

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

Applicant/Program: Kentucky Shakespeare Festival Inc./Shakespeare in the Park

Executive Summary of Request:

This is an add-on to the request approved at the 2/24/15 Appropriations Committee meeting.

It is for Historic Locust Grove that plans to have the MacBeth performance at their site on May 17, 2015.

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>16</u>		<u>\$1,200.00</u>	<u>4-10-15</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

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

None

Approved by:

_____ Date _____
Appropriations Committee Chairman

Clerk's Office Only:

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

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 4/20/15 TIME 11:51



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Kentucky Shakespeare Festival, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
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 Manager			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Metro Parks - Iroquois, S. Central, Shawnee, Riverside Gardens		
Council District(s):	1, 2, 5, 6, 8, 12, 14, 15	Zip Code(s):	40214, 40208, 40212, 40213
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Shakespeare in the Parks			
Total Request: (\$)	21,000	Total Metro Award (this program) in previous year: (\$)	\$16,000
Purpose of Request (check all that apply):			
<input 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 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 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	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Metro EAF Grant	Amount: (\$)	\$6,700
Source:	NDF - James - Saturday ir	Amount: (\$)	\$4,950
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:

Grounded in the works of Shakespeare, we enrich our community by presenting accessible, professional theatre experiences that educate, inspire and entertain people of all ages.

Kentucky Shakespeare, designated as the Official Shakespeare Company of the Commonwealth of Kentucky, is a non-profit, professional theatre company founded in 1949 and incorporated in 1963. It is our mission to enhance community life through accessible, professional theatre experiences that educate, inspire and entertain people of all ages.

Kentucky Shakespeare is the oldest free Shakespeare festival in the country and served 27,000 audience members in Central Park in 2014.

Kentucky Shakespeare travels the state presenting education outreach programs for youth serving over 50,000 students per year as the largest in-state touring arts provider in Kentucky.



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.):

KY Shakespear touring Shakespeare in the Parks MACBETH, a 90-minute, 7-actor play.

Date/Time	Park	Sponsor/District/Amount
Saturday, March 28 - 6:00PM	Iroquois Park	Marianne Butler, Dan Johnson, Vicki Welch, David Yates, 15, 13, 21, 25 - \$500 each
Saturday, April 11 - 12:00PM	S. Central	David James, 6 - \$2,000
Saturday, April 11 - 6:00PM	Shawnee	Cheri Bryant Hamilton, 5 - \$2,000
Sunday, April 12 - 6:00PM	Riverside Gardens	Attica Scott, 1 - \$2,000
Sunday, April 19 - 6:00PM	Petersburg Park	Barbara Shanklin, 2 - \$2,000
Saturday, April 25 - 6:00PM	Sun Valley Park	Cindi Fowler, 14 - \$2,000
Sunday, April 26 - 12:00PM	Victory Park	David James, 6 - \$2,000
Sunday, April 26 - 6:00PM	Tyler Park	Tom Owen, 8 - \$2,000
Sunday, May 3 - 6:00PM	Hounz Lane Park	Glen Stuckel, 17 - \$2,000
Saturday, May 9 - 6:00PM	Highview Park	James Peden, 23 - \$2,000
Sunday, May 10 - 6:00PM	Story Avenue Park	Bill Hollander, 9 - \$1,000
TOTAL		\$21,000

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

The cost is \$2,000 per park performance. The funding pays for \$500 per each park to Metro Parks for permit, trash can, and park bench rental. (for the District 9 performance, a local business, White Clay, is paying the other \$1,000 performance fee.)

This also funds the performance fees for cast of 7 professional actors, sound technician, sound system, set, costume, director, partial rehearsal, and props.

In the event of rain on the day of performance, Kentucky Shakespeare will work with the Council Members and Metro Parks to schedule a summer performance make up date.



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:

This free arts, entertainment event will encourage families throughout the city to experience the arts together. As there is no charge for the event, all community members will have the opportunity to attend and experience this unique community service and event in their neighborhood park.

