

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

**Applicant/Program:** Shakespeare in the Park HAMLET 2020 tour  
**Applicant Requested Amount:** \$20,250.00  
**Appropriation Request Amount:** \$20,250.00

**Executive Summary of Request**  
Grounded in works of Shakespeare, we enrich our community by presenting accessible theatre experiences that educate, inspire and entertain people of all ages, in Metro Parks throughout all of Louisville.

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

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

4 District #      *Barbara J. Smith* Primary Sponsor Signature      \$1,500- Amount      12/11/19 Date

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

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**


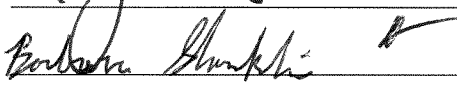
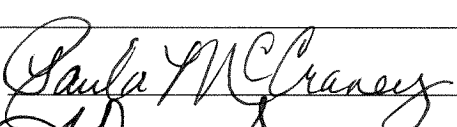
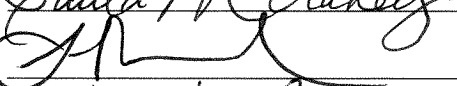
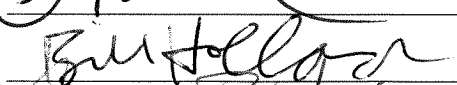
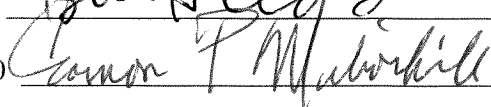

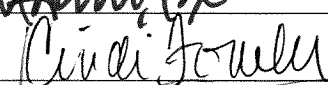
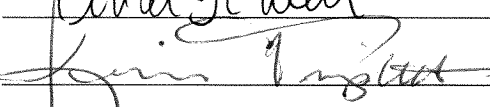
Shakespeare in the Park HAMLET 2020 Tour

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1		\$ 1,500.00
District 2		\$ 1,500.00
District 3		\$
District 4		\$
District 5		\$
District 6		\$
District 7		\$ 1,500.00
District 8		\$ 1,500.00
District 9		\$ 750.00
District 10		\$ 1,500.00
District 11		\$
District 12		\$
District 13		\$ 375.00
District 14		\$ 750.00
District 15		\$ 375.00

**Applicant/Program:**

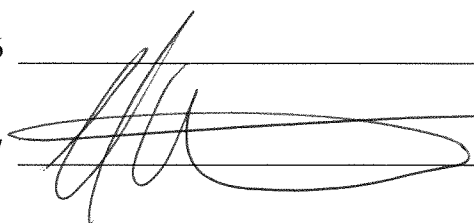
Shakespeare in the Park HAMLET 2020 Tour

**Additional Disclosure and Signatures**

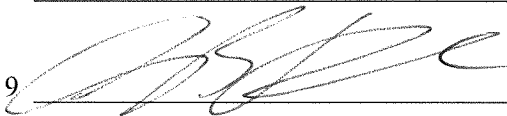
**Additional Council Office Disclosure**

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


District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17  \_\_\_\_\_ \$ 1,500.00

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19  \_\_\_\_\_ \$ 1,500.00

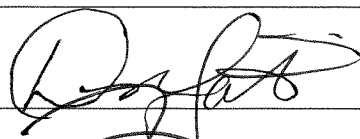
District 20 *Stuart Benson* \_\_\_\_\_ \$ 1,500.00

District 21  \_\_\_\_\_ \$ 375.00

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 *James Peden* \_\_\_\_\_ \$ 1,500.00

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25  \_\_\_\_\_ \$ 1,125.00

District 26  \_\_\_\_\_ \$ 1,500.00

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Kentucky Shakespeare, Inc.

**Program Name and Request Amount** Shakespeare in the Park HAMLET 2020 tour, \$20,250.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input checked="" type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input checked="" type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> <del>No</del> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input checked="" type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input checked="" type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input checked="" type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input checked="" type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input checked="" type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input checked="" type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> <del>No</del> Yes
Prepared by: <i>Wanda Titchell-Smith</i>	Date: 12/11/19

