

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

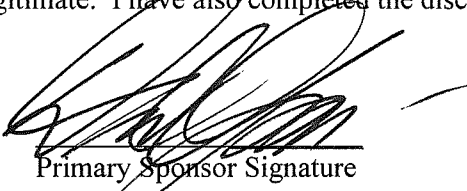
**Applicant/Program: Kentucky Shakespeare Festival Inc. / "Shakespeare in Central Park"**

**Executive Summary of Request:**  
 Kentucky Shakespeare is the oldest free Shakespeare Company in the country and travels the state presenting education outreach programs for youth.

Kentucky Shakespeare's 55<sup>th</sup> season of free Shakespeare in Central Park runs through June 3-August 9<sup>th</sup>. In addition to the three professional productions of MACBETH, THE TEMPEST, and THE TAMING OF THE SHREW, Kentucky Shakespeare will present a week of the annual student production from the CAMP SHAKESPEARE GLOBE PLAYERS students, to present on the festival stage.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<u>6</u> District #	 Primary Sponsor Signature	<u>\$10,000</u> Amount	<u>7-30-2015</u> Date
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**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.

Councilman David James is a member of the KY Shakespeare Board of Directors with no check signing privileges

**Approved by:**

_____	_____
Appropriations Committee Chairman	Date

**Clerk's Office Only:**

Request Amount: _____	Committee Amended Appropriation: _____
Original Appropriation: _____	Council Amended Appropriation: _____

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Kentucky Shakespeare Festival Inc.		
<b>Program Name:</b> Shakespeare in Central Park	<b>Request Amount:</b> \$10,000	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		yes
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		yes
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		yes
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		yes
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		yes
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N/A
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		yes
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		N/A
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		yes
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		yes
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?		yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		yes
<b>Board Members:</b> Is the entity's board member list (with term length/term limits) included?		yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		yes
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		yes
<b>Rent Requests:</b> Is a copy of signed lease included?		N/A
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		N/A
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
Prepared by: <i>Allison Oliver</i>		Date: <i>7/29/15</i>



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Kentucky Shakespeare Festival, Inc. <small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>	
Main Office Street & Mailing Address:		323 West Broadway, Suite 401, Louisville, KY 40202	
Website:		www.kyshakespeare.com	
Applicant Contact:	Matt Wallace	Title:	Producing Artistic Director
Phone:	502-574-9900	Email:	matt@kyshakespeare.com
Financial Contact:	Matt Wallace	Title:	Producing Artistic Director
Phone:	502-574-9900	Email:	matt@kyshakespeare.com
Organization's Representative who attended NDF Training:		Hannah Pruitt, Education Programs Mgr.	
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Central Park, Old Louisville		
Council District(s):	6th District	Zip Code(s):	40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Shakespeare in Central Park"			
Total Request: (\$)	10,000	Total Metro Award (this program) in previous year: (\$)	\$0
<b>Purpose of Request (check all that apply):</b> <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<b>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:	Metro EAF Grant	Amount: (\$)	\$13,300
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

Founded in 1949, Kentucky Shakespeare—a not-for-profit, charitable organization and professional theatre—is the oldest, free Shakespeare festival in the United States. Grounded in the works of Shakespeare, Kentucky Shakespeare's mission is to enrich the community by presenting accessible, professional theatre experiences that educate, inspire, and entertain people of all ages.

Designated the Official Shakespeare Company of the Commonwealth, Kentucky Shakespeare serves 80,000 people annually through the Kentucky Shakespeare Festival in Central Park in the summer, educational outreach and special programming throughout the year. The education department has served over 1,000,000 students with in-school arts programs since its inception in 1990 in all 120 Kentucky counties and surrounding states. Other community programs include 18+ annual parks tour of Shakespeare in the Parks, serving all Louisville Metro Free Public Libraries with Shakespeare in the Libraries, and community center residencies.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – 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's 55th season of free Shakespeare in Central Park, runs June 3-August 9, 2015. In addition to the three professional productions of MACBETH, THE TEMPEST, and THE TAMING OF THE SHREW, Kentucky Shakespeare will present a week of the annual student production from our Camp Shakespeare Globe Players students, and welcome three local theatre companies to present on the Festival stage.

Last season the festival broke company records, serving over 27,000 community members with Free Shakespeare. We plan to surpass that number served in Central Park this summer.

This season will expand Kentucky Shakespeare's capacity to further its mission of educating, enlightening, and entertaining all members of the community at no cost to them. It is KY Shakespeare's objective to serve the at-risk, underserved, and disadvantaged in our community and neighborhood. Individuals and families of any size or income level will have the opportunity to experience multiple free, artistic experiences throughout the summer.

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

For Kentucky Shakespeare Festival's 2015 season, the company has employed a total of 68 professionals, with 95% (all but 3) residing locally. We are able to employ these professionals in the summer months when they may otherwise be unemployed. We are seeking assistance to fund two weeks pay for the cast of actors.

Breakdown:

Greg Maupin	\$800
Abigail Maupin	\$800
Jon O' Brien	\$800
Tom Luce	\$800
Jon Huffman	\$800
Dathan Hooper	\$800
Maggie Lou Rader	\$750
Jeremy Sapp	\$700
Zach Burrell	\$700
Darnell Benjamin	\$700
Neill Robertson	\$600
Sarah Provost	\$550
Tony Milder	\$500
Megan Massie	\$500
Renea Brown	\$200



## 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, community event.

**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:

Effective October 24, 2013, reimbursements should not be made 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.

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.



## 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 Festival's 10-week festival in Central Park encourages families throughout the city to experience the arts together throughout the summer. As there is no charge for the event, all community members will have the opportunity to attend and experience this unique community service and event.

To measure attendance, gage participation and demographics, Kentucky Shakespeare will have a voluntarily sign in and survey for participants/attendees to assess the event and their experience. The data will be compiled and used to build Kentucky Shakespeare and improve future events and outreach activities.

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

**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 will welcome three local theatre companies to take the Central Park stage at the end of the season. Louisville Improvisors, Bard's Town Theatre, and Theatre 502.

Community, school groups, summer camps, and local theatres will present pre-show entertainment on the stage before performances.

We partner all summer with the Louisville Food Truck Association and community organizations including Down Syndrome Louisville, Boys and Girls Club, Kentucky Opera, among dozens of others.

Nearly all of the 13 Old Louisville Neighborhood Associations support the season financially through sponsorship and partner for events and ushering.

