

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

JUL 20 2018 PM 1:27 A.D.

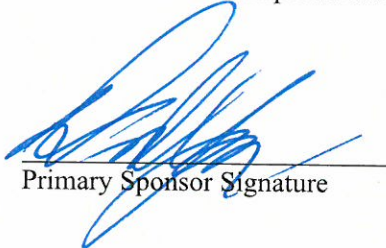
Applicant/Program: Kentucky Shakespeare / Free Summer Festival  
Applicant Requested Amount: 10,000  
Appropriation Request Amount: 10,000

Executive Summary of Request Free Summer Festival serves 100% of Louisville zip codes. Festival makes work available and accessible to Louisville's diverse community regardless of financial limitations. From the week that schools get out when it resumes in August, any family can experience this public service and community festival at no cost to them

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  
District #

  
Primary Sponsor Signature

10000.00  
Amount

7/18/18  
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: \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

<b>Legal Name of Applicant Organization</b>	Kentucky Shakespeare	
<b>Program Name and Request Amount</b>	10,000.00 Free Summer Festival	
	<b>Yes/No/NA</b>	
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> ..yes	
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> ..yes	
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> ..yes	
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> ..yes	
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> ..yes	
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> ..yes	
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> ..yes	
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" type="checkbox"/> ..yes	
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input checked="" type="checkbox"/> ..NA	
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input checked="" type="checkbox"/> ..yes	
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> ..yes	
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> ..yes	
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> ..yes	
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> ..yes	
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input checked="" type="checkbox"/> ..yes	
Is the most recent annual audit (if required by organization) included?	<input checked="" type="checkbox"/> ..yes	
Is a copy of Signed Lease (if rent costs are requested) included?	<input checked="" type="checkbox"/> ..NA	
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input checked="" type="checkbox"/> ..NA	
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> ..yes	
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> ..yes	
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> ..yes	
Are the evaluation forms (if program participants are given evaluation forms) included?	<input checked="" type="checkbox"/> ..NA	
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input checked="" type="checkbox"/> ..NA	
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> <del>NA</del> Yes <i>ShmS</i>	
Prepared by: <i>Shalanna M. Jylor</i>	Date: <i>7/18/18</i>	

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 1 – APPLICANT INFORMATION

<b>Legal Name of Applicant Organization:</b> Kentucky Shakespeare, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 323 W. Broadway, Suite 401, Louisville, KY 40202			
<b>Website:</b> www.kyshakespeare.com			
<b>Applicant Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Dir.
<b>Phone:</b>	502.574.9900	<b>Email:</b>	matt@kyshakespeare.com
<b>Financial Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Dir.
<b>Phone:</b>	502.574.9900	<b>Email:</b>	matt@kyshakespeare.com

**Organization's Representative who attended NDF Training:** Amy Attaway, Associate Artistic Director

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

<b>Program Facility Location(s):</b>	Central Park		
<b>Council District(s):</b>	6	<b>Zip Code(s):</b>	40208, + all other visiting

### SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

**PROGRAM/PROJECT NAME:** Kentucky Shakespeare Festival in Central Park

<b>Total Request: (\$)</b>	10,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	10000
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**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:

<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IRS Exempt Status Determination Letter</li> <li><input checked="" type="checkbox"/> Current year projected budget</li> <li><input checked="" type="checkbox"/> Current financial statement</li> <li><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H</li> <li><input checked="" type="checkbox"/> Articles of Incorporation (current &amp; signed)</li> <li>Cost estimates from proposed vendor if request is for capital expense</li> </ul>	<ul style="list-style-type: none"> <li>Signed lease if rent costs are being requested</li> <li><input checked="" type="checkbox"/> IRS Form W9</li> <li>Evaluation forms if used in the proposed program</li> <li><input checked="" type="checkbox"/> Annual audit (if required by organization)</li> <li>Faith Based Organization Certification Form, if applicable</li> </ul>
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**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.

<b>Source:</b>	EAF - Libraries Tour	<b>Amount: (\$)</b>	4,000
<b>Source:</b>	EAF - Immigrants Prog.	<b>Amount: (\$)</b>	2,500
<b>Source:</b>	EAF - Central Park	<b>Amount: (\$)</b>	15,000

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

Grounded in the works of Shakespeare, Kentucky Shakespeare's mission is to enrich our community by presenting accessible, professional theatre experiences that educate, inspire and entertain people of all ages.

We believe Shakespeare belongs to everyone, regardless of age, geography, or socioeconomic background. The universal power of Shakespeare and the transformative power of the arts can affect positive change in our community.

Kentucky Shakespeare, designated as the Official Shakespeare Company of the Commonwealth of Kentucky, is a non-profit, professional theatre company.

Founded in 1949, Kentucky Shakespeare currently serves 108,000+ people annually through the Kentucky Shakespeare Festival in Central Park, education programs in schools, public performances, and community outreach. As the most comprehensive in-school arts education provider in Kentucky, last season Kentucky Shakespeare toured to 83 counties, serving 69,000 students 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 pre-schools to senior centers.

Kentucky Shakespeare has been recognized by the Folger Library and the Kentucky Humanities Council for exemplary programming, is a multi-year 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, and the 2017 Louisville Awards in the Arts Bobby Petrino Family Foundation Arts Impact Award.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Kerry Wang, Chair - Humana	08/2023
Liam Felsen, Secretary - Frost, Brown, Todd	08/2025
Elizabeth Siebert, Treasurer - LG&E	08/2023
Merry Cossey Corlett - Community Liaison	08/2022
Rosie Felfle, Kindred	08/2024
Regan Nichols, Scoppechio	08/2025
Kevin Gibson, Humana	08/2024
Culver Halliday, Stoll, Keenon, Ogden	08/2022
Shannon Harris, UPS	08/2024
Lane Hettich, Neace Lukens	08/2024
Brooke Zimmerman, White Clay	08/2024
David James, Louisville Metro	08/2022
Jeff Koleba, Churchill Downs	08/2025
Lindsay Fouts, Kentuckiana CPAs	08/2025
Blake Counsell, Republic Bank	08/2024
Dr. Peter Tanguay, University of Louisville	08/2022

**Describe the Board term limit policy:**

Three year terms and three-term limit.