To measure attendance, gauge participation and demographics, Kentucky Shakespeare will have a voluntarily survey for participants/attendees to assess the event, demographics, 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 the park. The targeted population is all members of the districts. As the programs are presented free of charge, there is no cost barrier.

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

Kentucky Shakespeare has been working with Louisville Metro Parks to take this historic step and branch out into multiple Metro Parks.

We experienced an unprecedented level of community collaboration last season. Each of our 56 performances featured a different community group performing a pre-show before the main stage performance. These groups included Down Syndrome of Louisville, the Kentucky Governor's School for the Arts, dance studios, choral groups, bands, comedians, and improvisation groups. We also welcomed cultural partner Walden Theatre to present their own production on our stage, in addition to Le Petomane Theatre, Shoestring Productions, and Savage Rose Classical Theatre Company.



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
A: Personnel Costs Including Benefits	5,971	5,971	11,942
B: Rent/Utilities		2,702	2,702
C: Office Supplies		1,200	1,200
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	13,750	13,750	27,500
H: Program Materials	1,279	500	1,779
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	21,000	24,123	45,123
% of Program Budget	47 %	53 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$4,123 (donors)
Fees Collected from Program Participants	
Other (please specify)	\$20,000 (foundation)
Total Revenue for Columns 2 Expenses **	\$24,123

*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
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: 09/1/14

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.

Signature of Legal Signatory: [Signature] Date: 12/17/14
Legal Signatory: (please print): Matt Wallace Title: Producing Artistic Director
Phone: 502-574-9900 Extension: Email: matt@kyshakespeare.com



January 15, 2015

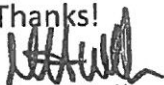
David James
Louisville Metro Council
601 W. Jefferson St.
Louisville, KY 40202

Dear Councilman James,

I'm writing to let you know that Councilman Hollander would like to be included in our group NDF application for our Shakespeare in the Parks MACBETH.

We would like to perform MACBETH at Story Avenue Park in District 9. Councilman Hollander has agreed to sponsor half the cost at \$1,000. (White Clay, a business sponsor is sponsoring the other half.) The performance is our 90-minute, 7-actor production of MACBETH. Attached is the flyer with photos for further reference. The park is located at 1515 Story Avenue, 40206.

Please note I have adjusted page 6 of our NDF application to reflect this.

Thanks!

Matt Wallace

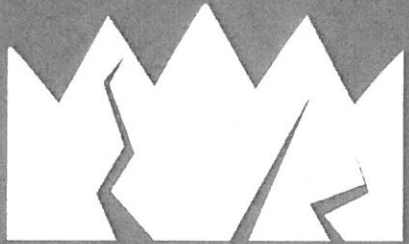
MATT WALLACE, PRODUCING ARTISTIC DIRECTOR

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





SHAKESPEARE IN THE PARKS



MACBETH

For 54 years, Kentucky Shakespeare—a not-for-profit charitable organization, professional theatre company and the oldest free Shakespeare Festival in the United States—has offered Shakespeare in Central Park to all members of the Louisville community with no cost for admission.

Last year, in celebration of William Shakespeare's 450th birthday, Kentucky Shakespeare embarked on a highly successful tour, taking our adaptation of *Hamlet* to eight Metro Parks in Louisville. This spring, we're hitting the road once more!

In April and May of 2015, you'll have the opportunity to bring Kentucky Shakespeare to your neighborhood once more, with a brand new seven-actor, ninety-minute adaptation of *Macbeth*, one of William Shakespeare's most renowned and powerful works.

Performance Cost: \$2,000 to sponsor (via NDF application)

Technical Needs: None. The production is self-contained and performed by a cast of professional actors. Includes advertising, park permits, and picnic table rental as needed.