Summer season staff will include artists and technicians from Actors Theatre of Louisville, the Louisville Ballet, the Louisville Opera, Stage One, Derby Dinner Playhouse, Theatre 502, Savage Rose Classical Theatre, Cincinnati Shakespeare, University of Louisville, Youth Performing Arts High School, Walden Theatre, among others.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – 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>		14,367	14,367
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>	10000	147,278	157,278
<b>H: Program Materials</b>		46,000	46,000
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	10,000	207,635	217,645
<i>% of Program Budget</i>	5 %	95 %	100%

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

Other State, Federal or Local Government	\$0
United Way	\$0
Private Contributions (do not include individual donor names)	\$45,000
Fees Collected from Program Participants	\$88,000
Other (please specify) <b>FOUNDATION GRANTS</b>	\$74,645
<i>Total Revenue for Column 2 Expenses **</i>	<b>\$217,645</b>

*\*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 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	\$2,566	Min. wage - 354 hours
Highland Cleaners In-Kind	\$2,000	Company credit
Heine Bros. Sponsorship	\$500	Company credit
Equipment Depot	\$4,800	Rental Cost
<i>Total Value of In-Kind</i> <b>(to match Program Budget Line Item.</b> Volunteer Contribution & Other In Kind)	<b>\$9,866</b>	

**\* 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: 09/1

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 6 – 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 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.
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 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.

#### Standard Certifications

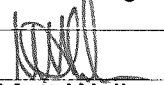
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

**Councilman David James is a member of the KY Shakespeare Board of Directors**

### SECTION 7 – 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>	7/7/15
<b>Legal Signatory: (please print):</b>	Matt Wallace	<b>Title:</b>	Producing Artistic D
<b>Phone:</b>	502-574-9900	<b>Extension:</b>	
<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.

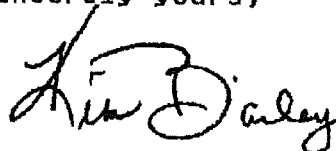
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing 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  
[REDACTED] 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, appearing to read "Kim D. Bailey". The signature is written in a cursive, flowing style.

Kim D. Bailey  
Operations Manager, AM Operations 3

# KENTUCKY SHAKESPEARE

## 2014-2015 Approved Budget

TOTAL

### INCOME

#### EARNED INCOME

##### Programs

4001 - Shakespeare Alive!	-
4002 - Touring Shows	190,427
4003 - Outreach	-
4003 - Professional Training	-
Youth Tuition	32,000
4005 - Advertising & Sponsorship	-

**Total Programs Fees 222,427**

##### 420 - Productions

4201 - Ticket Sales	-
4202 - Concessions	7,500
4202-a- Bar	20,000
4203 - Merchandise	20,000
4204 - Vendors	-
4205 - Advertising & Sponsorship	30,000

**Production 77,500**

##### 500 - OTHER EARNED INCOME

5000 - Rental	1,500
5001 - Charitable Gaming	-
5002 - Special Events	17,000
5011 - Miscellaneous Income	-

**Other Earned Income 18,500**

**Total Earned Income 318,427**

#### CONTRIBUTED INCOME

##### 670 - INDIVIDUALS

Board	21,896
Stratford	42,520
6702 - Patrons Tx - Restricted	-
6703 - Patron Tx - Unrestricted	40,000
6704 - Barrelling	41,000

**Individuals 145,416**

##### 680 - CORPORATE INCOME

6800 - Restricted	30,000
6801 - Unrestricted	75,000

**Corporate 105,000**

##### 690 - FOUNDATION INCOME

6900 - Restricted	70,000
6901 - Unrestricted	120,000

**Foundation 190,000**

##### 55 - GOVERNMENT

5501 - Restricted	42,500
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5500 · Unrestricted	7,200
Government	<b>48,700</b>
<b>Total Contributed Income</b>	<b>490,116</b>
<b>TOTAL INCOME</b>	<b>808,543</b>

## EXPENSES

### ADMINISTRATION

#### 750 · SALARIES

7500 · Regular Earnings-Salary	174,268
7504 · Employee Insurance	14,400
7505 · 403B/Adm	8,736
7507 · Unemployment Expense	5,916
7508 · Payroll Tax Expense	54,098

**Salaries** **257,418**

#### 751 · Rents

7511 - Office	6,000
7512 - Warehouse / Shop	18,000
7513 - Parking	6,480

**Rent** **22,880**

#### Utilities

-

#### 753 · Communications

7531 - Telephone, Internet & Hosting	1,200
7533 - Wireless	-

**Communications** **1,200**

#### 754 · OFFICE SUPPLIES

7540 · Printing	4,500
7541 · Postage	5,100
7543 · Supplies	3,100
7544 - Misc	448

**Office Supplies** **13,148**

#### Equipment Lease

-

#### 756 · Professional Fees

7561 · Accounting Fees	4,452
7562 · Audit Fees	6,000
7563 - Legal	-
IT/Computer	1,800
7564 · Other	-

**Professional Fees** **12,252**

Conferences & Staff Development 2,000

Memberships/Dues 3,600

Permits/Licenses 1,950

Subscriptions/Publications -

General Liability Insurance 10,956

Workers Compensation 4,800

Interest Expense/Fees -

Bank Charges 2,400

Janitorial -

Meals -

Travel	-
Miscellaneous	300
<b>Total Administration</b>	<b>332,704</b>

Education Expense

851 - Seasonal Labor	
8511 - Salary	62,100
8512 - Payroll Taxes	-
<b>Seasonal Labor</b>	<b>62,100</b>
852 - Guest Artists (1099)	
8521 - Director/ Instructor	2,400
8522 - Actors	-
8520 - Designers	4,000
8521 - Crew	-
Union Pension & Health	-
852 - GUEST ARTISTS - Other	-
<b>Guest Artists</b>	<b>6,400</b>

Program Operations

853 - Housing	-
Hotels	2,400
854 - Per Diem	900
853 - Travel & Mileage	4,700
854 - Fuel & Maintained	4,000
855 - Supplies	2,000
856 - Postage	4,200
857 - Costumes	1,000
858 - Sound	500
859 - Lighting	-
860 - Properties	500
861 - Set	1,000
Printing	5,000
855 - Advertising & PR	4,340
863 - Training & Development	1,000
Discounts	34,277

<b>Total Program Operations</b>	<b>66,317</b>
<b>Total Education</b>	<b>134,817</b>

Production Expense

871 Production Labor	
8521 - Director	4,000
Production Manager	6,400
Technical Director	8,000
Asst. Tech Director	4,200
Master Electrician	5,600
Master Carpenter	4,800
House Manager	4,800
Stage Manager	5,600
Asst. Stage Manager	4,800
Designers	16,000

Choreographers	1,500
8522 · Crew	18,000
FOH Labor	2,800
Crew - Other	-
Actors (Union & Non)	72,000
<b>Production Labor</b>	<b>158,500</b>
872 Production Materials	
Set	9,000
Scenic / Dressing	-
Properties	2,000
Lighting	2,000
Sound	4,000
Costuming	10,000
<b>Production Materials</b>	<b>27,000</b>
873 Production Operations	
Rights & Royalty	
8545 · Housing	6,800
Travel	1,500
Supplies	-
8546 · Mileage	500
8547 · Equipment Rental	500
8548 · Maintenance	500
Merchandise	4,000
Concessions	5,000
Advertising & PR	10,000
Promotional Events	2,000
Gifts & Entertainment	-
Printing	2,000
Training & Development	-
8549 · Facilities	40,000
Production Operations	74,800
<b>Total Production</b>	<b>260,300</b>
95 · FUND RAISING	
951 · Special Event	11,000.00
952 · PAYOUTS	
955 · Fundraising / Board Development	
<b>Total Fund Raising</b>	<b>11,000</b>
8750 · SALES & USE TAX	
8750-10 · Sales & Use Tax-Admin	0.00
<b>Sales &amp; Use Tax</b>	<b>-</b>
<b>Total Expense</b>	<b>738,820</b>
<b>Net Income</b>	<b>69,722</b>