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Kentucky Shakespeare, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 323 W. Broadway, Suite 401, Louisville, KY 40202			
<b>Website:</b> www.kyshakespeare.com			
<b>Applicant Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Director
<b>Phone:</b>	502.574.9900, ex. 12	<b>Email:</b>	matt@kyshakespeare.com
<b>Financial Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Director
<b>Phone:</b>	502.574.9900, ex. 12	<b>Email:</b>	matt@kyshakespeare.com
<b>Organization's Representative who attended NDF Training:</b> <u>Matt Wallace</u>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	See Attached Sheet		
<b>Council District(s):</b>	See Attached Sheet	<b>Zip Code(s):</b>	See Attached Sheet
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Shakespeare in the Parks HAMLET 2020 tour			
<b>Total Request: (\$)</b>	20250	<b>Total Metro Award (this program) in previous year: (\$)</b>	29000
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <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 (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	EAF Funding - 3 programs	<b>Amount: (\$)</b>	15,500
<b>Source:</b>	NDF David James - Central Park	<b>Amount: (\$)</b>	4,000
<b>Source:</b>		<b>Amount: (\$)</b>	
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			

## **SECTION 1 – ATTACHMENT**

### **Program Facility Locations:**

Carrie Gaulbert Cox Park, Iroquois Park Amphitheater, Petersburg Park, Emerson Park, Russell Lee Park, Hounz Lane Park, Highview Park, Sun Valley Park, Tyler Park, Beckley Creek Park, The Parklands Broad Run Park, Klondike Park, Smoketown Muhammad Ali Boxing Glove Monument, and Story Avenue Park

### **Metro Council Districts:**

1, 2, 4, 7, 8, 9, 10, 12, 13, 14, 17, 19, 20, 21, 23, 25, 26

### **Zip Codes where performances will take place:**

40201	40207	40220
40203	40211	40223
40204	40214	40245
40217	40218	40272
40206	40228	40291

(Audience members will also come from neighboring zip codes and from throughout the Metro area)

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

##### Mission

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

##### Vision

To use Shakespeare's universal truths and the power of the arts to transform lives. Shakespeare belongs to everyone.

##### About Kentucky Shakespeare

Founded in 1949, Kentucky Shakespeare currently serves 100,000+ people annually through the Kentucky Shakespeare Festival in Central Park, education programs in schools, public performances, and community outreach. As the most comprehensive in-school arts education provider in Kentucky, last season Kentucky Shakespeare toured to 83 counties, serving 70,000+ students with interactive educational programming directly tied to academic standards, helping impact student achievement. Our many community programs explore conflict resolution, empathy building, and communication, in a range of settings from preschools to senior centers.

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Elizabeth Cherry Siebert, Chair - LG&E	8/2022
Blake Counsell, Treasurer - Republic Bank	8/2020
Liam Felsen, Secretary - Frost, Brown, Todd	8/2019
Anya Bond-Beckley - DDW	8/2022
Diane Bailey-Boulet - Humana	8/2019
Merry Cossey Corlett - Community Liaison	8/2020
Rosie Felfle - Liquid Design	8/2019
Kevin Gibson - Humana	8/2020
Culver Halliday - Stoll, Keenon, Ogden	8/2020
Shannon Harris - UPS	8/2020
Lane Hettich, Neace Lukens	8/2020
Erin Paternoster-Vice - Brown-Forman	8/2020
Jeff Koleba - Churchill Downs	8/2021
Dr. Peter Tanguay, University of Louisville	8/2019
Brooke Zimmerman, White Clay	8/2021
Joan Gould - Baptist Health	8/2022

**Describe the Board term limit policy:**

Three year terms and three-term limit.

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

Three Highest Paid Staff Names	Annual Salary
Matt Wallace, Producing Artistic Director	74,178
Robert Silverthorn, Dir. of Operations and Marketing	60,654
Kyle Ware, Director of Education	42,886





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

This is the 7th year of our annual "Shakespeare in the Parks" tour. This year's production is our 90-minute, 7-actor production of Shakespeare's classic play HAMLET. Flyer and photos of past attached. Rehearsals begin Feb.

4/4/20 - 6:30PM - Carrie Gaulbert Cox Park - CW McCraney, D7 (\$1,500)

4/5/20 - 6:30PM - Iroquois - CM Fox, D13; CM Triplett, D15; CW Nicole George, D21; CM Yates, D 25 (\$375 each)

4/19/20- 2:00PM - Petersburg Park - CW Shanklin, D2 (\$1,500)

4/19/20 - 6:30PM. – Emerson Park – CM Mulvihill, D10 (\$1,500)

4/24/20 - 10:00AM - Russell Lee Park - CW Green, D1 (\$1,500)

4/25/20 - 2:00PM - Hounz Lane Park – CM Winkler, D17 (\$1,500)

4/25/20 - 6:30PM - Highview Park – CM Peden, D23 (\$1,500)

4/26/20 - 2:00PM. - Tyler Park – CM Coan, District 8 (\$1,500)

4/26/20 - 6:30PM - Sun Valley Park - CW Fowler, D14 and CM Yates, D25 (\$750 each)