Scheduling: To book contact Producing Artistic Director Matt Wallace:
matt@kyshakespeare.com; 502.574.9900 (office) or 502.419.6964 (cell)



photos from Kentucky Shakespeare's Shakespeare in the Parks tour of *Hamlet*, 2014



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

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

0752857510

Nov. 17. 2014 LTR 4168C 0

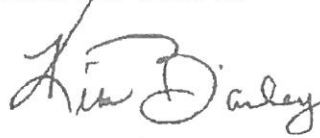
201312 67

00021618

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

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

Sincerely yours,



Kim D. Bailey
Operations Manager, AM Operations 3

Internal Revenue Service
District
Director

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Date: JUN 07 1993

Kentucky Shakespeare
Festival Inc.
520 W. Magnolia Ave.
Louisville, KY 40208-2316

Person to Contact:
Kathy Harbin
Telephone Number:
513-686-3957
Refer Reply to:
EP/EO
Employer Identification Number:
[REDACTED]

Dear Sir or Madam:

This is in response to your inquiry of June 3, 1993, requesting a copy of your determination letter.

Our records indicate that by a determination letter issued in July of 1964, your organization was recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning in section 509(a)(1) and 170(b)(1)(A)(vi).

The classification was based on the assumption that your operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

Kentucky Shakespeare Festival Inc.

(2)

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-E, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.


Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, you may contact us at the address or telephone number shown in the heading of this letter.

This is an affirmation letter.

Sincerely yours,

Robert T. Johnson
District Director



**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 - Barreling	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

5500 · Unrestricted	7,200
Government	49,700
Total Contributed Income	490,116
TOTAL INCOME	808,543

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 **22,680**

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
Total Administration	332,704

Education Expense

851 - Seasonal Labor	
8511 - Salary	62,100
8512 - Payroll Taxes	-
Seasonal Labor	62,100
852 - Guest Artists (1099)	
8521 - Director/ Instructor	2,400
8522 - Actors	-
8520 - Designers	4,000
8521 - Crew	-
Union Pension & Health	-
852 - GUEST ARTISTS - Other	-
Guest Artists	6,400
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
Total Program Operations	66,317
Total Education	134,817

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
FCH Labor	2,800
Crew - Other	-
Actors (Union & Non)	72,000
Production Labor	158,500
872 Production Materials	
Set	9,000
Scenic / Dressing	-
Properties	2,000
Lighting	2,000
Sound	4,000
Costuming	10,000
Production Materials	27,000
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
Total Production	260,300
95 · FUND RAISING	
951 · Special Event	11,000.00
952 · PAYOUTS	
955 · Fundraising / Board Development	
Total Fund Raising	11,000
8750 · SALES & USE TAX	
8750-10 · Sales & Use Tax-Admin	0.00
<i>Sales & Use Tax</i>	-
Total Expense	738,820
Net Income	69,722

Kentucky Shakespeare Board of Directors

Terms of service to the Board shall be for three years.

Board member can be elected to consecutive terms with no limitation on the number of terms.

President

Karen H. Taylor-Richardson,
President, KH Richardson & Co, LLC
4001 Hurstbourne Woods Drive, Louisville, KY 40299
Karen@khrichardson.com
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Thaddeus Hoover, White Clay
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ted@whiteclay.com
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Vice President

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pallen@21chotels.com
(502) 582-6300

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

Treasurer

Andy Parker, Senior Vice President
PBI Bank
2500 Eastpoint Parkway
Louisville, Kentucky 40223
aparker@pbibank.com
(502) 762-5149

Karen Newman, Chief Nursing Officer,
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Secretary

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Mera Corlett, Community Liaison

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LG&E and KU Energy LLC
220 West Main Street, Louisville, KY 40232
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Dr. Peter Tanguay, Member Emeritus

John Darr, President, John Darr Public Relations
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Amy Eisenback, Education Liaison