**Kentucky Shakespeare Board of Directors** (2016 Term, 10/1/2016)

**President**

Karen H. Taylor-Richardson,  
President, KH Richardson & Co, LLC  
4001 Hurstbourne Woods Drive, Louisville, KY 40299  
Karen@khrichardson.com  
(502) 296-7634

**Vice President**

Phillip Allen, General Counsel  
21C Hotels  
700 W. Main Street, Louisville, KY 40202  
pallen@21chotels.com  
(502) 582-6300

**Treasurer**

Andy Parker, Senior Vice President  
Wilson & Muir Bank & Trust Co.  
130 St. Matthews Ave., Louisville, KY 40207  
aparker@wisonmuirbank.com  
(502) 762-5149

**Secretary**

Amanda Gregory, Assistant United State Attorney,  
U.S. Dept. of Justice United States Attorney's Office  
717 W. Broadway, Louisville, KY 40202

[REDACTED]  
(310) 869-7503

Amanda Bledsoe, Senior Analyst  
Internal Communications & Engagement,  
Yum! Brands  
4305 Winchester Rd, Louisville KY 40207

[REDACTED]  
amanda.bledsoe@yum.com  
(502) 693-6281

Mera Corlett, Community Liaison  
[REDACTED]

John Darr, President  
John Darr Public Relations  
1503 Shelby Pl, New Albany, IN 47150  
johnd@jd-pr.com  
(502) 475-9637

Amy Eisenback, Education Liaison  
[REDACTED]

Culver Halliday, Attorney  
Stoll Keenon Ogden  
500 West Jefferson Street, 2000,  
PNC Plaza, Louisville, KY 40202  
culver.halliday@skofirm.com  
(502) 568-5707

Thaddeus Hoover, Developer  
White Clay  
1515 Story Avenue, Louisville, KY 40206  
ted@whiteclay.com  
(502) 417-9860

David James, Councilman  
Metro Council District 6  
601 West Jefferson Street, Louisville, KY 40202  
djamesmetro6@aol.com  
(502) 751-8484

Emily Pagorski, Attorney, Stoll Keenon Ogden  
500 West Jefferson Street, 2000,  
PNC Plaza, Louisville, KY 40202  
emily.pagorski@skofirm.com  
(502) 568-5763

Elizabeth Cherry Siebert, Sr. Communications Specialist,  
Corporate Communications  
LG&E and KU Energy LLC  
220 West Main Street, Louisville, KY 40232  
Elizabeth.siebert@lge-ku.com  
(502) 262-7111

Dr. Peter Tanguay, Member Emeritus  
[REDACTED]

Kerry Wang, Technology Director  
Humana  
43 Worthing Court, Louisville, KY 40245  
kwang@humana.com  
(502) 500-1803

**Kentucky Shakespeare**  
**Profit & Loss**  
 September 2014 through June 2015

	Sep '14 - Jun 15
Ordinary Income/Expense	
Income	
Contributed Income	
Corporate Income	
Corporate-Restricted	4,000.00
Corporate-Unrestricted	22,563.01
Total Corporate Income	26,563.01
Foundation Income	
Foundation-Restricted	72,360.00
Foundation-Unrestricted	42,230.91
Total Foundation Income	114,590.91
Government-Income	
Government-Restricted	6,700.00
Government-Unrestricted	543.00
Total Government-Income	7,243.00
Individuals	
Barreling	17,642.75
Board	4,628.00
Patrons-Restricted	108,400.32
Patrons-Unrestricted	36,155.00
Stratford	11,256.00
Total Individuals	178,082.07
Total Contributed Income	326,478.99
Discount	-24,769.00
Earned Income	
Productions	
Bar	15,924.80
Concessions	2,930.31
Merchandise	3,904.00
Sponsorships	15,000.00
Total Productions	37,759.11
Programs	
Touring Shows	
Bard Buddies	33,435.00
Faerie Tales	6,595.00
Living History 1	16,650.00
Living History 2	27,740.00
Living History 3	2,040.00
Residency	30,940.00
Spring Tour	32,850.00
Staging Shakespeare	2,755.00
Two Person	31,500.00
Touring Shows - Other	31,043.00
Total Touring Shows	245,548.00
Youth Tuition	36,661.50
Total Programs	282,209.50
Earned Income - Other	680.00
Total Earned Income	320,648.61
Other Earned Income	
Miscellaneous Income	3,979.70
Power2Give	5,645.61

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 Accrual Basis

**Kentucky Shakespeare**  
**Profit & Loss**  
 September 2014 through June 2015

	Sep '14 - Jun 15
Special Events	
Bar	634.40
Concessions	332.39
Events	6,100.00
Merchandise	1,604.94
Sponsorships	6,450.00
Ticket Sales	15,390.00
Total Special Events	30,511.73
Total Other Earned Income	40,137.04
Total Income	662,465.64
Expense	
Administration	
Communications	
Telephone, Internet & Hosting	3,073.34
Total Communications	3,073.34
Conferences/Staff Development	
Lodging	411.12
Meals	138.00
Mileage	457.30
Per Diem	1,026.31
Registration	1,749.00
Travel	541.94
Conferences/Staff Development - Other	7,102.58
Total Conferences/Staff Development	11,426.55
Equipment Leases	756.00
Marketing	
Merchandise	2,959.98
Printing-Collateral Materials	1,010.00
Total Marketing	3,969.98
Memberships & Dues	3,143.38
Miscellaneous	831.00
Office Supplies	
Miscellaneous	847.67
Postage	600.00
Supplies	
Copier Paper	91.98
Copier Toner	637.97
General	334.54
Water	433.28
Supplies - Other	1,884.08
Total Supplies	3,381.81
Office Supplies - Other	210.93
Total Office Supplies	5,040.41
Permits & Licenses	2,973.33
Prior Year Tax	770.26
Professional Fees	
Accountant	470.00
Auditor	8,000.00
IT/Computer	2,772.67
Legal	2,500.00
Other	253.50
Total Professional Fees	13,996.17