Three Highest Paid Staff Names	Annual Salary
Matt Wallace, Producing Artistic Director	81,404
Robert Silverthorn, Dir. of Operations and Marketing	58,888
Kyle Ware, Dir. of Operations	41,637

## 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.):**

Kentucky Shakespeare is designated the Official Shakespeare Company of the Commonwealth by the Legislature. 2018 marks the 58th season of our free summer festival in Central Park as the oldest, free Shakespeare Festival in the United States. For the past five summers we have served 100% of Louisville zip codes in Central Park.

We serve Louisville's underserved, making the work available and accessible to our diverse community regardless of financial limitations. We operate in an urban park, and our audience is one of the most diverse of any professional arts organization in the area. From the week that schools get out when it resumes in August, any family can experience this public service and community festival at absolutely no cost to them.

The Festival season runs for 10 weeks from May 30-August 5, 2018 for 60 performances. 100% of these performances are offered at absolutely no cost to the public for a total of over 200 hours of free arts experiences for our community. At least 50% of the 30,000 audience members will be underserved audience members - minorities, elderly, low-income, at risk, disabled.

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

The summer season budget is just under \$300,000 for the 10-week free community festival. During the summer season Kentucky Shakespeare employs 65 people, with 97% of them (all but two) living here in the area. We are able to employ these professionals in the summer months when they may otherwise be unemployed.

The fund assists in paying professional artists for the festival.

## 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 the 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.

## 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:**

Kentucky Shakespeare will provide arts experiences to underserved community members at no cost to them - 25,000-30,000 people this summer of 2018. Populations in Louisville will be engaged throughout summer through intergenerational, shared artistic, community experiences. A safe, community experience will be provided. The arts have shown to develop empathy, conflict resolution skills, confidence, communication, influence thought and action, and improve mental health and well-being.

This will be measured through audience demographic surveys and manual audience counts.

**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 engages community members in varieties of ways. We seek to increase the way in which we engage. All of the 60 performances will be preceded by pre-show performances from groups from our community including Down Syndrome of Louisville, community centers, Dreams With Wings, Acting Against Cancer, Dancensation Studios, CirqueLouis, Governor's School for the Arts, Louisville Fencing, the Stephen Foster Story, New Albany Riverstage, and our own Shakespeare With Veterans program. We will expand our engagement through additional community booths nightly and underserved groups. We will measure through tracking of community booth engagement, pre-show engagement, tracking of numbers of early arrivals, and performance questionnaire.

Kentucky Shakespeare is also partnering this summer with the Louisville Ballet, the Louisville Improvisors, and Cincinnati Shakespeare as they will be presenting full performances on our stage. Many organizations will be exhibiting in the park including the Commonwealth Theatre Center, Louisville Water Company, Gilbert and Sullivan Society, and Metro Parks.





**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	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	10000	191310	201310
<b>B: Rent/Utilities</b>		5549	5549
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>		85740	85740
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	10000	282599	292599
<b>% of Program Budget</b>	3 %	97 %	<b>100%</b>

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

Other State, Federal or Local Government	37,000
United Way	
Private Contributions (do not include individual donor names)	145,599
Fees Collected from Program Participants	
Other (please specify)	<del>100,000</del> (earned in park)
<b>Total Revenue for Columns 2 Expenses **</b>	<del>282,599</del>

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

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

## 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
<b>Total</b>			

Applicant's Initials llh

**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
Volunteers - ushers	\$2640	\$10/hour for 264 hours
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>	\$2640	

**\* 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:

## 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.

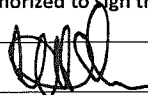
#### Standard Certifications

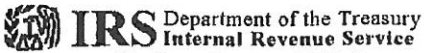
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

### 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.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	7/1/18
<b>Legal Signatory: (please print):</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Dir.
<b>Phone:</b>	502-574-9900	<b>Extension:</b>	12
<b>Email:</b>	matt@kyshakespeare.com		



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  
[REDACTED] 201312 67

00021617  
BODC: TE

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



014000

Employer Identification Number: [REDACTED]  
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](http://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

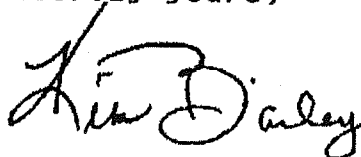
201312 67

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,

A handwritten signature in black ink that reads "Kim D. Bailey". The signature is written in a cursive style with a large, stylized "K" and "B".

Kim D. Bailey  
Operations Manager, AM Operations 3

# Kentucky Shakespeare 2017-2018 Budget

<b>INCOME</b>	<b>2017-2018 BUDGET</b>
<b>CONTRIBUTED INCOME</b>	
Corporate	\$50,000
Foundation	\$235,000
Government	\$55,000
Individuals	\$189,000
<b>Total Contributed Income</b>	<b>\$529,000</b>
<b>EARNED INCOME</b>	
Production	\$131,500
Programs Fees	\$380,000
Other Earned Income	\$44,000
<b>Total Earned Income</b>	<b>\$531,500</b>
<b>TOTAL INCOME</b>	<b>\$1,060,500</b>
<b>EXPENSE</b>	
Administration	\$333,273
Development	\$16,700
Education	\$160,068
Other Types of Expenses	\$100,609
Payroll Expense	\$125,000
Production - Summer	\$262,599
Production - Fall	\$33,310
<b>Total Expense</b>	<b>\$1,031,559</b>
<b>Net Income</b>	<b>\$28,941</b>