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(502) 568-5707

12/15/14

Kentucky Shakespeare
Balance Sheet Standard
As of December 15, 2014

	Dec 15, '14
ASSETS	
Current Assets	
Checking/Savings	
1010 5th Third Bank	27,907.03
Total Checking/Savings	27,907.03
Accounts Receivable	
1100 ACCOUNTS RECEIVABLE	116,412.58
Total Accounts Receivable	116,412.58
Other Current Assets	
1499 — Undeposited Funds	3,805.33
Total Other Current Assets	3,805.33
Total Current Assets	148,124.94
Fixed Assets	
1400 PROPERTY & EQUIPMENT	
1410 KSF Equipment	334,819.13
1411 Vehicles	46,357.00
1412 Accum Depr/Van	-26,443.11
1413 Lighting & Sound	32,818.77
1420 Accum Depr/Equipment	-280,712.09
1430 Leasehold Improvements	321,237.87
1440 Accum Depr/Leasehold	-259,614.28
1450 Furniture/Fixtures	2,536.04
1400 PROPERTY & EQUIPMENT - Other	3,500.00
Total 1400 PROPERTY & EQUIPMENT	174,499.33
Total Fixed Assets	174,499.33
TOTAL ASSETS	322,624.27
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 ACCOUNTS PAYABLE	43,668.38
Total Accounts Payable	43,668.38
Other Current Liabilities	
2100 OTHER CURRENT LIABILITIES	
2012 KY PR Tax Liab Scheduled	-9,502.66
2110 Sales Tax Payable	-1,389.70
2130 Due To/From P2G	-501.60
Total 2100 OTHER CURRENT LIABILI...	-11,393.96
2100 — 2200 PAYROLL LIABILITIES	
2210 Federal Taxes (941/944)	34,158.30
2220 KY Income Tax	1,586.60

12/15/14

Kentucky Shakespeare
Balance Sheet Standard
As of December 15, 2014

	Dec 15, '14
2230 KY Local Taxes	1,137.68
2232 KY Unemployment Tax	6,144.90
2260 Retirement Account Payable	359.07
2270 Payroll Liabilities-Other	-65.66
2290 Director Bonus Accrual	6,666.67
Total 2100 — 2200 PAYROLL LIABIL...	49,987.56
Payroll Liabilities	
KY Unemployment Tax	-67.92
Total Payroll Liabilities	-67.92
Total Other Current Liabilities	38,525.68
Total Current Liabilities	82,194.06
Long Term Liabilities	
2300 LONG TERM LIABILITIES	
2330 Apple Computers	373.17
2340 2010 Chrysler Van	-402.77
2350 2011 Chrysler Van	8,534.30
2360 Direct Capital -	-226.15
2370 FDGL Lease	-111.15
2380 KY U/I Prior Years	7,414.92
2381 Lou Metro Pen + Int PY	-2,676.95
2385 Federal PR Prior Years	86,076.94
Total 2300 LONG TERM LIABILITIES	98,982.31
Total Long Term Liabilities	98,982.31
Total Liabilities	181,176.37
Equity	
3000 — 3010 OPENING BALANCE EQU...	-16,481.17
3900 — 3050 Retained Earnings	144,792.86
Net Income	13,136.21
Total Equity	141,447.90
TOTAL LIABILITIES & EQUITY	322,624.27

KENTUCKY SHAKESPEARE FESTIVAL, INC.

INCOME TAX RETURNS

August 31, 2013

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **SEP 1, 2012** and ending **AUG 31, 2013**

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, town, or post office, state, and ZIP code
LOUISVILLE, KY 40202

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

D Employer identification number

E Telephone number
(502) 637-4933

G Gross receipts \$ **1,704,724.**

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates 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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE KENTUCKY SHAKESPEARE FESTIVAL PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	18
	6	Total number of volunteers (estimate if necessary)	6	20
	7	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 491,562.	Current Year 593,142.
	9	Program service revenue (Part VIII, line 2g)	237,794.	195,086.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	366.	96,853.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	729,722.	885,081.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	338,446.	369,648.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 47,928.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	442,237.	462,241.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	780,683.	831,889.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<50,961.>	53,192.
	20	Total assets (Part X, line 16)	Beginning of Current Year 282,047.	End of Year 261,301.
	21	Total liabilities (Part X, line 26)	367,901.	293,963.
22	Net assets or fund balances. Subtract line 21 from line 20	<85,854.>	<32,662.>	

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: _____

Type or print name and title

Paid Preparer

Print/Type preparer's name: **CHRISTINE N. KOENIG** Preparer's signature: _____ Date: _____

Check if self-employed PTIN: _____

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

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

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: GROUNDED IN THE WORKS OF SHAKESPEARE, WE ENRICH OUR COMMUNITY BY PRESENTING ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE, INSPIRE AND ENTERTAIN PEOPLE OF ALL AGES.