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 Accrual Basis

**Kentucky Shakespeare**  
**Profit & Loss**  
 September 2014 through June 2015

	Sep '14 - Jun 15
Rents	
Parking	5,946.00
Warehouse	11,435.00
Rents - Other	2,970.00
Total Rents	20,351.00
Salaries	
403B Company Match	77.22
403B Employee Contributions	2,574.42
Bonus	3,896.00
Employee Benefit 403-b	46.34
Payroll Tax	1,702.67
Regular Earnings	128,598.29
Reimbursement	3,301.37
Total Salaries	140,196.31
Service Fees & Charges	
Bank	202.72
International Conversion Fee	48.44
Intuit-Payroll	749.32
PayPal	430.50
Software	370.90
Square	1,494.96
Service Fees & Charges - Other	1,371.55
Total Service Fees & Charges	4,668.29
Sponsorships	50.00
Subscriptions & Publications	249.33
Administration - Other	809.73
Total Administration	212,305.08
Contract Services	
Outside Contract Services	1,296.87
Total Contract Services	1,296.87
Depreciation Expense	42,006.34
Development	
Marketing	
Broadcast-Radio/TV	340.00
Digital	784.08
Miscellaneous	75.00
Printing-Collateral Materials	1,226.23
Total Marketing	2,425.31
Postage	1,565.10
Special Event	
Audio/Visual Equipment	78.40
Event Rentals	
Amusement Attractions	500.00
Linens/Staging	16.17
Total Event Rentals	516.17
Food & Catering	
Beverages	272.12
Meals	230.00
Utensils	58.92
Total Food & Catering	561.06
Labor	
Performers/Entertainers	
Meal Allowance	209.92
Performers/Entertainers - Other	13,180.00
Total Performers/Entertainers	13,389.92

**Kentucky Shakespeare**  
**Profit & Loss**  
 September 2014 through June 2015

	Sep '14 - Jun 15
Education - Other	0.00
<b>Total Education</b>	<b>124,459.92</b>
General Liability Insurance	8,465.38
Merchandise	940.40
Other Types of Expenses	
Employee Insurance	16,952.76
Insurance - D&O Liability	2,092.00
Insurance - Liability, D and O	
KESA	5,259.00
<b>Total Insurance - Liability, D and O</b>	<b>5,259.00</b>
Other Types of Expenses - Other	0.00
<b>Total Other Types of Expenses</b>	<b>24,303.76</b>
Printing	388.04
Production	
Administration	46.06
Equipment Rental	949.09
Facility Improvements	
Benches	36,371.05
Truss	59,912.00
<b>Total Facility Improvements</b>	<b>96,283.05</b>
FOH Expense	
Bar	7,320.81
Merchandise	1,566.32
FOH Expense - Other	589.00
<b>Total FOH Expense</b>	<b>9,476.13</b>
Fuel & Maintenance	93.37
Labor	
Actor	42,109.00
Choreographers	300.00
Content Development	500.00
Crew	30,504.00
Designer	16,683.40
Director	5,000.00
FOH	2,700.00
<b>Total Labor</b>	<b>97,796.40</b>
Marketing	
Broadcast-Radio\TV	1,720.00
Digital	220.00
Miscellaneous	295.00
Postage	1,685.60
Printing-Collateral Materials	454.19
Publications	999.00
<b>Total Marketing</b>	<b>5,373.79</b>
Production Materials	
Costumes	9,358.56
Lighting	1,589.22
Production Management	361.90
Properties	640.01
Set	14,526.08
Sound	871.76
Stage Management	250.00
Production Materials - Other	21.51
<b>Total Production Materials</b>	<b>27,619.04</b>

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Accrual Basis

Kentucky Shakespeare  
Profit & Loss  
September 2014 through June 2015

	Sep '14 - Jun 15
Production - Other	1,466.12
Total Production	239,103.05
Total Expense	677,827.90
Net Ordinary Income	-15,362.25
Other Income/Expense	
Other Expense	
Ask My Accountant	26,207.40
Total Other Expense	26,207.40
Net Other Income	-26,207.40
Net Income	-41,569.65

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

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

**A** For the 2013 calendar year, or tax year beginning **SEP 1, 2013** and ending **AUG 31, 2014**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **KENTUCKY SHAKESPEARE FESTIVAL, 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**

**D** Employer identification number: [REDACTED]

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

**G** Gross receipts \$ **726,485.**

**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: ▶ **WWW.KYSHAKESPEARE.COM**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1960** **M** State of legal domicile: **KY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE KENTUCKY SHAKESPEARE FESTIVAL PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>19</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>593,142.</b>	<b>372,490.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>195,086.</b>	<b>243,404.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>885,081.</b>	<b>717,707.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>369,648.</b>	<b>240,601.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,529.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>462,241.</b>	<b>333,830.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>831,889.</b>	<b>574,431.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>53,192.</b>	<b>143,276.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>261,301.</b>	<b>290,378.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>293,963.</b>	<b>179,764.</b>
		<b>&lt;32,662.&gt;</b>	<b>110,614.</b>

**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, PRODUCING ARTISTIC DIRECTOR** Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **CHRISTINE N. KOENIG** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  PTIN: [REDACTED]

Firm's name: **DEMING MALONE LIVESAY & OSTROFF PSC** Firm's EIN: [REDACTED]

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:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

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

4a (Code: ) (Expenses \$ 280,248. Including grants of \$ ) (Revenue \$ 53,563.)

THE KENTUCKY SHAKESPEARE FESTIVAL 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 \$ 216,079. Including grants of \$ ) (Revenue \$ 217,941.)

THE ORGANIZATION ALSO 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 496,327.



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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 18? 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 18? 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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. 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 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
26 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 so, complete Schedule L, Part II		X
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 601(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990-Part V grid with questions 1a-14b and Yes/No columns. Includes sub-questions for backup withholding, employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.

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

X

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation of meetings.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and compensation review.

