	Education	Total Program Services	Management and General	Fund-Raising	Total
Salaries	$ 74,598	$ 173,141	$ 247,739	$ 65,248	$ 46,135	$ 359,122
Employee benefits	9,396	21,808	31,204	8,218	5,811	45,233
Payroll taxes	6,116	14,195	20,311	5,349	3,782	29,442
Actors contracts	196,126		196,126			196,126
Production	98,730		98,730			98,730
Housing	5,601	15,686	21,287			21,287
Merchandise and concessions	24,166		24,166			24,166
Education contract labor		72,963	72,963			72,963
Education		7,120	7,120			7,120
Advertising	49,994	6,480	56,474	1,716	1,505	59,695
Rent	16,395	17,444	33,839	17,444	302	51,585
Insurance	21,101	6,029	27,130	3,014		30,144
Equipment rental and expense	16,798	3,865	20,663	2,813		23,476
Office supplies				16,335	3,813	20,148
Bank, credit card, and service fees				13,155		13,155
Professional fees				10,965		10,965
Telephone	210	3,143	3,353	629	210	4,192
Dues, subscriptions, taxes, and licenses				1,939		1,939
Travel	38	5,682	5,720			5,720
Conferences				729		729
Interest				7,157		7,157
Development					1,955	1,955
Miscellaneous				17,517		17,517
Total expenses before depreciation	519,269	347,556	866,825	172,228	63,513	1,102,566
Depreciation	49,764	9,331	59,095	3,110		62,205
Total	$ 569,033	$ 356,887	$ 925,920	$ 175,338	$ 63,513	$ 1,164,771

See Notes to Financial Statements.

2020					
Productions	Education	Total Program Services	Management and General	Fund-Raising	Total
$ 71,541	$ 167,395	$ 238,936	$ 63,505	$ 44,219	$ 346,660
7,269	17,009	24,278	6,453	4,493	35,224
5,513	12,900	18,413	4,894	3,408	26,715
51,551		51,551			51,551
32,089		32,089			32,089
3,033	9,950	12,983			12,983
3,001		3,001			3,001
	48,121	48,121			48,121
	4,190	4,190			4,190
15,761	5,245	21,006	1,519	6,588	29,113
13,416	15,212	28,628	15,212	225	44,065
10,455	2,987	13,442	1,494		14,936
854	90	944	3,366		4,310
			7,142	3,528	10,670
			9,927		9,927
			10,000		10,000
108	1,625	1,733	325	108	2,166
			2,867		2,867
	13,295	13,295	2,340		15,635
			3,634		3,634
			4,287		4,287
				4,129	4,129
			2,535		2,535
214,591	298,019	512,610	139,500	66,698	718,808
39,582	7,422	47,004	2,473		49,477
$ 254,173	$ 305,441	$ 559,614	$ 141,973	$ 66,698	$ 768,285

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF CASH FLOWS

Years Ended August 31, 2021 and 2020

	2021	2020
Cash Flows from Operating Activities		
Cash received from grants and contributions	$ 619,598	$ 708,069
Cash received from SBA grants	220,897	67,600
Cash received from productions, education and other sources	206,996	140,287
Cash paid to suppliers and employees	(1,051,802)	(850,454)
Interest paid	(1,958)	(4,287)
Net cash (used in) provided by operating activities	(6,269)	61,215
Cash Flows Used in Investing Activities		
Expenditures for property and equipment	(286,439)	(34,643)
Cash Flows Provided by Financing Activities		
Contributions and grants restricted for property and equipment	248,950	
Proceeds from SBA notes payable		160,000
Net cash provided by financing activities	248,950	160,000
Net (decrease) increase in cash and cash equivalents	(43,758)	186,572
Cash and cash equivalents, beginning of year	224,809	38,237
Cash and cash equivalents, end of year	$ 181,051	$ 224,809

See Notes to Financial Statements.