**Kentucky Shakespeare**  
**Balance Sheet**  
 As of August 31, 2018

	Aug 31, 18
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Fifth Third	6.93
Fifth Third - Savings	27.06
In-Kind Clearing	400.00
Republic Bank	19,762.88
Republic Bank - Savings	194.23
<b>Total Checking/Savings</b>	20,391.10
<b>Accounts Receivable</b>	
Accounts Receivable	45,128.31
<b>Total Accounts Receivable</b>	45,128.31
<b>Other Current Assets</b>	
Undeposited Funds	792.20
<b>Total Other Current Assets</b>	792.20
<b>Total Current Assets</b>	66,311.61
<b>Fixed Assets</b>	
<b>Furniture and Equipment</b>	
1400 Property & Equipment	20,765.62
1410 KSF Equipment	128,313.12
1411 Vehichles	37,471.50
1412 Accum Deprec Vehichles	-32,546.41
1413 Lighting & Sound Equipment	55,754.00
1420 Accum Deprec Equipment	-120,682.18
1421 Accum Deprec Furn/Fix	-912.10
1430 Leasehold Improvements	321,237.87
1440 Accum Deprec Leaseholds	-277,452.18
1450 Furniture & Fixtures	2,801.95
<b>Total Furniture and Equipment</b>	134,751.19
<b>Total Fixed Assets</b>	134,751.19
<b>TOTAL ASSETS</b>	<b>201,062.80</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	34,889.59
<b>Total Accounts Payable</b>	34,889.59
<b>Credit Cards</b>	
Chase	-151.00
<b>Total Credit Cards</b>	-151.00
<b>Other Current Liabilities</b>	
Banks	-400.00
<b>Payroll Liabilities</b>	
Federal Income Tax/941	65,796.53
KY State Income Tax/K-1	21,442.97
Local Income Tax/W1	9,677.41
<b>Medicare</b>	
Company	-1,516.32
Employee	10,717.15
Medicare - Other	159.50
<b>Total Medicare</b>	9,360.33



**Kentucky Shakespeare**  
**Balance Sheet**  
**As of August 31, 2018**

	<u>Aug 31, 18</u>
Social Security	
Company	-5,645.03
Employee	44,605.67
Social Security - Other	-156.42
	<hr/>
Total Social Security	38,804.22
Payroll Liabilities - Other	987.45
	<hr/>
Total Payroll Liabilities	146,068.91
Retirement Account	
403B Company Match	-184.14
403B Employee Contribution	-863.21
	<hr/>
Total Retirement Account	-1,047.35
	<hr/>
Total Other Current Liabilities	144,621.56
	<hr/>
Total Current Liabilities	179,360.15
Long Term Liabilities	
Other Liabilities	
Prior Years - Federal	85,598.36
Prior Years - KY Unemployment	14,921.62
	<hr/>
Total Other Liabilities	100,519.98
	<hr/>
Total Long Term Liabilities	100,519.98
	<hr/>
Total Liabilities	279,880.13
Equity	
Opening Balance Equity	73,828.08
Unrestricted Net Assets	-67,391.02
Net Income	-85,254.39
	<hr/>
Total Equity	-78,817.33
	<hr/>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>201,062.80</u></b>

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning **SEP 1, 2016** and ending **AUG 31, 2017**

**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) Room/suite  
**323 W. BROADWAY 401**

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

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

**D** Employer identification number

**E** Telephone number  
**(502) 574-9900**

**G** Gross receipts \$ **1,027,400.**

**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)

**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (Insert no.)  4947(a)(1) or  527

**J** Website: **KYSHAKESPEARE.COM**

**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: <b>PRESENT ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE, INSPIRE, AND ENTERTAIN.</b>		
2	Check this box <input type="checkbox"/> 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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2016 (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.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	443,796.	529,027.
9	Program service revenue (Part VIII, line 2g)	411,377.	460,215.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	3,175.	20,403.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	858,348.	1,009,645.
Expenses		Prior Year	Current Year
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)	316,453.	364,935.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>46,676.</b>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	561,288.	665,647.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	877,741.	1,030,582.
19	Revenue less expenses. Subtract line 18 from line 12	<19,393.>	<20,937.>
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	395,883.	407,157.
21	Total liabilities (Part X, line 26)	182,193.	214,404.
22	Net assets or fund balances. Subtract line 21 from line 20	213,690.	192,753.

**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: **MATT WALLACE** Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **CHRISTINE N KOENIG** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm's name: **DEMING MALONE LIVESAY & OSTROFF PSC** Firm's EIN: \_\_\_\_\_

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? 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? 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 \$ 505,339. Including grants of \$ ) (Revenue \$ 142,859.) 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 \$ 335,811. Including grants of \$ ) (Revenue \$ 342,891.) THE ORGANIZATION OPERATES AN EDUCATIONAL OUTREACH PROGRAM THAT IS OFFERED THROUGHOUT THE KENTUCKIANA AREA.

4c (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 841,150.

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 <b>Section 501(c)(3) organizations.</b> 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		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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		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	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		X

Form 990 (2016)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>		
<b>21</b> 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		X
<b>22</b> 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		X
<b>23</b> 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		X
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>25b</b>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>28c</b>		
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>29</b>		
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>30</b>		
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>31</b>		
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>32</b>		
<b>33</b> 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		X
<b>33</b>		
<b>34</b> 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		X
<b>34</b>		
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b>		
<b>37</b> 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		X
<b>37</b>		
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
<b>38</b>	X	

Note. All Form 990 filers are required to complete Schedule O

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

Main form body containing questions 1a through 14b and corresponding Yes/No columns.