5/8/20 - 6:30PM - Beckley Creek Park - CM Piagentini, District 19 (\$1,500)

5/10/20 - 2:00PM - Broad Run Park - CM Benson, D20 (\$1,500)

5/16/20 - 2:00PM - Smoketown Ali Boxing Gloves Statue - CW Sexton Smith, D4 (\$1,500)

5/10/20 - 2:00PM - Klondike Park - CM Ackerson, D26 (\$1,500)

5/17/20 - 6:30PM - Story Avenue Park - CM Hollander, D9 (\$750) white clay co-sponsoring

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

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

Kentucky Shakespeare covers the cost of sound system and all technical elements. We will also again secure alternate rain spaces in advance in each district so that the performance can happen rain or shine on the performance date. Kentucky Shakespeare covers booking logistics, the cost of paid advertising on social media, postering neighborhoods, and two signs in each park.

Explanations, please note:

- For the Story Avenue performance, White Clay Consulting is co-hosting and splitting the \$1,500 cost with Councilman Hollander.

- For Iroquois Park performance, Councilman Fox, Councilman Triplett, Councilwoman George, and Councilman Yates are splitting the cost equality, contributing \$375 each.

- For the Sun Vally performance, Councilwoman Fowler and Councilman Yates are splitting the cost, in half.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

Kentucky Shakespeare has been working with Louisville Metro Parks and Olmsted Parks to take this historic step and branch out into multiple area Parks - 28 total parks this spring (including non-Metro/non-NDF performances.). Olmsted and Metro Parks help to publicize the events.

Currently sponsored by 17 Louisville Metro Council Members/Districts.

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	20,250	25150	45,400
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>		5500	5500
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>		8000	8000
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>		750	750
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	20,250	39400	59,650
<b>% of Program Budget</b>	34 %	66 %	100%

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

Other State, Federal or Local Government	25000
United Way	
Private Contributions (do not include individual donor names)	14400
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	39400

\*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
Volunteer ushers - 100 hours	\$825	minimum wage
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>	\$825	

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

Agency Fiscal Year Start Date: 9/1

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

If YES, please explain:

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

**Standard Assurances**

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


**Standard Certifications**

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	11/9/19
<b>Legal Signatory: (please print):</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Dir.
<b>Phone:</b>	502-574-9900	<b>Extension:</b>	12
<b>Email:</b>	matt@kyshakespeare.com		



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name:     Kentucky Shakespeare    

Grantee Representative Name:     Matt Wallace    

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


Please check:



I viewed the NDF training material on the website

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

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

  
Grantee Representative Signature

    11.11.19      
Date

**NOTE:** Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202





**Louisville Metro Government  
Office of Management and Budget**

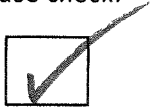
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Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

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

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

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

014000

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

Dear Taxpayer:

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

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

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

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

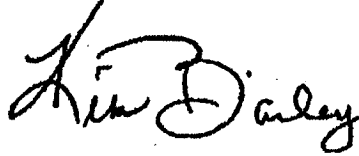
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing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

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

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

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

Sincerely yours,

A handwritten signature in black ink, appearing to read "Kim D. Bailey". The signature is written in a cursive style with a large initial "K".