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

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

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 \$ 344,394. including grants of \$) (Revenue \$ 37,746.) 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 \$ 304,295. including grants of \$) (Revenue \$ 207,882.) 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 648,689.

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 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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

Form 990 (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and 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 25		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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 9 regarding governing body structure and documentation.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a through 16b regarding organizational policies and procedures.

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

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

Check if Schedule O contains a response to any question 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) ADAM FARIS TREASURER	2.00	X	X					0.	0.	0.
(2) KAREN TAYLOR-RICHARDSON PRESIDENT	2.00	X	X					0.	0.	0.
(3) ALLEN HARRIS, JR. BOARD MEMBER	2.00	X						0.	0.	0.
(4) PETER TANGUAY BOARD MEMBER	2.00	X						0.	0.	0.
(5) PHILLIP ALLEN BOARD MEMBER	2.00	X						0.	0.	0.
(6) MERA CORLETT BOARD MEMBER	2.00	X						0.	0.	0.
(7) JOHN DARR BOARD MEMBER	2.00	X						0.	0.	0.
(8) CULVER HALLIDAY BOARD MEMBER	2.00	X						0.	0.	0.
(9) DAVID JAMES BOARD MEMBER	2.00	X						0.	0.	0.
(10) WAYNE JONES BOARD MEMBER	2.00	X						0.	0.	0.
(11) KAREN NEWMAN BOARD MEMBER	2.00	X						0.	0.	0.
(12) ANDY PARKER BOARD MEMBER	2.00	X						0.	0.	0.
(13) MELISSA ZOELLER BOARD MEMBER	2.00	X						0.	0.	0.
(14) CHARLES KEETING BOARD MEMBER	2.00	X						0.	0.	0.
(15) MATT WALLACE PRODUCING ARTISTIC DIRECTOR	40.00			X				0.	0.	0.
(16) BRANTLEY DUNAWAY FORMER PRODUCING ARTISTIC DIRECTOR	40.00					X		76,863.	0.	11,350.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	7,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	586,142.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		593,142.			
Program Service Revenue	2 a	EDUCATION	Business Code 711190	165,106.	165,106.		
	b	PRODUCTIONS	711190	29,980.	29,980.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		195,086.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	865,954.					
c	Net income or (loss) from gaming activities	819,643.	46,311.		46,311.		
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	FORGIVENESS OF DEBT	711190	48,005.	48,005.			
b	OTHER INCOME	711190	2,537.	2,537.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		50,542.				
12	Total revenue. See instructions.		885,081.	245,628.	0.	46,311.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	106,424.	96,093.	9,997.	334.
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	224,929.	211,203.	4,333.	9,393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,041.	10,239.	478.	324.
10 Payroll taxes	27,254.	25,275.	1,179.	800.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,000.		18,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	20,263.		863.	19,400.
12 Advertising and promotion	28,759.	20,387.	6,693.	1,679.
13 Office expenses	50,505.	9,192.	33,182.	8,131.
14 Information technology				
15 Royalties				
16 Occupancy	6,466.	5,263.	1,086.	117.
17 Travel	24,404.	19,391.	3,977.	1,036.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,724.		20,724.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,119.	33,407.	3,712.	
23 Insurance	14,994.	13,495.	1,499.	
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 PRODUCTION EXPENSE	96,924.	96,924.		
b ACTORS CONTRACTS	86,960.	86,960.		
c PAYROLL TAX PENALTIES	21,751.		21,751.	
d EDUCATION EXPENSE	18,347.	18,347.		
e All other expenses	17,025.	2,513.	7,798.	6,714.
25 Total functional expenses. Add lines 1 through 24e	831,889.	648,689.	135,272.	47,928.
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 968-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	1,485.	1	8,359.	
	2		2		
	3		3		
	4	102,869.	4	100,422.	
	5		5		
	6		6		
	7		7		
	8		8		
	9		9		
	10a	10a 718,689.	177,093.	10c	151,920.
	b	10b 566,769.			
	11			11	
	12			12	
	13			13	
	14			14	
	15		600.	15	600.
16		282,047.	16	261,301.	
Liabilities	17	258,651.	17	265,163.	
	18		18		
	19		19		
	20		20		
	21		21		
	22		22		
	23	22,000.	23		
	24	43,971.	24		
	25	43,279.	25	28,800.	
	26	367,901.	26	293,963.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	<109,751.>	27	<95,662.>	
	28	23,897.	28	63,000.	
	29		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30		30		
	31		31		
	32		32		
33	<85,854.>	33	<32,662.>		
34	282,047.	34	261,301.		