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.
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, physical address, and telephone number of the person who possesses the books and records of the organization: KENTUCKY SHAKESPEARE FESTIVAL, 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) PETER TANGUAY BOARD MEMBER	2.00	X						0.	0.	0.
(2) KAREN TAYLOR-RICHARDSON PRESIDENT	2.00	X		X				0.	0.	0.
(3) PHILLIP ALLEN VICE PRESIDENT	2.00	X		X				0.	0.	0.
(4) JOHN DARR BOARD MEMBER	2.00	X						0.	0.	0.
(5) CULVER HALLIDAY BOARD MEMBER	2.00	X						0.	0.	0.
(6) DAVID JAMES BOARD MEMBER	2.00	X						0.	0.	0.
(7) ANDY PARKER TREASURER	2.00	X		X				0.	0.	0.
(8) AMANDA GREGORY SECRETARY	2.00	X		X				0.	0.	0.
(9) AMY EISENBACK BOARD MEMBER	2.00	X						0.	0.	0.
(10) THADDEUS HOOVER BOARD MEMBER	2.00	X						0.	0.	0.
(11) EMILY PAGORSKI BOARD MEMBER	2.00	X						0.	0.	0.
(12) ELIZABETH CHERRY SIEBERT BOARD MEMBER	2.00	X						0.	0.	0.
(13) AMANDA BLEDSOE BOARD MEMBER	2.00	X						0.	0.	0.
(14) MERA CORLETT BOARD MEMBER	2.00	X						0.	0.	0.
(15) KERRY WANG BOARD MEMBER	2.00	X						0.	0.	0.
(16) WAYNE JONES BOARD MEMBER	2.00	X						0.	0.	0.
(17) KAREN NEWMAN BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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) ALI TURNER BOARD MEMBER	2.00	X						0.	0.	0.
(19) ALLEN HARRIS BOARD MEMBER	2.00	X						0.	0.	0.
(20) MATT WALLACE PRODUCING ARTISTIC DIRECTOR	40.00			X				23,077.	0.	1,676.
<b>1b Sub-total</b> .....								23,077.	0.	1,676.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								23,077.	0.	1,676.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		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	<b>1 a</b> Federated campaigns	1a				
	<b>b</b> Membership dues	1b				
	<b>c</b> Fundraising events	1c	17,524.			
	<b>d</b> Related organizations	1d				
	<b>e</b> Government grants (contributions)	1e	34,486.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	1f	320,480.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		372,490.			
Program Service Revenue	<b>2 a</b> EDUCATION PROGRAMS	Business Code 711190	195,385.	195,385.		
	<b>b</b> PRODUCTIONS	711190	48,019.	48,019.		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		243,404.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 17,524. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	5,838.			
		<b>b</b> Less: direct expenses	<b>b</b>	8,778.		
<b>c</b> Net income or (loss) from fundraising events			<2,940.>		<2,940.>	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> GAIN ON INVOLUNTARY CO	711190	76,653.			76,653.	
<b>b</b> FORGIVENESS OF DEBT	711190	23,184.	23,184.			
<b>c</b> OTHER INCOME	711190	4,916.	4,916.			
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		104,753.				
<b>12 Total revenue.</b> See instructions.		717,707.	271,504.	0.	73,713.	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	66,586.	59,927.	6,659.	
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	153,862.	149,401.	4,461.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,538.	5,448.	90.	
10 Payroll taxes	14,615.	13,890.	725.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,250.		7,250.	
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.)	945.		945.	
12 Advertising and promotion	17,974.	16,940.	684.	350.
13 Office expenses	26,309.	5,497.	18,696.	2,116.
14 Information technology				
15 Royalties				
16 Occupancy	8,721.	3,725.	4,296.	700.
17 Travel	5,060.	4,240.	820.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,937.		6,937.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,369.	34,532.	3,837.	
23 Insurance	15,008.	13,507.	1,501.	
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>	112,270.	112,270.		
b <b>PRODUCTION EXPENSE</b>	58,640.	58,640.		
c <b>EDUCATION EXPENSE</b>	17,439.	17,439.		
d <b>PAYROLL TAX PENALTIES</b>	10,299.		10,299.	
e All other expenses	8,609.	871.	6,375.	1,363.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>574,431.</b>	<b>496,327.</b>	<b>73,575.</b>	<b>4,529.</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	<b>1</b> Cash - non-interest-bearing .....	8,359.	1	42,729.
	<b>2</b> Savings and temporary cash investments .....		2	
	<b>3</b> Pledges and grants receivable, net .....	96,064.	3	83,875.
	<b>4</b> Accounts receivable, net .....	4,358.	4	4,428.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(o)(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	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 543,933.		
	<b>b</b> Less: accumulated depreciation .....	10b 389,587.		
		151,920.	10c	154,346.
	<b>11</b> Investments - publicly traded securities .....		11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
<b>15</b> Other assets. See Part IV, line 11 .....	600.	15	5,000.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	261,301.	16	290,378.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	265,163.	17	169,068.
	<b>18</b> Grants payable .....		18	
	<b>19</b> Deferred revenue .....		19	
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> 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 .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<b>25</b> 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 .....	28,800.	25	10,696.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	293,963.	26	179,764.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	<95,662.>	27	100,867.
	<b>28</b> Temporarily restricted net assets .....	63,000.	28	9,747.
	<b>29</b> Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32	
<b>33</b> <b>Total net assets or fund balances</b> .....	<32,662.>	33	110,614.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	261,301.	34	290,378.	

**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	717,707.
2	Total expenses (must equal Part IX, column (A), line 25)	2	574,431.
3	Revenue less expenses. Subtract line 2 from line 1	3	143,276.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<32,662.>
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	110,614.

**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		<input checked="" type="checkbox"/>
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<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?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<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?	2c	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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2013)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	364,809.	379,441.	491,562.	593,142.	372,490.	2,201,444.
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 <b>Total.</b> Add lines 1 through 3	364,809.	379,441.	491,562.	593,142.	372,490.	2,201,444.
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)						287,536.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,913,908.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	364,809.	379,441.	491,562.	593,142.	372,490.	2,201,444.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,066.	554.				2,620.
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 IV.)	33,270.	3,440.	9,730.	50,542.	104,753.	201,735.
11 <b>Total support.</b> Add lines 7 through 10						2,405,799.
12 Gross receipts from related activities, etc. (see Instructions)					12 1,963,601.	
13 <b>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**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	79.55 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	84.15 %
16a <b>33 1/3% support test - 2013.</b> 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	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2012.</b> 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	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2012.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 15 for the year						
c 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  
Also complete this part for any additional information. (See instructions).

Lined area 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

**2013**

Name of the organization

Employer identification number

**KENTUCKY SHAKESPEARE FESTIVAL, INC.**

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2013)

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE FESTIVAL, 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		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 17,832.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>KENTUCKY SHAKESPEARE FESTIVAL, INC.</b>	Employer identification number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

**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		\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 11,252.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE FESTIVAL, INC.**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	RENTAL SPACE	\$ 17,832.	08/31/14
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE FESTIVAL, INC.**

**Part III**

*Exclusively religious, charitable, etc., individual contributions to section 601(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.)* ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 8, 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

**2013**

Open to Public Inspection

Name of the organization

**KENTUCKY SHAKESPEARE FESTIVAL, INC.**

Employer identification number

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to Form 990, Part IV, line 7.

- 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 an 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	
- 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

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- 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" to Form 990, Part IV, line 8.

- 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.
- 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) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- 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 Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Complete if the organization answered "Yes" to 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		321,238.	268,533.	52,705.
d Equipment		222,695.	121,054.	101,641.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				154,346.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) CAPITAL LEASE OBLIGATIONS	10,696.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	738,479.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains 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	2,940.	
e	Add lines 2a through 2d	2e		20,772.
3	Subtract line 2e from line 1	3		717,707.
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		717,707.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	595,203.
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	2,940.	
e	Add lines 2a through 2d	2e		20,772.
3	Subtract line 2e from line 1	3		574,431.
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		574,431.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

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

AS OF AUGUST 31, 2014, 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 YEAR THEN ENDED. TAX



**Part XIII** Supplemental Information (continued)

YEARS ENDING ON OR AFTER AUGUST 31, 2011, REMAIN SUBJECT TO IRS REVIEW AND CHANGE. TAX YEARS STILL OPEN UNDER STATE STATUTE OF LIMITATIONS REMAIN SUBJECT TO REVIEW AND CHANGE.