Kim D. Bailey  
Operations Manager, AM Operations 3

Kentucky Shakespeare - 2019-2020 Budget

CURRENT Yr. BUDGET

	2019-2020 BUDGET PROPOSED
<b>INCOME</b>	
<b>3000 CONTRIBUTED INCOME</b>	
<b>3010 Corporate</b>	
3011 Restricted	\$35,000
3012 Unrestricted	\$35,000
<b>Total 3010 Corporate</b>	<b>\$70,000</b>
<b>3020 Foundation</b>	
3021 Restricted	\$110,000
3022 Unrestricted	\$155,000
<b>Total 3020 Foundation</b>	<b>\$265,000</b>
<b>3030 Government</b>	
3031 Restricted	\$90,000
3032 Unrestricted	\$20,000
<b>Total 3030 Government</b>	<b>\$110,000</b>
<b>3040 Individuals</b>	
3041 Barreling/Park	\$42,000
3042 Board	\$23,120
3043 Patrons - Restricted	\$12,000
3044 Patrons - Sustainers	\$4,500
3045 Patron - Unrestricted	\$180,000
<b>Total 3040 Individuals</b>	<b>\$261,620</b>
<b>Total 3000 Contributed Income</b>	<b>\$706,620</b>
<b>4000 EARNED INCOME</b>	
<b>4010 Production - Summer</b>	
4011 Bar	\$45,000
4012 Concessions	\$10,500
4013 Merchandise	\$19,500
4014 Local Business Sponsorships	\$3,000
<b>Total 4010 Production Summer</b>	<b>\$78,000</b>
<b>4100 Programs</b>	
4110 Touring Programs	\$310,000
4200 Youth Tuition	\$54,000
<b>Total 4110 Touring Programs</b>	<b>\$364,000</b>
<b>4300 Fall Production</b>	
4310 Tickets	\$19,000
4320 Bar	\$3,500
4330 Merchandise	\$1,800
<b>Total 4300 Fall Production</b>	<b>\$24,300</b>
<b>4500 Other Earned Income</b>	
4510 Miscellaneous Income	\$5,000
4520 Rentals	\$950
4530 Special Events	\$20,000
<b>Total 4500 Other Earned Income</b>	<b>\$25,950</b>
<b>Total 4000 Earned Income</b>	<b>\$492,250</b>
<b>5000 IN-KIND CONTRIBUTIONS</b>	
<b>5010 Materials and Supplies</b>	<b>\$10,000</b>
<b>5020 Rent</b>	<b>\$14,082</b>
<b>5030 Services</b>	<b>\$10,000</b>
<b>Total In-Kind Contributions</b>	<b>\$34,082</b>
<b>5100 Discounts</b>	<b>\$30,000</b>
<b>TOTAL INCOME</b>	<b>\$1,202,952</b>

**EXPENSE**

# Kentucky Shakespeare - 2019-2020 Budget

## 6000 ADMINISTRATION

6010 Communications - phone, Internet	\$2,600
6020 Conferences & Staff Development	\$4,600
6030 Equipment leases (meter, copier)	\$3,750
6040 Marketing - General	
6041 Design	\$0
6042 Digital	\$500
6043 Miscellaneous	\$100
6044 Printing	\$1,000
6045 Publications	\$500
6046 Merchandise	\$0
<b>Total Marketing</b>	<b>\$2,100</b>
6050 Membership and Dues	\$1,000
6060 Miscellaneous	\$8,000
6070 Office Supplies	\$2,500
6080 Permits/Licenses	\$1,200
6090 Postage	\$1,600
6100 Professional Fees	
6101 Auditor	\$8,385
6102 IT/Computer	\$15,000
<b>Total Professional Fees</b>	<b>\$23,385</b>
6110 Rent	
6111 Office	\$4,668
6112 Parking	\$8,805
6113 Warehouse	\$13,705
<b>Total 6110 Rent</b>	<b>\$22,510</b>
6120 Refund	\$1,000
6130 Salaries	
6134 Payroll	\$282,000
6136 Reimbursement	\$0
6137 Unemployment Tax - UI-3	\$2,500
<b>Total 6130 Salaries</b>	<b>\$282,000</b>
6140 Service Fees and Charges	
6141 Bank	\$30
6142 Intuit - Payroll	\$1,740
6143 PayPal	\$1,900
6144 Software	\$500
6145 Square	\$4,000
6146 Trinity Retirement	\$1,524
6147 Web Hosting	\$800
6148 Other	\$500
<b>Total 6140 Service Fees and Charges</b>	<b>\$10,994</b>
6150 Subscriptions and Publications	\$250
6165 Shipping Freight Charges	\$0
Administration - Other	\$1,000
<b>Total 600 Administration</b>	<b>\$364,989</b>

## 6200 DEVELOPMENT

6210 Marketing	
6211 Broadcast - Radio/TV	\$1,100
6212 Digital	\$1,000
6214 Printing	\$1,500
6216 Misc.	\$1,000
<b>Total 6210 Marketing</b>	<b>\$4,600</b>
6220 Postage	\$3,000
6230 Special Event	
6235 Catering and Reception	\$15,000

# Kentucky Shakespeare - 2019-2020 Budget

6240 Event Rentals	\$500
6245 Labor	\$3,500
<b>Total 6230 Special Event</b>	<b>\$19,000</b>
<b>6255 Subscriptions and Publications</b>	<b>\$150</b>
<b>6200 Development - Other</b>	<b>\$1,000</b>
<b>Total 6200 Development</b>	<b>\$27,750</b>

## 6300 EDUCATION

### 6310 Administration

6311 Housing	\$4,800
6312 Postage	\$3,800
6313 Supplies	\$700
<b>Total 6310 Administration</b>	<b>\$9,300</b>

### 6320 Conferences/Staff Development

**\$1,200**

### 6330 Labor

6331 Camp Instructor	\$15,500
6332 Camp Assistant	\$7,000
6333 Choreographer	\$500
6334 Crew	\$1,000
6335 Designer	\$1,750
6336 Dramaturg	\$500
6337 Educator - Contractor	\$60,000
6338 Educator - Salaried	\$62,000
<b>Total 6330 Labor</b>	<b>\$148,250</b>