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	885,081.
2	Total expenses (must equal Part IX, column (A), line 25)	2	831,889.
3	Revenue less expenses. Subtract line 2 from line 1	3	53,192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<85,854.>
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	<32,662.>

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	363,396.	364,809.	379,441.	491,562.	593,142.	2192350.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	363,396.	364,809.	379,441.	491,562.	593,142.	2192350.
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)						244,852.
6 Public support. Subtract line 5 from line 4.						1947498.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	363,396.	364,809.	379,441.	491,562.	593,142.	2192350.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,235.	2,066.	554.			9,855.
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.)	15,152.	33,270.	3,440.	9,730.	50,542.	112,134.
11 Total support. Add lines 7 through 10						2314339.
12 Gross receipts from related activities, etc. (see instructions)					12	1,962,197.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	84.15 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	93.60 %
16a 33 1/3% support test - 2012. 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 33 1/3% support test - 2011. 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 10% -facts-and-circumstances test - 2012. 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 10% -facts-and-circumstances test - 2011. 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 Private foundation. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

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.

OMB No. 1545-0047

2012

Name of the organization

KENTUCKY SHAKESPEARE FESTIVAL, INC.

Employer identification number



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

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	GHEENS FOUNDATION 401 WEST MAIN STREET LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BROWN-FORMAN CORPORATION 850 DIXIE HIGHWAY LOUISVILLE, KY 40210	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FUND FOR THE ARTS 623 W MAIN ST #200 LOUISVILLE, KY 40202	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FIFTH THIRD 401 SOUTH FOURTH STREET LOUISVILLE, KY 40202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	KENTUCKY ARTS COUNCIL 500 METRO STREET FRANKFORT, KY 40601	\$ 19,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	FUND FOR THE ARTS 623 W MAIN ST #200 LOUISVILLE, KY 40202	\$ 36,322.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
7	CHRISTINA BROWN 333 EAST MAIN STREET, SUITE 401 LOUISVILLE, KY 40202	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	JAMES WELCH 11811 COVERED BRIDGE ROAD PROSPECT, KY 40059	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	GORDON STRAUSS 5303 JUNIPER BEACH PROSPECT, KY 40059	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

KENTUCKY SHAKESPEARE FESTIVAL, INC.

Part III Exclusively religious, charitable, etc., individual contributions to section 501(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 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

KENTUCKY SHAKESPEARE FESTIVAL, INC.

Employee 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.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a 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	

Part VI Land, Buildings, and Equipment. 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.	259,614.	61,624.
d Equipment		397,451.	307,155.	90,296.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				151,920.

Part VII Investments - Other Securities. 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)		
(I)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	28,800.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,800.

2. FIN 48 (ASC 740) Footnote. 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		1	921,403.
1	Total revenue, gains, and other support per audited financial statements		
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	36,322.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	36,322.
3	Subtract line 2e from line 1	3	885,081.
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	885,081.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		1	868,211.
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	36,322.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	36,322.
3	Subtract line 2e from line 1	3	831,889.
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	831,889.

Part XIII Supplemental Information

Complete this part to 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 INFORMATIONAL TAX RETURNS AS REQUIRED BY FEDERAL AND STATE REGULATIONS. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

Part XIII Supplemental Information (continued)

AS OF AUGUST 31, 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 STILL OPEN UNDER FEDERAL AND STATE STATUTE OF LIMITATIONS REMAIN SUBJECT TO REVIEW AND CHANGE.

Multiple horizontal lines for supplemental information.