PART XII AND XIII, LINE 2D:

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





**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 8b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SHAKESPEARE IN LOVE (event type)	(event type)	NONE (total number)	
1	Gross receipts .....	23,362.			23,362.
2	Less: Contributions .....	17,524.			17,524.
3	Gross income (line 1 minus line 2) .....	5,838.			5,838.
<b>Direct Expenses</b>					
4	Cash prizes .....				
5	Noncash prizes .....				
6	Rent/facility costs .....				
7	Food and beverages .....	5,838.			5,838.
8	Entertainment .....	1,270.			1,270.
9	Other direct expenses .....	1,670.			1,670.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				8,778.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				<2,940.>

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
<b>Direct Expenses</b>					
2	Cash prizes .....				
3	Noncash prizes .....				
4	Rent/facility costs .....				
5	Other direct expenses .....				
6	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	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (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 FESTIVAL, INC.**

Employer identification number

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE  
PUBLIC. THE ORGANIZATION ALSO OPERATES AN EDUCATIONAL OUTREACH PROGRAM  
THAT IS OFFERED THROUGHOUT THE KENTUCKIANA AREA.**

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

**FORM 990 IS REVIEWED BY MANAGEMENT AND AGREED TO AUDITED  
FINANCIAL STATEMENTS.**

**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:**

**THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.**

**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.**

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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*  
**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>KENTUCKY SHAKESPEARE FESTIVAL, INC.</b>	<b>Enter filer's identifying number</b> Employer Identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>323 W. BROADWAY, NO. 401</b>	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40202</b>	Social security number (SSN)

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

**KENTUCKY SHAKESPEARE FESTIVAL, INC.**

• The books are in the care of ▶ **323 W. BROADWAY, SUITE 401 - LOUISVILLE, KY 40202**  
Telephone No. ▶ **(502) 574-9900** Fax No. ▶ \_\_\_\_\_

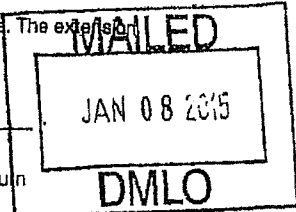
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **SEP 1, 2013**, and ending **AUG 31, 2014**

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

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

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



**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

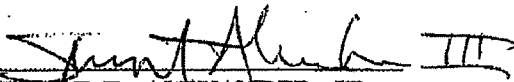
No Director of the corporation shall be liable for monetary damages for breach of his or her duty as a Director except in the manner provided under KRS 273.248.



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.**

Print or type  
See Specific Instructions on page 2.

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

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

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ **not-for-profit, 501c3**  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
**323 W. Broadway, Suite 401**

**6** City, state, and ZIP code  
**Louisville, KY 40202**

**7** List account number(s) here (optional)

Requester's name and address (optional)

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Social security number**

--	--	--	--	--	--	--	--	--	--	--	--

or

**Employer identification number**

--	--	--	--	--	--	--	--	--	--	--	--

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

**Sign Here**      Signature of U.S. person ▶      Date ▶ 7/3/15

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**THE KENTUCKY SHAKESPEARE FESTIVAL, INC.**

**FINANCIAL STATEMENTS**

**Years Ended August 31, 2014 and 2013**

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## **Independent Auditors' Report**

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

We have audited the accompanying financial statements of The Kentucky Shakespeare Festival, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2014 and 2013, 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 The Kentucky Shakespeare Festival, Inc. as of August 31, 2014 and 2013, 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.

*Denning, Malone, Linsay & Petroff*

Louisville, Kentucky  
January 20, 2015

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF FINANCIAL POSITION

August 31, 2014 and 2013

<b>Assets</b>	<u>2014</u>	<u>2013</u>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 42,729	\$ 8,359
Grants receivable	83,875	96,064
Other receivables	4,428	4,358
Deposits	<u>5,000</u>	<u>600</u>
<b>Total current assets</b>	<u>136,032</u>	<u>109,381</u>
<b>Property and Equipment</b>		
Leasehold improvements	321,238	321,238
Vehicles	37,472	46,357
Equipment	182,943	348,814
Furniture and fixtures	<u>2,280</u>	<u>2,280</u>
	543,933	718,689
Less accumulated depreciation	<u>389,587</u>	<u>566,769</u>
	<u>154,346</u>	<u>151,920</u>
<b>Total assets</b>	<u>\$ 290,378</u>	<u>\$ 261,301</u>

See Notes to Financial Statements.

**THE KENTUCKY SHAKESPEARE FESTIVAL, INC.**

**STATEMENTS OF ACTIVITIES**  
Years Ended August 31, 2014 and 2013

	2014		
	Unrestricted	Temporarily Restricted	Total
<b>Revenues and Other Support</b>			
Grants	\$ 205,387	\$ 27,000	\$ 232,387
Contributions	122,579		122,579
Gifts in kind and contributed services	17,832		17,832
Education programs	195,385		195,385
Productions	48,019		48,019
Special events (net of cost of direct benefits to donors of \$5,838 for 2014)	17,524		17,524
Charitable gaming, net			
Forgiveness of debt	23,184		23,184
Gain on involuntary conversion	76,653		76,653
Other income	4,916		4,916
	711,479	27,000	738,479
Net assets released from restrictions	80,253	(80,253)	
<b>Total revenues and other support</b>	<b>791,732</b>	<b>(53,253)</b>	<b>738,479</b>
<b>Expenses</b>			
Program services	496,327		496,327
Management and general	88,732		88,732
Fund-raising	10,144		10,144
<b>Total expenses</b>	<b>595,203</b>		<b>595,203</b>
<b>Net decrease (increase) in total net deficit</b>	196,529	(53,253)	143,276
Net assets (deficit), beginning of year	(95,662)	63,000	(32,662)
Net assets (deficit), end of year	\$ 100,867	\$ 9,747	\$ 110,614

See Notes to Financial Statements.



THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended August 31, 2014 and 2013

	2014					Total
	Productions	Education	Total Program Services	Management and General	Fund- Raising	
Salaries	\$ 51,141	\$ 154,896	\$ 206,037	\$ 10,754		\$ 216,791
Actors contracts	112,270		112,270			112,270
Production expense	32,281		32,281			32,281
Rent	2,906	819	3,725	19,453	\$ 3,375	26,553
Advertising	12,794	4,146	16,940	684	350	17,974
Merchandise and concessions	17,443		17,443			17,443
Housing	5,139	10,300	15,439			15,439
Insurance	9,005	4,502	13,507	1,501		15,008
Payroll taxes	3,448	10,442	13,890	725		14,615
Office supplies				9,492	1,793	11,285
Payroll tax penalties				10,299		10,299
Employee benefits	2,169	6,570	8,739	456		9,195
Equipment rental and expense	3,777	2,450	6,227	2,367		8,594
Professional fees				8,195		8,195
Interest expense				6,937		6,937
Telephone	3,557	1,940	5,497	647	323	6,467
Miscellaneous expense				6,375		6,375
Travel	605	3,635	4,240	820		5,060
Education expense		4,689	4,689			4,689
Development					3,780	3,780
Dues and subscriptions				3,218		3,218
Bank charges				2,972		2,972
Meals and entertainment	692	179	871		523	1,394
Total expenses before depreciation	257,227	204,568	461,795	84,895	10,144	556,834
Depreciation	23,021	11,511	34,532	3,837		38,369
<b>Total</b>	<b>\$ 280,248</b>	<b>\$ 216,079</b>	<b>\$ 496,327</b>	<b>\$ 88,732</b>	<b>\$ 10,144</b>	<b>\$ 595,203</b>

See Notes to Financial Statements.