### 6350 Marketing

6351 Digital	\$3,000
6352 Printing	\$2,800
6353 Publications	\$805
6356 Photography	\$500
<b>Total 6350 Marketing</b>	<b>\$7,105</b>

### 6360 Production Materials

6361 Costumes	\$2,500
6362 Properties	\$1,000
6363 Set	\$1,000
6364 Sound	\$1,000
<b>Total 6360 Production Materials</b>	<b>\$5,500</b>

### 6370 Refunds

**\$400**

### 6380 Rentals

**\$1,000**

### 6390 Touring Expense

6391 Fuel and Maintenance	\$9,000
6392 Lodging	\$8,200
6393 Meal Allowance	\$3,300
6394 Van Rental - spring tour	\$5,000
6395 Mileage	\$1,400
<b>Total Touring Expense</b>	<b>\$26,900</b>

## Total 6300 Education

**\$199,655**

## 6400 PRODUCTION - FALL

### 6410 Front of House Expense

6411 Bar	\$900
6412 Merchandise	\$500
6414 Security	\$0
<b>Total 6410 Front of House Expense</b>	<b>\$1,400</b>

### 6420 Labor

6421 Actors	\$9,790
6422 Crew	\$1,440

# Kentucky Shakespeare - 2019-2020 Budget

6423 Designers	\$1,000
<b>Total Labor</b>	<b>\$12,230</b>
<b>6430 Production - Fall Marketing</b>	<b>\$4,475</b>
<b>6440 Production - Fall Materials</b>	
6441 Costumes	\$500
6442 Lighting	\$100
6443 Properties	\$150
6444 Set	\$200
6445 Sound	\$50
Production Materials - other	\$100
<b>Total 6400 Production Fall Materi</b>	<b>\$1,100</b>
<b>6450 Space Rental</b>	<b>\$3,000</b>
<b>Production 1 - Fall - Other</b>	<b>\$100</b>
<b>Total 6400 Production 1 - Fall</b>	<b>\$22,305</b>
<b>6500 PRODUCTION - SUMMER</b>	
<b>6510 Administration</b>	<b>\$200</b>
<b>6520 Equipment Rental</b>	<b>\$14,500</b>
<b>6530 Front of House Expense</b>	
6531 Bar	\$11,000
6532 Merchandise	\$10,000
6533 Permits and Licenses	\$1,300
6534 Security	\$9,960
FOH Expense - Other	\$2,000
<b>Total 6530 Front of House Expens</b>	<b>\$34,260</b>
<b>6540 Fuel and Maintenance</b>	<b>\$400</b>
<b>6550 Housing</b>	<b>\$4,735</b>
<b>6560 Labor</b>	
6561 Actors	\$90,000
6562 Crew	\$63,600
6563 Designers	\$18,450
6564 Choreographers	\$2,600
6565 Dramaturg, Coaches	\$2,400
6566 Front of House	\$7,850
6567 Interns	\$17,500
6569 Labor - Other	\$2,000
<b>Total 6560 Labor</b>	<b>\$204,400</b>
<b>6570 Marketing</b>	
6571 Broadcast - Radio/TV	\$15,000
6572 Digital	\$3,000
6573 Photography/Video	\$1,800
6574 Printing - Collateral Materials	\$3,000
6575 Publications	\$9,000
<b>Total 6570 Marketing</b>	<b>\$31,800</b>
<b>6580 Production Materials</b>	
6581 Costumes	\$14,000
6582 Lighting	\$5,000
6583 Properties	\$2,500
6584 Set	\$9,000
6585 Sound	\$2,500
6886 Production Management	\$750
6587 Stage Management	\$750
<b>Total 6580 Production Materials</b>	<b>\$34,500</b>
<b>6500 Production - Other (Includes Rights)</b>	<b>\$4,400</b>
<b>Total Production - Summer</b>	<b>\$329,195</b>
<b>7000 OTHER TYPES OF EXPENSES</b>	
<b>7010 Insurances</b>	