	2021	2020
Reconciliation of Net Increase in Total Net Assets to Net Cash (Used in) Provided by Operating Activities		
Net increase in total net assets	$ 260,161	$ 101,523
Adjustments to reconcile net increase in total net assets to net cash (used in) provided by operating activities:		
Depreciation	62,205	49,477
Contributions and grants restricted for property and equipment	(248,950)	
Donated property and equipment	(12,625)	
Small Business Administration loan forgiveness	(10,000)	
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	(55,908)	42,102
Other receivables	(1,412)	1,773
Prepaid expenses	23,201	(27,924)
Increase (decrease) in:		
Accounts payable	555	(110,209)
Accrued expenses	(6,838)	(19,449)
Deferred revenue	(16,658)	23,922
Total adjustments	(266,430)	(40,308)
Net cash (used in) provided by operating activities	$ (6,269)	$ 61,215

Supplemental Schedule of Non-Cash Investing and Financing Activities

Donation of property and equipment	$ 12,625
SBA loan forgiveness	$ 10,000

KENTUCKY SHAKESPEARE, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of operations:

Kentucky Shakespeare, Inc. (Organization) is a not-for-profit organization which locally produces plays by William Shakespeare that are performed free to the public at Central Park's C. Douglas Ramey Amphitheater in Louisville, Kentucky. The stage and seating at the amphitheater are the property of the Organization, and the land is the property of Louisville Metro Parks. The plays are performed during the summer months using professional actors, summer interns, and high school apprentices. The plays are also performed in various schools, community centers, corporations, prisons and juvenile centers in Kentucky and surrounding states. Through the Education Outreach Program, the Organization provides theater classes for children and adults, workshops in performing arts, and cultural opportunities to introduce children in Kentucky and the surrounding states to theater. The Organization is supported by contributions, grants, and program service fees.

During the year ended August 31, 2021, the Organization began a multi-phase capital campaign to raise funds for the renovation of its administrative office, costume shop, and rehearsal space. The total approximate goal of the campaign is $360,000.

Summary of significant accounting policies:

This summary of significant accounting policies of the Organization is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of presentation:

The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting. The Organization is required to report information regarding its financial position and activities according to the two classes of net assets – with donor restrictions and without donor restrictions:

Net assets without donor restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net assets with donor restrictions – Net assets subject to donor- (or certain grantor-) imposed restrictions. The Organization's donor-imposed restrictions are temporary in nature that will be met by the passage of time or other events specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Cash and cash equivalents:

For purposes of the statements of cash flows, the Organization considers only undesignated cash and investments with original maturities of three months or less to be cash and cash equivalents.

Grants receivable:

The valuation of grants receivable is based upon historical experience and management's evaluation of the current status of receivables. Receivables are considered uncollectible if payment is not received in accordance with the contractual terms. The allowance account is maintained equal to the estimated uncollectible portion of receivables. It is the Organization's policy to charge off uncollectible receivables to the allowance account when management determines they will not be collected. As of August 31, 2021 and 2020, there is no allowance recorded as balances are considered fully collectible.

Property, equipment and depreciation:

Property and equipment are recorded at cost, if purchased, or fair market value as of the date of donation, if donated. The Organization's policy is to capitalize asset purchases in excess of $700. Depreciation of property and equipment is computed on the straight-line method over their estimated useful lives:

Leasehold improvements	5-31 years
Vehicles	5 years
Equipment	5-10 years
Furniture and fixtures	5 years

Deferred revenue:

Deferred revenue represents contract liabilities for education programs received in advance for future activities and programs. Contract revenues are reported in the fiscal year in which they are earned.

Revenue recognition:

Contract revenue:

The Organization's contract revenues are derived primarily from education programs and activities, and sales of tickets and merchandise. Revenue is recognized at a point in time or over time as the performance obligations are satisfied.