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a	15													
1b		15												
2														X
3														X
4														X
5														X
6														X
7a														X
7b														X
8a										X				
8b										X				
9														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a														X
10b														
11a														X
12a														X
12b														
12c														
13														X
14														X
15a									X					
15b														X
16a														X
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 (or 1024 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  Upon request  Other (explain in Schedule O)
- 19 Describe in 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KERRY WANG CHAIR	1.00	X		X				0.	0.	0.
(2) ELIZABETH CHERRY SIEBERT TREASURER	1.00	X		X				0.	0.	0.
(3) LIAM FELSON SECRETARY	1.00	X		X				0.	0.	0.
(4) LANE DENALI HETTICH BOARD MEMBER	1.00	X						0.	0.	0.
(5) JEFF KOLEBA BOARD MEMBER	1.00	X						0.	0.	0.
(6) DIANE BAILEY-BOULET BOARD MEMBER	1.00	X						0.	0.	0.
(7) MERA COSSEY CORLETT BOARD MEMBER	1.00	X						0.	0.	0.
(8) BLAKE COUNSELL BOARD MEMBER	1.00	X						0.	0.	0.
(9) ROSIE FELFIE BOARD MEMBER	1.00	X						0.	0.	0.
(10) KEVIN GIBSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) CULVER HALLIDAY BOARD MEMBER	1.00	X						0.	0.	0.
(12) SHANNON HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(13) DAVID JAMES BOARD MEMBER	1.00	X						0.	0.	0.
(14) DR. PETER TANGUAY BOARD MEMBER	1.00	X						0.	0.	0.
(15) BROOKE ZIMMERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) PHILLIP ALLEN HAIR (PREVIOUS)	1.00	X	X					0.	0.	0.
(17) AMANDA GREGORY SECRETARY (PREVIOUS)	1.00	X	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY EISENBACK BOARD MEMBER (PREVIOUS)	1.00	X						0.	0.	0.
(19) THADDEUS HOOVER BOARD MEMBER (PREVIOUS)	1.00	X						0.	0.	0.
(20) EMILY PAGORSKI BOARD MEMBER (PREVIOUS)	1.00	X						0.	0.	0.
(21) MATT WALLACE PRODUCING ARTISTIC DIRECTO	40.00			X				81,404.	0.	5,679.
<b>1b Sub-total</b> .....								81,404.	0.	5,679.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								81,404.	0.	5,679.

**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
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> 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 .....		X
<b>5</b> 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 .....		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**

**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	8,202.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	85,337.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	435,488.			
	g Noncash contributions included in lines 1a-1f: \$		1,000.			
	h Total. Add lines 1a-1f		529,027.			
	Program Service Revenue	2 a EDUCATIONAL PROGRAMS	Business Code 711190	324,866.	324,866.	
b PRODUCTIONS		711190	135,349.	135,349.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			460,215.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 8,202. of contributions reported on line 1c). See Part IV, line 18	a	12,623.			
		b Less: direct expenses	b	17,755.		
c Net income or (loss) from fundraising events			<5,132.>		<5,132.>	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	711190	25,535.	25,535.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		25,535.				
12 Total revenue. See instructions.		1,009,645.	485,750.	0.	<5,132.>	

**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	87,651.	37,690.	14,901.	35,060.
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	220,687.	178,483.	40,175.	2,029.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,635.	15,539.	3,563.	533.
10	Payroll taxes	36,962.	26,113.	6,609.	4,240.
11	Fees for services (non-employees):				
a	Management				
b	Legal	15,000.		15,000.	
c	Accounting	10,450.		10,450.	
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.)	11,000.		11,000.	
12	Advertising and promotion	27,572.	24,575.	2,580.	417.
13	Office expenses	14,836.	2,270.	8,216.	4,350.
14	Information technology	349.		349.	
15	Royalties				
16	Occupancy	26,626.	20,052.	6,527.	47.
17	Travel	21,418.	17,825.	3,593.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,626.		5,626.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,585.	41,406.	2,179.	
23	Insurance	23,291.	20,962.	2,329.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>ACTORS CONTRACTS</b>	200,829.	200,829.		
b	<b>PRODUCTION EXPENSE</b>	168,715.	168,715.		
c	<b>EDUCATION EXPENSE</b>	86,691.	86,691.		
d	<b>BANK CHARGES</b>	8,443.		8,443.	
e	All other expenses	1,216.		1,216.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	<b>1,030,582.</b>	<b>841,150.</b>	<b>142,756.</b>	<b>46,676.</b>
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)

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	201.	1	11,720.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	131,732.	3	123,887.
	4	Accounts receivable, net	4,217.	4	4,331.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,545.	9	4,493.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 791,709.		
	b	Less: accumulated depreciation	10b 528,983.		
	11	Investments - publicly traded securities	258,188.	10c	262,726.
	12	Investments - other securities. See Part IV, line 11		11	
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	395,883.	15	407,157.	
Liabilities	17	Accounts payable and accrued expenses	180,191.	16	214,404.
	18	Grants payable		17	
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	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	2,002.	24	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	182,193.	25	214,404.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	189,440.	26	130,483.
	28	Temporarily restricted net assets	24,250.	27	62,270.
	29	Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
33	<b>Total net assets or fund balances</b>	213,690.	32	192,753.	
34	<b>Total liabilities and net assets/fund balances</b>	395,883.	33	407,157.	

**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	1,009,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,030,582.
3	Revenue less expenses. Subtract line 2 from line 1	3	<20,937.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	213,690.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	192,753.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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?		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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

**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.

OMB No. 1545-0047

**2016**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**KENTUCKY SHAKESPEARE, INC.**

Employer identification number

**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  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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(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 falls to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	593,142.	372,490.	577,985.	443,796.	529,027.	2516440.
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 .....	593,142.	372,490.	577,985.	443,796.	529,027.	2516440.
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) .....						269,505.
6 Public support. Subtract line 5 from line 4.						2246935.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	593,142.	372,490.	577,985.	443,796.	529,027.	2516440.
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.) .....	50,542.	104,753.	47,190.	13,779.	25,535.	241,799.
11 Total support. Add lines 7 through 10 .....						2758239.