## Kentucky Shakespeare - 2019-2020 Budget

7011 Insurance D&O	\$3,764
7012 Employee Health	\$37,343
7013 General Liability	\$28,532
7014 Insurance - Workers Comp	\$7,083
<b>Total 7010 Insurances</b>	<b>\$76,722</b>
7020 Sales and Use Tax	\$3,500
7025 Longterm Liabilities	\$20,000
<b>7030 Payroll Expenses</b>	
7031 Employee Contributions	\$148
7032 401K Match	\$1,800
7033 FICA/payroll expenses	\$28,000
<b>Total 7030 Payroll Expense</b>	<b>\$29,948</b>
<b>7040 Facility Improvements</b>	
7041 Benches	\$0
7042 Trailer	\$0
7043 Vehicle	\$23,000
<b>Total 7040 Facility Improvements</b>	<b>\$23,000</b>
<b>Total 7000 Other Types of Expenses</b>	<b>\$153,170</b>
<b>IN-KIND EXPENSE</b>	
Materials and Supplies	\$10,000
Rent	\$14,082
Services	\$10,000
<b>Total In-Kind Contributions</b>	<b>\$34,082</b>
<b>Total Expense</b>	<b>\$1,131,146</b>
<b>Net Income</b>	<b>\$71,806</b>



FINANCIAL  
STATEMENTS & AUDITED

**KENTUCKY SHAKESPEARE, INC.**

**FINANCIAL STATEMENTS**

**Years Ended August 31, 2018 and 2017**

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## **Independent Auditors' Report**

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

We have audited the accompanying financial statements of Kentucky Shakespeare, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2018 and 2017, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kentucky Shakespeare, Inc. as of August 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Deming, Malone, Lussary & Petroff*

Louisville, Kentucky

April 16, 2019

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF FINANCIAL POSITION**

August 31, 2018 and 2017

<b>Assets</b>	<u>2018</u>	<u>2017</u>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 9,891	\$ 11,720
Grants receivable	168,448	123,887
Other receivables	5,139	4,331
Prepaid expenses	<u>4,027</u>	<u>4,493</u>
<b>Total current assets</b>	<u>187,505</u>	<u>144,431</u>
<b>Property and Equipment</b>		
Leasehold improvements	522,496	516,717
Vehicles	37,472	37,472
Equipment	198,227	235,240
Furniture and fixtures	<u>2,280</u>	<u>2,280</u>
	760,475	791,709
Less accumulated depreciation	<u>521,195</u>	<u>528,983</u>
	<u>239,280</u>	<u>262,726</u>
<b>Total assets</b>	<u>\$ 426,785</u>	<u>\$ 407,157</u>

See Notes to Financial Statements.

<b>Liabilities and Net Assets</b>	<u>2018</u>	<u>2017</u>
<b>Current Liabilities</b>		
Accounts payable	\$ 91,636	\$ 84,635
Accrued expenses	132,679	129,769
Deferred revenue	<u>4,907</u>	<u>          </u>
<b>Total current liabilities</b>	<u>229,222</u>	<u>214,404</u>
<b>Net Assets</b>		
Unrestricted	11,065	130,483
Temporarily restricted	<u>186,498</u>	<u>62,270</u>
<b>Total net assets</b>	<u>197,563</u>	<u>192,753</u>
<b>Total liabilities and net assets</b>	<u>\$ 426,785</u>	<u>\$ 407,157</u>

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF ACTIVITIES**  
Years Ended August 31, 2018 and 2017

	2018		
	Unrestricted	Temporarily Restricted	Total
<b>Revenues and Other Support</b>			
Grants	\$ 48,905	\$ 253,500	\$ 302,405
Contributions	164,209	28,297	192,506
Gifts in-kind	40,832		40,832
Education programs	352,274		352,274
Productions	96,372		96,372
Special events (net of cost of direct benefits to donors of \$10,549 in 2018 and \$12,624 in 2017)	8,220		8,220
Other income	11,871		11,871
	722,683	281,797	1,004,480
Net assets released from restrictions	157,569	(157,569)	
<b>Total revenues and other support</b>	<b>880,252</b>	<b>124,228</b>	<b>1,004,480</b>
<b>Expenses</b>			
Program services	813,970		813,970
Management and general	126,469		126,469
Fund-raising	59,231		59,231
<b>Total expenses</b>	<b>999,670</b>		<b>999,670</b>
<b>Net (decrease) increase in total net assets</b>	<b>(119,418)</b>	<b>124,228</b>	<b>4,810</b>
Net assets, beginning of year	130,483	62,270	192,753
Net assets, end of year	<b>\$ 11,065</b>	<b>\$ 186,498</b>	<b>\$ 197,563</b>

See Notes to Financial Statements.