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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				()
	11	Net income summary. Combine line 3, column (d), and line 10				()

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue	225,649.	640,305.	
Direct Expenses	2	Cash prizes	226,489.	489,211.		715,700.
	3	Noncash prizes				
	4	Rent/facility costs	50,600.			50,600.
	5	Other direct expenses	53,343.			53,343.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(819,643)	
8	Net gaming income summary. Combine line 1, column d, and line 7				46,311.	

9 Enter the state(s) in which the organization operates gaming activities: KY

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

KENTUCKY SHAKESPEARE FESTIVAL, INC.

Employer identification number

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	X								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p>	5b	X								
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p>	6b	X								
<p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A: BRANTLEY DUNAWAY RECEIVED A SEVERANCE PAYMENT OF

\$26,308 EQUAL TO THREE MONTHS SALARY AND ACCRUED VACATION.

PART I, LINE 5: BRANTLEY DUNAWAY WAS PAID A BONUS OF \$4,253 CALCULATED

BASED ON THE INCREASE IN NET REVENUES FOR EDUCATION AND OTHER REVENUES.

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.

CMB No 1545-0047

2012

Open to Public
Inspection

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

FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS ARE 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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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 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.

Type or print	Name of exempt organization or other filer, see instructions. KENTUCKY SHAKESPEARE FESTIVAL, INC.	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. 323 W. BROADWAY	Social security number
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

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

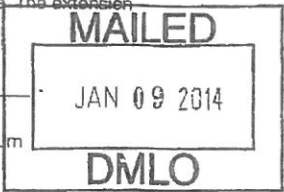
Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	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, 2014**, 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, 2012**, and ending **AUG 31, 2013**

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 Form 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 Form 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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

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.

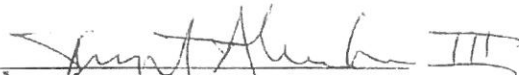
ARTICLE VII

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.

Name (as shown on your income tax return) Kentucky Shakespeare Festival, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 323 West Broadway, Suite 401	Requester's name and address (optional)
City, state, and ZIP code Louisville, KY 40202	
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 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.

Social security number
or
Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

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

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 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Kentucky Shakespeare Festival, Inc.

Staff

Name

Matt Wallace

Robert Silverthorn III

Kyle Ware

Hannah Pruitt

Title

Producing Artistic Director

Director of Operations and Marketing

Director of Education

Education Programs Manager

Kentucky Shakespeare Festival, Inc.
Full-time staff

NAME	TITLE	ANNUAL SALARY
Matt Wallace	Producing Artistic Director	\$61,800
Robert Silverthorn III	Director of Operations and Marketing	\$49,500
Kyle Ware	Director of Education	\$35,000
Hannah Pruitt	Education Programs Manager	\$29,000

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Kentucky Shakespeare Festival		
Program Name: Shakespeare In The Park	Request Amount: \$20,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
Request form: Is the funding proposed less than or equal to the request amount?		Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		N/A
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?		Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		N/A
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		N/A
Application Budget Page 6: 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
Faith Based Organizations: Is the signed Faith Based Form signed and included?		N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		Yes
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		Yes
Separate Taxing Districts: 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
Small Cities: 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
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		N/A
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
Operating Budget: Is the organization's current fiscal year operating budget included?		Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		NO
Board Members: Is the entity's board member list (with term length/term limits) included?		Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?		N/A
Rent Requests: Is a copy of signed lease included?		N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Yes
IRS Form W-9: Is the IRS Form W-9 included?		Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		N/A
Affirmative Action: 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>1/9/15</i>

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

General Information

Organization Number	0010680
Name	THE KENTUCKY SHAKESPEARE FESTIVAL, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/8/1963
Organization Date	5/8/1963
Last Annual Report	1/5/2015
Principal Office	323 WEST BROADWAY STE. 401 LOUISVILLE, KY 40202
Registered Agent	MATT WALLACE 323 WEST BROADWAY SUITE 401 LOUISVILLE, KY 40202