Revenue from education programs is recognized at a point in time as the programs are performed. These programs have set rates depending on the length and the type of program with payments made in advance of the performance. The Organization also receives revenue from educational camps held during summer. Revenue from these camps is recognized over time as instructional services are rendered over a period ranging from 1 – 5 weeks, depending on the duration of the camp. Camp tuition is recognized using the input method as time has elapsed.

The Organization recognizes revenue from sales of tickets, drinks and merchandise at the point in time the items are provided or the ticketed event occurs satisfying the performance obligation. The transaction price varies based on the item or type of event ticket purchased. Payments are made in advance or at the time of purchase.

Approximately 15% and 11% of the Organization's revenues are derived under contracts for the years ending August 31, 2021 and 2020, respectively. Contract revenues are reported as Education Programs and Productions on the statements of activities. For the year ending August 31, 2021, approximately 77% of contract revenue resulted from performance obligations that were satisfied at a point in time and 23% resulted from performance obligations that were satisfied over time. For the year ending August 31, 2020, all contract revenue resulted from performance obligations that were satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of contract revenues and cash flows are affected by the economy, public health regulations, and general public support.

Contributions and grants:

Contributions and grants received are measured at their fair values and reported as an increase in net assets in the year in which the related contribution is made. Donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Conditional promises to give are not included as contributions until the conditions are substantially met.

Contributions other than cash are recorded at their fair market value as of the date of the donation. Contributed services must meet the specific expertise requirements and would normally have been purchased before they are recorded. For the year ended August 31, 2021, in-kind bartending services of $10,000 were recognized for productions.

A portion of the rent expense for the administrative office building was contributed. The in-kind rent is included in the financial statements as gifts in-kind and rent expense of $11,888 and $17,832 for the years ended August 31, 2021 and 2020, respectively. The Organization was notified in February 2020 that the administrative office building was sold by its owner, and the Organization vacated that office space and moved into new administrative office space in May 2021 for which no in-kind rent is received.

A summary of in-kind donations for the years ended August 31, 2021 and 2020 is as follows:

	2021	2020
Property and equipment	$12,625	
Bartending services	10,000	
Rent	11,888	$17,832
Marketing	10,000	5,000
Music production services		5,500
Virtual production filming		5,000
	$44,513	$33,332

Special events:

Special events revenue is recorded equal to the cost of the direct benefit to donors and the related contribution from the donor. Special events are presented net of the costs of direct benefit to donors on the statements of activities.

Functional expenses:

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is constantly applied. The expenses are allocated on the basis of estimates of time and effort.

Advertising:

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2021 and 2020 was $59,695 and $29,113, respectively.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income taxes:

The Organization is exempt from federal, state and local income taxes as a not-for-profit organization as described under Section 501(c)(3) of the Internal Revenue Code. The Organization files an informational tax return in the U.S. federal jurisdiction. However, income from certain activities not directly related to the Organization's tax exempt purpose may be subject to taxation as unrelated business income.

As of August 31, 2021 and 2020, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

Newly issued standards not yet effective:

The Financial Accounting Standards Board has issued accounting standard No. 2016-02, *Leases*, concerning the accounting for leases effective for years beginning after December 15, 2021 and No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, effective for years beginning after June 15, 2021. The Organization is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

Subsequent events:

Subsequent events have been evaluated through January 27, 2022, which is the date the financial statements were available to be issued.

Note 2. Liquidity

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

	2021	2020
Cash	$181,051	$ 224,809
Grants receivable	232,470	176,562
Other receivables	2,421	1,009
Less funds with donor restrictions	(66,136)	(123,866)
	$349,806	$ 278,514

The Organization manages its liquidity and reserves following two guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs. The Organization is monitoring cash flow weekly to meet current cash flow needs, as well as monitoring the budget to ensure expenses are in line with revenues. The Organization is working to pay off debts, obtain additional grant funding, and increase education program revenue through expanded programming and outreach.