2017		
<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
\$ 140,239	\$ 205,437	\$ 345,676
152,449	21,700	174,149
18,832		18,832
324,866		324,866
135,349		135,349
8,202		8,202
<u>25,535</u>		<u>25,535</u>
805,472	227,137	1,032,609
<u>189,117</u>	<u>(189,117)</u>	
<u>994,589</u>	<u>38,020</u>	<u>1,032,609</u>
850,066		850,066
151,495		151,495
<u>51,985</u>		<u>51,985</u>
<u>1,053,546</u>		<u>1,053,546</u>
(58,957)	38,020	(20,937)
<u>189,440</u>	<u>24,250</u>	<u>213,690</u>
<u>\$ 130,483</u>	<u>\$ 62,270</u>	<u>\$ 192,753</u>



**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF FUNCTIONAL EXPENSES**

Years Ended August 31, 2018 and 2017

	2018					Total
	Productions	Education	Total Program Services	Management and General	Fund- Raising	
Salaries	\$ 44,256	\$ 180,555	\$ 224,811	\$ 54,409	\$ 32,756	\$ 311,976
Actors contracts	172,458		172,458			172,458
Production	101,741		101,741			101,741
Education contract labor		85,934	85,934			85,934
Insurance	28,592	8,169	36,761	4,085		40,846
Rent	9,953	15,014	24,967	15,014	225	40,206
Advertising	22,182	5,930	28,112	1,310	6,421	35,843
Employee benefits	4,683	19,106	23,789	5,757	3,466	33,012
Payroll taxes	4,023	16,413	20,436	4,946	2,978	28,360
Travel	88	19,307	19,395	4,937		24,332
Merchandise and concessions	15,742		15,742			15,742
Equipment rental and expense	10,592	266	10,858	750		11,608
Bank, credit card, and service fees				10,962		10,962
Development					9,698	9,698
Professional fees				8,690		8,690
Office supplies				3,559	3,570	7,129
Housing	2,839	3,500	6,339			6,339
Interest				4,792		4,792
Education		4,625	4,625			4,625
Miscellaneous				2,549		2,549
Telephone	117	1,761	1,878	352	117	2,347
Dues, subscriptions, taxes, and licenses				1,906		1,906
Conferences				550		550
<b>Total expenses before depreciation</b>	<b>417,266</b>	<b>360,580</b>	<b>777,846</b>	<b>124,568</b>	<b>59,231</b>	<b>961,645</b>
Depreciation	30,420	5,704	36,124	1,901		38,025
<b>Total</b>	<b>\$ 447,686</b>	<b>\$ 366,284</b>	<b>\$ 813,970</b>	<b>\$ 126,469</b>	<b>\$ 59,231</b>	<b>\$ 999,670</b>

See Notes to Financial Statements.

## 2017

<u>Productions</u>	<u>Education</u>	<u>Total Program Services</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total</u>
\$ 45,342	\$ 168,239	\$ 213,581	\$ 54,051	\$ 34,678	\$ 302,310
200,829		200,829			200,829
132,475		132,475			132,475
	71,986	71,986			71,986
16,304	4,658	20,962	2,329		23,291
13,703	15,265	28,968	15,265	225	44,458
16,168	8,407	24,575	2,580	417	27,572
3,849	14,282	18,131	4,588	2,944	25,663
5,544	20,569	26,113	6,609	4,240	36,962
53	17,772	17,825	3,593		21,418
21,068		21,068			21,068
11,623	2,644	14,267	711		14,978
			8,443		8,443
				5,131	5,131
			36,799		36,799
			3,686	4,208	7,894
3,549	5,879	9,428			9,428
			5,626		5,626
	6,182	6,182			6,182
			1,217		1,217
142	2,128	2,270	426	142	2,838
			3,393		3,393
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
470,649	338,011	808,660	149,316	51,985	1,009,961
34,868	6,538	41,406	2,179		43,585
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<u>\$ 505,517</u>	<u>\$ 344,549</u>	<u>\$ 850,066</u>	<u>\$ 151,495</u>	<u>\$ 51,985</u>	<u>\$ 1,053,546</u>

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF CASH FLOWS**  
Years Ended August 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<b>Cash Flows from Operating Activities</b>		
Cash received from grants and contributions	\$ 450,350	\$ 527,556
Cash received from productions, education and other sources	483,385	508,366
Cash paid to suppliers and employees	(903,594)	(982,782)
Interest paid	<u>(4,792)</u>	<u>(5,626)</u>
<b>Net cash provided by operating activities</b>	<u>25,349</u>	<u>47,514</u>
<b>Cash Flows Used in Investing Activities</b>		
Expenditures for property and equipment	<u>(27,178)</u>	<u>(33,993)</u>
<b>Cash Flows Used in Financing Activities</b>		
Principal payments under capital leases	<u>                    </u>	<u>(2,002)</u>
<b>Net (decrease) increase in cash and cash equivalents</b>	(1,829)	11,519
Cash and cash equivalents, beginning of year	<u>11,720</u>	<u>201</u>
Cash and cash equivalents, end of year	<u>\$ 9,891</u>	<u>\$ 11,720</u>

See Notes to Financial Statements.