2013

<u>Productions</u>	<u>Education</u>	<u>Total Program Services</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total</u>
\$ 91,143	\$ 205,601	\$ 296,744	\$ 13,838	\$ 9,393	\$ 319,975
86,960		86,960			86,960
48,574		48,574			48,574
4,200	1,063	5,263	19,550	3,375	28,188
4,246	16,141	20,387	6,693	1,679	28,759
16,692		16,692			16,692
26,956	8,847	35,803			35,803
8,997	4,498	13,495	1,499		14,994
7,763	17,512	25,275	1,179	800	27,254
			15,066	7,590	22,656
			21,751		21,751
6,386	14,405	20,791	970	658	22,419
4,702	780	5,482	6,646		12,128
			33,463	19,400	52,863
			20,724		20,724
5,948	3,244	9,192	1,081	541	10,814
			2,073		2,073
7,564	11,827	19,391	3,977	1,036	24,404
	8,720	8,720			8,720
				4,873	4,873
			3,136		3,136
			7,253		7,253
1,992	521	2,513	5,725	1,841	10,079
322,123	293,159	615,282	164,624	51,186	831,092
22,271	11,136	33,407	3,712		37,119
<u>\$ 344,394</u>	<u>\$ 304,295</u>	<u>\$ 648,689</u>	<u>\$ 168,336</u>	<u>\$ 51,186</u>	<u>\$ 868,211</u>

**THE KENTUCKY SHAKESPEARE FESTIVAL, INC.**

**STATEMENTS OF CASH FLOWS**  
Years Ended August 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<b>Cash Flows from Operating Activities</b>		
Cash received from grants and contributions	\$ 367,085	\$ 582,389
Cash received from productions, education and other sources	271,682	200,010
Cash received from charitable gaming, net		46,311
Cash paid to suppliers and employees	(610,214)	(715,410)
Interest paid	<u>(6,937)</u>	<u>(20,724)</u>
<b>Net cash provided by operating activities</b>	<u>21,616</u>	<u>92,576</u>
<b>Cash Flows from Investing Activities</b>		
Expenditures for property and equipment	(51,130)	(17,252)
Deposit on property and equipment	(5,000)	
Proceeds from involuntary conversion	<u>86,988</u>	<u>          </u>
<b>Net cash provided by (used in) investing activities</b>	<u>30,858</u>	<u>(17,252)</u>
<b>Cash Flows from Financing Activities</b>		
Payments on borrowings - related party		(10,000)
Net payments on line of credit		(18,000)
Principal payments on note payable		(25,971)
Principal payments under capital leases	<u>(18,104)</u>	<u>(14,479)</u>
<b>Net cash used in financing activities</b>	<u>(18,104)</u>	<u>(68,450)</u>
<b>Net increase in cash and cash equivalents</b>	34,370	6,874
Cash and cash equivalents, beginning of year	<u>8,359</u>	<u>1,485</u>
Cash and cash equivalents, end of year	<u>\$ 42,729</u>	<u>\$ 8,359</u>

See Notes to Financial Statements.

	<u>2014</u>	<u>2013</u>
<b>Reconciliation of Net Decrease in Total Net Deficit to Net Cash Provided by Operating Activities</b>		
<b>Net decrease in total net deficit</b>	<b><u>\$143,276</u></b>	<b><u>\$ 53,192</u></b>
Adjustments to reconcile net decrease in total net deficit to net cash provided by operating activities:		
Depreciation	38,369	37,119
Loss on disposal of property and equipment		1,187
Gain on involuntary conversion	(76,653)	
Contribution - conversion of note payable - related party		(12,000)
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	12,189	(894)
Other receivables	(70)	2,141
Deposits	600	1,200
Increase (decrease) in:		
Checks issued in excess of cash on deposit	(3,356)	3,356
Accounts payable	(53,481)	(37,437)
Accrued expenses	<u>(39,258)</u>	<u>44,712</u>
Total adjustments	<u>(121,660)</u>	<u>39,384</u>
<b>Net cash provided by operating activities</b>	<b><u>\$ 21,616</u></b>	<b><u>\$ 92,576</u></b>

**THE KENTUCKY SHAKESPEARE FESTIVAL, INC.**

**NOTES TO FINANCIAL STATEMENTS**

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

**Nature of operations:**

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

**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, 2014 and 2013, 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	5-40 years
Vehicles	5 years
Equipment	5-10 years
Furniture and fixtures	5-7 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. Contributions, excluding grants, that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the reporting period in which the revenue is recognized. 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 summary of in-kind donations and contributed services for the years ended August 31, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Rent	\$17,832	\$21,722
Financial consultant	<u>          </u>	<u>14,600</u>
	<u>\$17,832</u>	<u>\$36,322</u>

A portion of the rent expense for the administrative office building was donated. The donation is reported at its fair market value and is included in the financial statements as gifts in kind and contributed services and corresponding rent expense of \$17,832 and \$21,722 for the years ended August 31, 2014 and 2013, respectively.

The financial consultant's services were utilized within the management and general operations of the Organization to assist with financial analysis.

## NOTES TO FINANCIAL STATEMENTS

### Advertising:

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2014 and 2013 was \$17,974 and \$28,759, 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. However, income from certain activities not directly related to the Organization's tax-exempt purpose may be subject to taxation as unrelated business income.

As of August 31, 2014 and 2013, 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. Tax years ending on or after August 31, 2011, remain subject to IRS review and change. Tax years still open under state statute of limitations remain subject to review and change.

### Subsequent events:

Subsequent events have been evaluated through January 20, 2015, which is the date the financial statements were available to be issued.

### Note 2. Grants Receivable

Grants receivable consist of the following as of August 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fund for the Arts	\$83,332	\$29,222
Kentucky Arts Council	543	9,842
Gheens Foundation		50,000
Louisville/Jefferson County Metro Government	_____	<u>7,000</u>
Total grants receivable	<u>\$83,875</u>	<u>\$96,064</u>



## NOTES TO FINANCIAL STATEMENTS

### Note 7. Concentrations and Contingencies

The Organization receives a significant portion of its revenues from Fund for the Arts and an individual donor. Revenues from Fund for the Arts represented 16% and 15% of net revenues during the years ended August 31, 2014 and 2013, respectively. The receivable due from Fund for the Arts as of August 31, 2014 and 2013 was \$83,332 and \$29,222, respectively. Revenues from the individual donor represented 21% of net revenues during the year ended August 31, 2013. There was no concentration of revenues from this donor during the year ended August 31, 2014. Changes in the future allocation of funding from these donors could have a significant impact on the Organization's operations.

The Organization had approximately 16% of its actors (both employees and independent contractors) subject to collective bargaining agreements at August 31, 2013. There was no such concentration at August 31, 2014.

The Organization is a party to various legal actions arising in the ordinary course of its business. In management's opinion, the Organization has sufficient contract rights and/or adequate legal defenses respecting each of these actions and does not believe that they will materially affect the Organization's operations or financial position.