Note 3. Grants Receivable

Grants receivable are due within one year and consist of the following as of August 31, 2021 and 2020:

	2021	2020
Fund for the Arts	$156,700	$ 91,237
National Endowment for the Arts	45,000	47,500
Louisville Metro Government	19,000	29,375
Kentucky Arts Council	11,600	8,450
Miscellaneous	170	
Total grants receivable	$232,470	$176,562

Note 4. Changes in Net Assets with Donor Restrictions

Changes in net assets with donor restrictions for the years ended August 31, 2021 and 2020 were as follows:

Restriction	Balance 8-31-20	Contributions and Grants	Released from Restrictions	Balance 8-31-21
Timing	$ 91,237	$155,200	$ (91,237)	$155,200
Property and equipment	6,806	270,075	(270,075)	6,806
Programs	105,185	217,845	(265,200)	57,830
Administrative		243,910	(242,410)	1,500
	$203,228	$887,030	$(868,922)	$221,336

Restriction	Balance 8-31-19	Contributions and Grants	Released from Restrictions	Balance 8-31-20
Timing	$127,290	$ 91,237	$(127,290)	$ 91,237
Property and equipment	6,806	36,000	(36,000)	6,806
Programs	61,300	209,845	(165,960)	105,185
Marketing and promotion		27,538	(27,538)	
Administrative		67,600	(67,600)	
Scholarships		125	(125)	
	$195,396	$432,345	$(424,513)	$203,228

The timing restrictions as of August 31, 2021 and 2020 relate to a contribution from Fund for the Arts, which is for use in the years ended August 31, 2022 and 2021, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 5. Notes Payable

The notes payable consist of the following as of August 31, 2021 and 2020:

	2021	2020
Note payable to the U.S. Small Business Administration, payable in monthly installments of $641 beginning in May 2022, including interest of 2.75% through May 2051. All tangible and intangible personal property is pledged as collateral on this note.	$150,000	$150,000
Note payable to Republic Bank & Trust, forgiven by the Small Business Administration in January 2021.	—	10,000
	150,000	160,000
Less current maturities	869	5,480
	$149,131	$154,520

Future maturities of the notes payable are as follows:

Year ending August 31, 2022	$ 869
2023	3,418
2024	3,513
2025	3,611
2026	3,711
Thereafter	134,878
	$150,000

Note 6. Small Business Administration Grants

On April 15, 2020, the Organization qualified for and received a loan pursuant to the Paycheck Protection Program, a program implemented by the U.S. Small Business Administration under the Coronavirus Aid, Relief, and Economic Security Act, from a qualified lender (the PPP Lender), for an aggregate principal amount of $77,600 (the PPP Loan 1). The PPP Loan 1 bore interest at a fixed rate of 1.0% per annum, with deferred interest, had a term of two years, and was unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan 1 was subject to forgiveness to the extent that the PPP Loan 1 proceeds were used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Organization.

On April 21, 2020, the Organization received a $10,000 Economic Injury Disaster Loan (EIDL) advance from the U.S. Small Business Administration, under the Coronavirus Aid, Relief, and Economic Security Act. The advance is not required to be repaid, however, at the time of the Organization's PPP Loan 1 forgiveness application, the amount of the advance was deducted from the principal amount of the PPP Loan 1 to determine the amount subject to forgiveness.

In January 2021, the Organization was granted forgiveness of $67,600 of the PPP Loan 1. Subsequently in January 2021, the U.S. Small Business Administration granted forgiveness of the $10,000 remaining balance of the PPP Loan 1 associated with the amount of the EIDL advance, in accordance with the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act.

On February 4, 2021, the Organization qualified for and received an additional loan pursuant to the Paycheck Protection Program for an aggregate principal amount of $82,700 (the PPP Loan 2). The PPP Loan 2 bore interest at a fixed rate of 1.0% per annum, with deferred interest, had a term of two years, and was unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan 2 was subject to forgiveness to the extent that the PPP Loan 2 proceeds were used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Organization. The Organization applied for and received forgiveness of the PPP Loan 2 from the Small Business Administration on August 31, 2021.