12 Gross receipts from related activities, etc. (see instructions) 12 2,476,778.

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 2016 (line 6, column (f) divided by line 11, column (f)) 14 81.46 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 79.87 %

16a 33 1/3% support test - 2016. 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

b 33 1/3% support test - 2015. 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 - 2016. 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 - 2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined 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.
- 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.
- 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.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		

**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 year (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).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> 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.		
<b>b</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.		

**3** Parent of Supported Organizations. Answer (a) and (b) below.

	Yes	No
<b>a</b> 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.		
<b>b</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.		

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

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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	Discount claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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 <b>Total annual distributions.</b> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

**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.)

Multiple horizontal lines for supplemental information.

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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**

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).

**HA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**

**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		\$ 140,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 17,832.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 39,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 30,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**

**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		\$ 25,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization **KENTUCKY SHAKESPEARE, INC.** Employer identification number [REDACTED]

**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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).
- |  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> 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 8/17/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:
- |   |            |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X             | ▶ \$ _____ |

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

Schedule D (Form 990) 2016

532051 08-29-16

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Objects**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
- 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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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 Temporarily restricted 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		
(ii) related organizations		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		516,717.	322,259.	194,458.
d Equipment		274,992.	206,724.	68,268.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				262,726.

**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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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	1,032,609.
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	17,832.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,132.	
e	Add lines 2a through 2d	2e		22,964.
3	Subtract line 2e from line 1	3		1,009,645.
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		1,009,645.

**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	1,053,546.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	17,832.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,132.	
e	Add lines 2a through 2d	2e		22,964.
3	Subtract line 2e from line 1	3		1,030,582.
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		1,030,582.

**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.

AS OF AUGUST 31, 2017, AND 2016, 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 XII AND XIII, LINE 2D:**

DIRECT EXPENSES INCLUDED IN SPECIAL EVENT EXPENSE ON FINANCIAL STATEMENTS



**Part XIII** Supplemental Information (continued)

WHICH ARE INCLUDED IN FUNDRAISING EVENT NET INCOME ON FORM 990.

Lined area for supplemental information.





**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	18,640.			18,640.
	<b>2</b> Less: Contributions .....	6,016.			6,016.
	<b>3</b> Gross income (line 1 minus line 2) .....	12,624.			12,624.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	12,624.			12,624.
	<b>8</b> Entertainment .....	1,500.			1,500.
	<b>9</b> Other direct expenses .....	358.			358.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				14,482.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<1,858.>

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_





**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number

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

FORM 990 IS REVIEWED BY MANAGEMENT AND AGREED TO AUDITED FINANCIAL  
STATEMENTS PRIOR TO FILING. THE BOARD IS PROVIDED ACCESS TO THE FORM 990  
UPON FILING.

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.

**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.

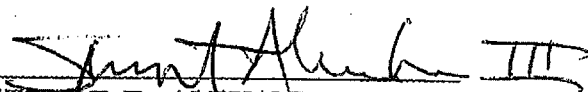
#### ARTICLE VII

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



## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                  Kentucky Shakespeare, Inc.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC                      <input type="checkbox"/> C Corporation                      <input type="checkbox"/> S Corporation                      <input type="checkbox"/> Partnership                      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ 501c3 not-for-profit charitable organization</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.                  323 W. Broadway, Suite 401</p> <p><b>6</b> City, state, and ZIP code                  Louisville, KY 40202</p>	<p>Requester's name and address (optional)</p>
	<p><b>7</b> List account number(s) here (optional)</p>	

### 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.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
<b>Employer identification number</b>					

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 7/1/18
------------------	----------------------------	---------------

## 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](http://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.*

**KENTUCKY SHAKESPEARE, INC.**

**FINANCIAL STATEMENTS**

**Years Ended August 31, 2017 and 2016**

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<b>Financial Statements</b>	
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Statements of functional expenses	5
Statements of cash flows	6
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## **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, 2017 and 2016, 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.

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, 2017 and 2016, 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, Linsay & Petroff*

Louisville, Kentucky  
March 29, 2018

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF FINANCIAL POSITION**

August 31, 2017 and 2016

<b>Assets</b>	<u>2017</u>	<u>2016</u>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 11,720	\$ 201
Grants receivable	123,887	131,732
Other receivables	4,331	4,217
Prepaid expenses	<u>4,493</u>	<u>1,545</u>
<b>Total current assets</b>	<u>144,431</u>	<u>137,695</u>
<b>Property and Equipment</b>		
Leasehold improvements	516,717	496,551
Vehicles	37,472	37,472
Equipment	235,240	207,283
Furniture and fixtures	<u>2,280</u>	<u>2,280</u>
	791,709	743,586
Less accumulated depreciation	<u>528,983</u>	<u>485,398</u>
	<u>262,726</u>	<u>258,188</u>
<b>Total assets</b>	<u>\$ 407,157</u>	<u>\$ 395,883</u>

See Notes to Financial Statements.

<b>Liabilities and Net Assets</b>	<u>2017</u>	<u>2016</u>
<b>Current Liabilities</b>		
Current maturities of capital leases		\$ 2,002
Accounts payable	\$ 84,635	46,759
Accrued expenses	<u>129,769</u>	<u>133,432</u>
<b>Total current liabilities</b>	<u>214,404</u>	<u>182,193</u>
 <b>Net Assets</b>		
Unrestricted	130,483	189,440
Temporarily restricted	<u>62,270</u>	<u>24,250</u>
<b>Total net assets</b>	<u>192,753</u>	<u>213,690</u>
<b>Total liabilities and net assets</b>	<u>\$ 407,157</u>	<u>\$ 395,883</u>

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF ACTIVITIES**  
Years Ended August 31, 2017 and 2016

	2017		
	Unrestricted	Temporarily Restricted	Total
<b>Revenues and Other Support</b>			
Grants	\$ 140,239	\$ 205,437	\$ 345,676
Contributions	152,449	21,700	174,149
Gifts in-kind	18,832		18,832
Education programs	324,866		324,866
Productions	135,349		135,349
Special events (net of cost of direct benefits to donors of \$12,624 in 2017 and \$6,069 in 2016)	8,202		8,202
Other income	25,535		25,535
	805,472	227,137	1,032,609
Net assets released from restrictions	189,117	(189,117)	
<b>Total revenues and other support</b>	994,589	38,020	1,032,609
<b>Expenses</b>			
Program services	850,066		850,066
Management and general	151,495		151,495
Fund-raising	51,985		51,985
<b>Total expenses</b>	1,053,546		1,053,546
<b>Net (decrease) increase in total net assets</b>	(58,957)	38,020	(20,937)
Net assets, beginning of year	189,440	24,250	213,690
Net assets, end of year	\$ 130,483	\$ 62,270	\$ 192,753

See Notes to Financial Statements.