### Note 8. Retirement Plan

The Organization sponsors a 403(b) plan which covers substantially all employees who meet certain eligibility requirements as to age and length of service. The Organization did not contribute to the retirement plan for the years ended August 31, 2014 and 2013.

### Note 9. Operations

As of August 31, 2014, the Organization's current liabilities exceeded its current assets by \$37,202. This factor creates uncertainty about the Organization's ability to continue as a going concern. The Organization is working to restructure and 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 of approximately \$103,000 by making \$350 monthly payments. The Organization is also monitoring cash flow on a daily basis 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, 2015.

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Kentucky Shakespeare Festival, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input 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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>502c3 non-profit</b>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>323 W. Broadway, Suite 401</b>	
	6 City, state, and ZIP code <b>Louisville, KY 40202</b>	
	7 List account number(s) here (optional)	

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

	Social security number					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 20%;"></td> </tr> </table>		-		-	
	-		-			
	or					
	Employer identification number					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> </table>					

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/29/15</b>
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**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Kentucky Shakespeare Festival Staff**

Matt Wallace	Producing Artistic Director	\$61,800.00
Robert Silvesthorn	Director of Operations and I	\$49,500.00
Kyle Ware	Director of Education	\$35,000.00
Hannah Pruitt	Education Programs Manag	\$29,000.00
Tony Milder	Artistic Associate	\$20,400.00
Megan Massie	Artistic Associate	\$20,400.00
Jeremy Sapp	Artistic Associate	\$19,200.00
Melinda Beck	Artistic Associate	\$16,800.00

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## THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

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### General Information

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<b>Organization Number</b>	0010680
<b>Name</b>	THE KENTUCKY SHAKESPEARE FESTIVAL, 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>	1/5/2015
<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

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<b>President</b>	<a href="#">KAREN RICHARDSON</a>
<b>Vice President</b>	<a href="#">PHILLIP ALLEN</a>
<b>Treasurer</b>	<a href="#">ANDY PARKER</a>
<b>Director</b>	<a href="#">ELIZABETH CHERRY SIEBERT</a>
<b>Director</b>	<a href="#">KAREN RICHARDSON</a>
<b>Director</b>	<a href="#">PHILLIP ALLEN</a>

### Individuals / Entities listed at time of formation

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<b>Director</b>	<a href="#">STUART R PAINE</a>
<b>Director</b>	<a href="#">MARTIN R AYERS</a>
<b>Director</b>	<a href="#">C DOUGLAS RAMEY</a>
<b>Director</b>	<a href="#">EURELIA M SALYERS</a>
<b>Director</b>	<a href="#">GEORGE A HENDON</a>
<b>Incorporator</b>	<a href="#">STUART R PAINE</a>
<b>Incorporator</b>	<a href="#">C DOUGLAS RAMEY</a>
<b>Incorporator</b>	<a href="#">ELIZABETH HOERTH</a>

### Images available online

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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.

[Name Renewal](#)

6/2/2015 9:05:29 AM 1 page

[PDF](#)

<a href="#">Annual Report</a>	1/5/2015	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	2/10/2014 11:16:28 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/10/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/5/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/28/2012	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	11/10/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	11/10/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement Certificate of Existence</a>	10/7/2011 12:49:58 PM	2 pages	<a href="#">PDF</a>	
<a href="#">Reinstatement</a>	10/7/2011 12:47:11 PM	4 pages	<a href="#">PDF</a>	
<a href="#">Reinstatement Approval Letter Revenue</a>	10/7/2011 12:44:47 PM	1 page	<a href="#">PDF</a>	
<a href="#">Administrative Dissolution Return</a>	9/28/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution Sixty Day Notice Return</a>	9/10/2011	1 page	<a href="#">PDF</a>	
<a href="#">Certificate of Assumed Name</a>	7/20/2011	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	11/4/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/1/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/15/2009	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	9/15/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Organization (LLC)</a>	6/17/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/11/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/7/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/6/2006	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/14/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/30/2005	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/3/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Name Renewal</a>	2/6/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/24/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/11/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/13/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/13/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<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	1/5/2015 12:00:40 PM	1/5/2015 12:00:40 PM	
Annual report	2/10/2014 11:20:47 AM	2/10/2014 11:20:47 AM	
Registered agent address change	2/10/2014 11:16:28 AM	2/10/2014 11:16:28 AM	
Annual report	3/5/2013 2:29:21 PM	3/5/2013 2:29:21 PM	
Annual report	6/28/2012 1:50:17 PM	6/28/2012	
Registered agent address change	11/10/2011 8:53:07 AM	11/10/2011	
Principal office change	11/10/2011 8:51:39 AM	11/10/2011	
Reinstatement	10/7/2011 12:49:53 PM	10/7/2011	
Application For Reinstatement	10/7/2011 12:18:54 PM	10/7/2011	
Application For Reinstatement	9/28/2011 2:58:06 PM	9/28/2011	
Admin Dis. A. report not in	9/10/2011	9/10/2011	
Added assumed name	11/4/2010 10:57:09 AM	12/31/2010	<a href="#">KENTUCKY SHAKESPEARE</a>
Annual report	4/1/2010 2:14:23 PM	4/1/2010	
Registered agent address change	9/15/2009 8:33:18 AM	9/15/2009	
Annual report	9/15/2009 8:29:05 AM	9/15/2009	

Annual report	3/11/2008 2:39:12 PM	3/11/2008
Annual report	3/7/2007 10:51:57 AM	3/7/2007
Annual report	3/6/2006 8:27:30 AM	3/6/2006
Registered agent address change	7/14/2005 3:46:10 PM	7/14/2005
Annual report	6/30/2005 2:49:21 PM	6/30/2005
Amendment previous name	3/28/1991	3/28/1991

[THE COMMITTEE FOR  
SHAKESPEARE IN  
CENTRAL PARK, INC.](#)

## Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	4/9/2004	2 pages
Annual Report	6/3/2003	1 page
Annual Report	9/24/2002	1 page
Annual Report	9/11/2001	1 page
Annual Report	6/13/2000	1 page
Annual Report	8/13/1999	1 page
Annual Report	5/11/1998	4 pages
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	5 pages
Annual Report	7/1/1995	6 pages
Annual Report	7/1/1994	6 pages
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Annual Report	3/19/1992	2 pages
Annual Report	7/1/1991	2 pages
Statement of Change	3/28/1991	1 page
Amendment	3/28/1991	4 pages
Annual Report	7/1/1990	3 pages
Statement of Change	10/2/1989	1 page
Annual Report	7/1/1989	4 pages
Annual Report	7/1/1988	1 page
Statement of Change	4/28/1987	1 page
Reinstatement	4/28/1987	2 pages
Revocation of Certificate of Authority	3/15/1987	2 pages
Six Month Notice	9/1/1986	1 page
Certificate of Assumed Name	6/29/1984	1 page
Statement of Change	7/2/1969	2 pages
Annual Report	10/6/1965	13 pages
Statement of Change	10/6/1965	2 pages
Amendment	7/12/1965	4 pages
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