In July 2021, the Organization qualified for and received a Shuttered Venues Operators Grant (SVOG) of $138,197 from the U.S. Small Business Administration, as established by the Economic Aid to Hard-Hit Small Business, Nonprofits, and Venues Act. The Organization recorded these proceeds using the FASB ASC 958-908 Conditional Contribution model. Under this model, the Organization may account for the funds received as revenue when the program conditions have been substantially met. As of August 31, 2021, the Organization estimates that allowable expenses have been incurred that exceed the amount of SVOG. As such, the Organization has recorded $138,197 as income in the statements of activities for the year ended August 31, 2021. Subsequent to August 31, 2021, the Organization received a Supplemental Shuttered Venues Operators Grant of $110,449.

Note 7. Employee Benefit Plan

The Organization maintains a 401(k) Profit Sharing Plan covering all eligible employees. Employees may contribute an amount of their gross pay subject to certain limitations, and are eligible to receive employer discretionary matching contributions each year. The Organization made contributions of $4,900 and $3,094 to the plan for the years ended August 31, 2021 and 2020, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 8. Operating Lease

The Organization leases office and storage space under operating leases with 10-year and 5-year terms. Total rent expense under these leases for the year ended August 31, 2021 was $19,500.

The Organization leased office and storage space under operating leases with month-to-month lease terms or a one-year term. Total rent expense under these leases for the years ended August 31, 2021 and 2020 was $32,085 and $44,065, respectively.

The Organization also leases a house under an operating lease with a one year term. Total expense under this lease for the years ended August 31, 2021 and 2020 was $28,290 and $2,300, respectively.

The Organization leases equipment under an operating lease on terms exceeding one year. Total expense under this lease for the years ended August 31, 2021 and 2020 was $984.

The future minimum payments under operating leases with terms in excess of one year as of August 31, 2021 are as follows:

Years ending August 31,	2022	$ 47,784
	2023	47,784
	2024	47,784
	2025	47,882
	2026	43,700
	Thereafter	172,200
		$407,134

Note 9. Related Party Transactions

An officer of the Organization served as an ex-officio, non-voting member of the Board of Directors of Fund for the Arts (see Note 10) during the years ended August 31, 2021 and 2020. Revenue received from Fund for the Arts for the years ended August 31, 2021 and 2020 was $222,113 and $146,519, respectively. The receivable due from Fund for the Arts as of August 31, 2021 and 2020 was $156,700 and $91,237, respectively.

Note 10. Concentrations and Contingencies

The Organization receives a significant portion of its revenues from Fund for the Arts. Revenues from Fund for the Arts represented 16% and 17% of net revenues during the years ended August 31, 2021 and 2020, respectively. Changes in the future allocation of funding from this donor could have a significant impact on the Organization's operations. During the year ended August 31, 2021, the Organization also received 16% of its revenue from the U.S. Small Business Administration.

On March 11, 2020, the World Health Organization classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. As of August 31, 2021, economic and public health uncertainties exist which may have a negative impact on the Organization's future financial position and results of operations. The total impact of the COVID-19 pandemic is unknown at the date the financial statements were issued. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

Kentucky Secretary of State
Michael G. Adams

KENTUCKY SHAKESPEARE INC.

File Annual Report | File Certificate of Assumed Name (DBA)

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms | Subscribe to changes made to this entity | Certificates

General Information

Organization Number	0010680
Name	KENTUCKY SHAKESPEARE INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/8/1963
Organization Date	5/8/1963
Last Annual Report	2/22/2022
Principal Office	616 MYRTLE STREET LOUISVILLE, KY 40208
Registered Agent	MATT WALLACE 616 MYRTLE STREET LOUISVILLE, KY 40208

Current Officers

Chairman	Elizabeth Cherry Siebert
Secretary	Shannon Harris
Treasurer	Kerry Wang
Director	Mera Corlett
Director	Kevin Gibson

Past Shakespeare in the Parks Tour Production Photos