2016

<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
\$ 92,498	\$ 190,290	\$ 282,788
140,216	12,926	153,142
17,832		17,832
291,017		291,017
120,360		120,360
7,866		7,866
<u>13,779</u>		<u>13,779</u>
683,568	203,216	886,784
<u>218,785</u>	<u>(218,785)</u>	
<u>902,353</u>	<u>(15,569)</u>	<u>886,784</u>
714,742		714,742
137,760		137,760
<u>53,675</u>		<u>53,675</u>
<u>906,177</u>		<u>906,177</u>
(3,824)	(15,569)	(19,393)
<u>193,264</u>	<u>39,819</u>	<u>233,083</u>
<u>\$ 189,440</u>	<u>\$ 24,250</u>	<u>\$ 213,690</u>

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF FUNCTIONAL EXPENSES**

Years Ended August 31, 2017 and 2016

	2017					
	Productions	Education	Total Program Services	Management and General	Fund- Raising	Total
Salaries	\$ 45,342	\$ 168,239	\$ 213,581	\$ 54,051	\$ 34,678	\$ 302,310
Actors contracts	200,829		200,829			200,829
Production expense	132,475		132,475			132,475
Education contract labor		71,986	71,986			71,986
Rent	13,703	15,265	28,968	15,265	225	44,458
Payroll taxes	5,544	20,569	26,113	6,609	4,240	36,962
Advertising	16,168	8,407	24,575	2,580	417	27,572
Employee benefits	3,849	14,282	18,131	4,588	2,944	25,663
Insurance	16,304	4,658	20,962	2,329		23,291
Travel	53	17,772	17,825	3,593		21,418
Merchandise and concessions	21,068		21,068			21,068
Equipment rental and expense	11,623	2,644	14,267	711		14,978
Professional fees				36,799		36,799
Housing	3,549	5,879	9,428			9,428
Bank charges				8,443		8,443
Office supplies				3,686	4,208	7,894
Education expense		6,182	6,182			6,182
Interest expense				5,626		5,626
Development					5,131	5,131
Dues and subscriptions				3,393		3,393
Telephone	142	2,128	2,270	426	142	2,838
Miscellaneous expense				1,217		1,217
Conference expense						
Payroll tax penalties						
Meals and entertainment						
<b>Total expenses before depreciation</b>	<b>470,649</b>	<b>338,011</b>	<b>808,660</b>	<b>149,316</b>	<b>51,985</b>	<b>1,009,961</b>
Depreciation	34,868	6,538	41,406	2,179		43,585
<b>Total</b>	<b>\$ 505,517</b>	<b>\$ 344,549</b>	<b>\$ 850,066</b>	<b>\$ 151,495</b>	<b>\$ 51,985</b>	<b>\$ 1,053,546</b>

See Notes to Financial Statements.

2016

<u>Productions</u>	<u>Education</u>	<u>Total Program Services</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total</u>
\$ 57,952	\$ 122,079	\$ 180,031	\$ 52,133	\$ 33,910	\$ 266,074
186,363		186,363			186,363
70,478		70,478			70,478
	45,630	45,630			45,630
11,689	14,174	25,863	14,175	225	40,263
5,554	16,200	21,754	4,973	3,228	29,955
28,324	8,637	36,961	300	307	37,568
3,787	11,045	14,832	3,391	2,201	20,424
13,536	3,868	17,404	1,934		19,338
166	17,119	17,285	8,585		25,870
21,380		21,380			21,380
13,533	1,791	15,324	641		15,965
			6,525		6,525
4,420	2,210	6,630			6,630
			4,819		4,819
			5,925	3,067	8,992
	5,428	5,428			5,428
			4,868		4,868
				10,604	10,604
			8,309		8,309
134	2,001	2,135	400	133	2,668
			5,603		5,603
			6,323		6,323
			3,227		3,227
			3,143		3,143
417,316	250,182	667,498	135,274	53,675	856,447
39,784	7,460	47,244	2,486		49,730
<u>\$ 457,100</u>	<u>\$ 257,642</u>	<u>\$ 714,742</u>	<u>\$ 137,760</u>	<u>\$ 53,675</u>	<u>\$ 906,177</u>

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF CASH FLOWS**  
Years Ended August 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
<b>Cash Flows from Operating Activities</b>		
Cash received from grants and contributions	\$ 527,556	\$ 404,884
Cash received from productions, education and other sources	508,366	439,091
Cash paid to suppliers and employees	(982,782)	(792,706)
Interest paid	<u>(5,626)</u>	<u>(4,868)</u>
<b>Net cash provided by operating activities</b>	<u>47,514</u>	<u>46,401</u>
<b>Cash Flows Used in Investing Activities</b>		
Expenditures for property and equipment	<u>(33,993)</u>	<u>(52,632)</u>
<b>Cash Flows Used in Financing Activities</b>		
Principal payments under capital leases	<u>(2,002)</u>	<u>(4,529)</u>
<b>Net increase (decrease) in cash and cash equivalents</b>	11,519	(10,760)
Cash and cash equivalents, beginning of year	<u>201</u>	<u>10,961</u>
Cash and cash equivalents, end of year	<u>\$ 11,720</u>	<u>\$ 201</u>

See Notes to Financial Statements.