Current Officers

President	<u>KAREN RICHARDSON</u>
Vice President	<u>PHILLIP ALLEN</u>
Treasurer	<u>ANDY PARKER</u>
Director	<u>ELIZABETH CHERRY SIEBERT</u>
Director	<u>KAREN RICHARDSON</u>
Director	<u>PHILLIP ALLEN</u>

Individuals / Entities listed at time of formation

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

Images available online

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

Annual Report

1/5/2015

1 page

PDF

Registered Agent name/address change	2/10/2014 11:16:28 AM	1 page	PDF	
Annual Report	2/10/2014	1 page	PDF	
Annual Report	3/5/2013	1 page	PDF	
Annual Report	6/28/2012	1 page	tiff	PDF
Principal Office Address Change	11/10/2011	1 page	tiff	PDF
Registered Agent name/address change	11/10/2011	1 page	tiff	PDF
Reinstatement Certificate of Existence	10/7/2011 12:49:58 PM	2 pages	PDF	
Reinstatement	10/7/2011 12:47:11 PM	4 pages	PDF	
Reinstatement Approval Letter Revenue	10/7/2011 12:44:47 PM	1 page	PDF	
Administrative Dissolution Return	9/28/2011	1 page	tiff	PDF
Administrative Dissolution	9/10/2011	1 page	PDF	
Sixty Day Notice Return	7/20/2011	2 pages	tiff	PDF
Certificate of Assumed Name	11/4/2010	1 page	tiff	PDF
Annual Report	4/1/2010	1 page	tiff	PDF
Annual Report	9/15/2009	2 pages	tiff	PDF
Registered Agent name/address change	9/15/2009	1 page	tiff	PDF
Articles of Organization (LLC)	6/17/2008	1 page	tiff	PDF
Annual Report	3/11/2008	1 page	tiff	PDF
Annual Report	3/7/2007	1 page	tiff	PDF
Annual Report	3/6/2006	3 pages	tiff	PDF
Statement of Change	7/14/2005	1 page	tiff	PDF
Annual Report	6/30/2005	2 pages	tiff	PDF
Annual Report	6/3/2003	1 page	tiff	PDF
Name Renewal	2/6/2003	1 page	tiff	PDF
Annual Report	9/24/2002	1 page	tiff	PDF
Annual Report	9/11/2001	1 page	tiff	PDF
Annual Report	6/13/2000	1 page	tiff	PDF
Annual Report	8/13/1999	1 page	tiff	PDF
Annual Report	5/11/1998	4 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	5 pages	tiff	PDF
Annual Report	7/1/1995	6 pages	tiff	PDF
Annual Report	7/1/1994	6 pages	tiff	PDF
Statement of Change	5/5/1994	1 page	tiff	PDF
Annual Report	3/24/1993	2 pages	tiff	PDF
Annual Report	3/19/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Amendment	3/28/1991	4 pages	tiff	PDF
Statement of Change	3/28/1991	1 page	tiff	PDF
Annual Report	7/1/1990	4 pages	tiff	PDF
Statement of Change	10/2/1989	1 page	tiff	PDF

Annual Report	7/1/1989	4 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Reinstatement	4/28/1987	2 pages	tiff	PDF
Statement of Change	4/28/1987	1 page	tiff	PDF
Revocation of Certificate of Authority	3/15/1987	2 pages	tiff	PDF
Six Month Notice	9/1/1986	1 page	tiff	PDF
Certificate of Assumed Name	6/29/1984	1 page	tiff	PDF
Statement of Change	7/2/1969	2 pages	tiff	PDF
Annual Report	10/6/1965	13 pages	tiff	PDF
Statement of Change	10/6/1965	2 pages	tiff	PDF
Amendment	7/12/1965	5 pages	tiff	PDF
Articles of Incorporation	5/8/1963	4 pages	tiff	PDF

Assumed Names

KENTUCKY SHAKESPEARE	Active
SHAKESPEARE IN CENTRAL PARK, THE KENTUCKY SHAKESPEARE FESTIVAL	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	KENTUCKY SHAKESPEARE
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	
	3/11/2008		

Annual report	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	<u>THE COMMITTEE FOR SHAKESPEARE IN CENTRAL PARK, INC.</u>

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
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