	<u>2017</u>	<u>2016</u>
<b>Reconciliation of Net Decrease in Total Net Assets to Net Cash Provided by Operating Activities</b>		
<b>Net decrease in total net assets</b>	<u>\$ (20,937)</u>	<u>\$ (19,393)</u>
Adjustments to reconcile net decrease in total net assets to net cash provided by operating activities:		
Depreciation	43,585	49,730
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	7,845	(28,804)
Other receivables	(114)	(2,242)
Prepaid expenses	(2,948)	2,066
Increase (decrease) in:		
Accounts payable	23,746	38,760
Accrued expenses	<u>(3,663)</u>	<u>6,284</u>
Total adjustments	<u>68,451</u>	<u>65,794</u>
<b>Net cash provided by operating activities</b>	<u><u>\$ 47,514</u></u>	<u><u>\$ 46,401</u></u>
<b>Supplemental Schedule of Non-Cash Investing Activities</b>		
Purchases of property and equipment in accounts payable	<u><u>\$ 15,239</u></u>	<u><u>\$ 1,109</u></u>

## **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), previously known as The Kentucky Shakespeare Festival, Inc. (name change effective November 17, 2015) 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.

##### **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 three classes of net assets: unrestricted, temporarily restricted, and permanently restricted.

## NOTES TO FINANCIAL STATEMENTS

### 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.

### Cash and cash equivalents:

For purposes of the statement 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, 2017 and 2016, 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

## NOTES TO FINANCIAL STATEMENTS

### **Contributions:**

Contributions received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Donations other than cash are recorded at their fair market value as of the date of the donation. Donated services must meet the specific expertise requirements and would normally have been purchased before they are recorded. Donations of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

A portion of the rent expense for the administrative office building was donated. The in-kind rent is included in the financial statements as gifts in-kind and rent expense of \$17,832 for each of the years ended August 31, 2017 and 2016.

### **Advertising:**

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2017 and 2016 was \$27,572 and \$37,568, respectively.

### **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.

As of August 31, 2017, and 2016, 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.



## NOTES TO FINANCIAL STATEMENTS

### Subsequent events:

Subsequent events have been evaluated through March 29, 2018, which is the date the financial statements were available to be issued.

### Newly issued standards not yet effective:

The Financial Accounting Standards Board has issued accounting standard No. 2014-09, *Revenue from Contracts with Customers*, concerning the accounting for revenue recognition effective for years beginning after December 31, 2018; No. 2016-02, *Leases*, concerning the accounting for leases effective for years beginning after December 15, 2019; and No. 2016-14, *Not-for-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities* effective for years beginning after December 15, 2017. The Organization is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

### Note 2. Grants Receivable

Grants receivable are due within one year and consist of the following as of August 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Fund for the Arts	\$ 75,387	\$ 83,332
Kentucky Tourism, Arts and Heritage Cabinet		19,500
National Endowment for the Arts	20,000	
Louisville/Jefferson County Metro Government	<u>28,500</u>	<u>28,900</u>
Total grants receivable	<u>\$123,887</u>	<u>\$131,732</u>

## NOTES TO FINANCIAL STATEMENTS

### Note 3. Changes in Temporarily Restricted Net Assets

Changes in temporarily restricted net assets for the years ended August 31, 2017 and 2016 were as follows:

<u>Purpose</u>	<u>Balance 8-31-16</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-17</u>
Property and equipment	\$ 5,350	\$ 43,668	\$ (45,385)	\$ 3,633
Programs	18,900	160,719	(120,982)	58,637
Marketing and promotion		19,500	(19,500)	
Scholarships		<u>3,250</u>	<u>(3,250)</u>	
	<u>\$24,250</u>	<u>\$227,137</u>	<u>\$(189,117)</u>	<u>\$62,270</u>

<u>Purpose</u>	<u>Balance 8-31-15</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-16</u>
Property and equipment		\$ 5,350		\$ 5,350
Programs	\$25,000	145,790	\$(151,890)	18,900
Visits to Shakespeare Festivals	1,519		(1,519)	
Salaries	13,300		(13,300)	
Marketing and promotion		39,500	(39,500)	
Travel to Stratford		10,000	(10,000)	
Scholarships		<u>2,576</u>	<u>(2,576)</u>	
	<u>\$39,819</u>	<u>\$203,216</u>	<u>\$(218,785)</u>	<u>\$24,250</u>

As of August 31, 2017, the total temporarily restricted net assets of \$62,270 were in excess of the total available restricted grants receivable and cash of \$43,720 by \$18,550. The Organization plans to replenish the funds out of operations during the next fiscal year. The Organization anticipates that the donors will not require the contributions to be returned to the donors, and accordingly, no provision has been made for any liabilities that might arise from this noncompliance.

### Note 4. Employee Benefit Plan

Effective September 1, 2015, the Organization adopted 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. For the years ended August 31, 2017 and 2016, the Organization elected to make a matching contribution equal to 100% of the first 5% of compensation contributed by an employee. The organization contributed \$1,838 and \$1,962 to the plan for the years ended August 31, 2017 and 2016, respectively.

## NOTES TO FINANCIAL STATEMENTS

### **Note 5. Concentrations and Contingencies**

The Organization receives a significant portion of its revenues from Fund for the Arts. Revenues from Fund for the Arts represented 11% and 13% of net revenues during the years ended August 31, 2017 and 2016, respectively. The receivable due from Fund for the Arts as of August 31, 2017 and 2016 was \$75,387 and \$83,332, respectively. Changes in the future allocation of funding from this donor could have a significant impact on the Organization's operations.

The Organization was a defendant in a lawsuit filed by a former employee for breach of contract. The suit was settled during the year ended August 31, 2017, in accordance with the terms of the Settlement and Release Agreement.

### **Note 6. Operating Lease**

The Organization leases office and storage space under operating leases with month-to-month lease terms. Total rent expense under the leases for the years ended June 30, 2017 and 2016 was of \$35,805 and \$33,835, respectively.

### **Note 7. Operations**

As of August 31, 2017, the Organization's current liabilities exceeded its current assets by \$69,973. This factor creates uncertainty about the Organization's ability to continue as a going concern. The Organization is working to pay off debts, reduce expenses, and obtain additional grant funding. During the year ended August 31, 2014, the Organization entered into an agreement with the Internal Revenue Service to repay outstanding payroll taxes from a previous administration of approximately \$103,000 by making \$350 monthly payments. The Organization is also monitoring cash flow weekly to meet current cash flow needs. The budget is being monitored to ensure expenses are in line with revenues. The current and budgeted cash flow will be utilized to support operations through the year ending August 31, 2018.

**KENTUCKY SHAKESPEARE INC.****General Information**

<b>Organization Number</b>	0010680
<b>Name</b>	KENTUCKY SHAKESPEARE INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/8/1963
<b>Organization Date</b>	5/8/1963
<b>Last Annual Report</b>	3/5/2018
<b>Principal Office</b>	323 WEST BROADWAY STE. 401 LOUISVILLE, KY 40202
<b>Registered Agent</b>	MATT WALLACE 323 WEST BROADWAY SUITE 401 LOUISVILLE, KY 40202

**Current Officers**

<b>Chairman</b>	<u>Kerry Wang</u>
<b>Secretary</b>	<u>Liam Felsen</u>
<b>Treasurer</b>	<u>Elizabeth Cherry Siebert</u>
<b>Director</b>	<u>Regan Nichols</u>
<b>Director</b>	<u>Dr. Peter Tanguay</u>
<b>Director</b>	<u>Lane Hettich</u>
<b>Director</b>	<u>Mera Corlett</u>
<b>Director</b>	<u>David James</u>
<b>Director</b>	<u>Jeff Koleba</u>
<b>Director</b>	<u>Kevin Gibson</u>
<b>Director</b>	<u>Culver Halliday</u>
<b>Director</b>	<u>Lindsay Fouts</u>
<b>Director</b>	<u>Brooke Zimmerman</u>
<b>Director</b>	<u>Rosie Felfle</u>
<b>Director</b>	<u>Shannon Harris</u>
<b>Director</b>	<u>Blake Counsell</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>STUART R PAINE</u>
<b>Director</b>	<u>MARTIN R AYERS</u>
<b>Director</b>	<u>C DOUGLAS RAMEY</u>

<b>Director</b>	<u>EURELIA M SALYERS</u>
<b>Director</b>	<u>GEORGE A HENDON</u>
<b>Incorporator</b>	<u>STUART R PAINE</u>
<b>Incorporator</b>	<u>C DOUGLAS RAMEY</u>
<b>Incorporator</b>	<u>ELIZABETH HOERTH</u>

## Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	3/5/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/15/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/18/2016	1 page	<u>PDF</u>	
<u>Amendment</u>	12/14/2015	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	6/2/2015 9:05:29 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/5/2015	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	2/10/2014 11:16:28 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/10/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/5/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address Change</u>	11/10/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	11/10/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement Certificate of Existence</u>	10/7/2011 12:49:58 PM	2 pages	<u>PDF</u>	
<u>Reinstatement</u>	10/7/2011 12:47:11 PM	4 pages	<u>PDF</u>	
<u>Administrative Dissolution Return</u>	9/28/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	9/10/2011	1 page	<u>PDF</u>	
<u>Sixty Day Notice Return</u>	7/20/2011	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	11/4/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/1/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/15/2009	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	9/15/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Organization (LLC)</u>	6/17/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/11/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/7/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/6/2006	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	7/14/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/30/2005	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/3/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	2/6/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/24/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/11/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/13/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/13/1999	1 page	<u>tiff</u>	<u>PDF</u>

<a href="#">Annual Report</a>	5/11/1998	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/5/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/24/1993	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/19/1992	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	3/28/1991	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	3/28/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	10/2/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1988	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	4/28/1987	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/28/1987	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Revocation of Certificate of Authority</a>	3/15/1987	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Six Month Notice</a>	9/1/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Certificate of Assumed Name</a>	6/29/1984	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/2/1969	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	10/6/1965	13 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	10/6/1965	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	7/12/1965	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	5/8/1963	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

<a href="#">KENTUCKY SHAKESPEARE</a>	Active
<a href="#">SHAKESPEARE IN CENTRAL PARK, THE KENTUCKY SHAKESPEARE FESTIVAL</a>	Inactive

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/5/2018 9:30:37 AM	3/5/2018 9:30:37 AM	
Annual report	2/15/2017 9:14:45 AM	2/15/2017 9:14:45 AM	
Annual report	2/18/2016 12:26:24 PM	2/18/2016 12:26:24 PM	
Amendment - Change name	12/14/2015 1:16:23 PM	12/14/2015	<a href="#">THE KENTUCKY SHAKESPEARE FESTIVAL, INC.</a>

## Microfilmed Images



July 1, 2018

Dear President James,

Thank you so much for your commitment of \$10,000 NDF for our 2018 summer season. It's going really well, we've served 12,000 people this summer with five weeks to go!

Enclosed is our application, plus all of the supporting documents.

Thank you. You are a vital part of our work, and we couldn't do all we're doing without you!

Gratefully,

Matt Wallace

Producing Artistic Director

MATT WALLACE, PRODUCING ARTISTIC DIRECTOR

323 WEST BROADWAY • SUITE 401 • LOUISVILLE, KENTUCKY 40202  
502.574.9900 • FAX: 502.566.9200 • WWW.KYSHAKESPEARE.COM