	<u>2018</u>	<u>2017</u>
<b>Reconciliation of Net Increase (Decrease) in Total Net Assets to Net Cash Provided by Operating Activities</b>		
<b>Net increase (decrease) in total net assets</b>	<b>\$ <u>4,810</u></b>	<b>\$ <u>(20,937)</u></b>
Adjustments to reconcile net increase (decrease) in total net assets to net cash provided by operating activities:		
Depreciation	38,025	43,585
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	(44,561)	7,845
Other receivables	(808)	(114)
Prepaid expenses	466	(2,948)
Increase (decrease) in:		
Accounts payable	19,600	23,746
Accrued expenses	2,910	(3,663)
Deferred revenue	<u>4,907</u>	<u>          </u>
Total adjustments	<u>20,539</u>	<u>68,451</u>
<b>Net cash provided by operating activities</b>	<b>\$ <u><u>25,349</u></u></b>	<b>\$ <u><u>47,514</u></u></b>
<b>Supplemental Schedule of Non-Cash Investing Activities</b>		
Purchases of property and equipment in accounts payable	<u>\$ 2,640</u>	<u>\$ 15,239</u>

# KENTUCKY SHAKESPEARE, INC.

## NOTES TO FINANCIAL STATEMENTS

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

#### **Nature of operations:**

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

#### **Summary of significant accounting policies:**

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

#### **Basis of presentation:**

The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting. The Organization is required to report information regarding its financial position and activities according to the three classes of net assets: unrestricted, temporarily restricted, and permanently restricted.

## NOTES TO FINANCIAL STATEMENTS

### Use of estimates:

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

### Cash and cash equivalents:

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

### Grants receivable:

The valuation of grants receivable is based upon historical experience and management's evaluation of the current status of receivables. Receivables are considered uncollectible if payment is not received in accordance with the contractual terms. The allowance account is maintained equal to the estimated uncollectible portion of receivables. It is the Organization's policy to charge off uncollectible receivables to the allowance account when management determines they will not be collected. As of August 31, 2018 and 2017, there is no allowance recorded as balances are considered fully collectible.

### Property, equipment and depreciation:

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

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

## NOTES TO FINANCIAL STATEMENTS

### **Contributions:**

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

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

A portion of the rent expense for the administrative office building was donated. The in-kind rent is included in the financial statements as gifts in-kind and rent expense of \$17,832 for each of the years ended August 31, 2018 and 2017.

For the year ended August 31, 2018, in-kind bartending services of \$10,000 were recognized for productions.

### **Advertising:**

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2018 and 2017 was \$35,843 and \$27,572, respectively.

### **Income taxes:**

The Organization is exempt from federal, state and local income taxes as a not-for-profit organization as described under Section 501(c)(3) of the Internal Revenue Code. The Organization files an informational tax return in the U.S. federal jurisdiction.

Effective January 1, 2018, the Organization is subject to unrelated business income tax on certain fringe benefits paid for its employees. As of August 31, 2018, the Organization accrued \$551 for this tax.

## NOTES TO FINANCIAL STATEMENTS

As of August 31, 2018, and 2017, 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.

### Subsequent events:

Subsequent events have been evaluated through April 16, 2019, which is the date the financial statements were available to be issued.

### Newly issued standards not yet effective:

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

### Note 2. Grants Receivable

Grants receivable are due within one year and consist of the following as of August 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Fund for the Arts	\$ 98,332	\$ 75,387
Kentucky Arts Council	18,616	
National Endowment for the Arts	20,000	20,000
Louisville/Jefferson County Metro Government	<u>31,500</u>	<u>28,500</u>
Total grants receivable	<u>\$168,448</u>	<u>\$123,887</u>



## NOTES TO FINANCIAL STATEMENTS

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

Changes in temporarily restricted net assets for the years ended August 31, 2018 and 2017 were as follows:

<u>Restriction</u>	<u>Balance 8-31-17</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-18</u>
Timing		\$115,000	\$ (778)	\$114,222
Property and equipment	\$ 3,633	39,922	(17,779)	25,776
Programs	58,637	121,500	(133,637)	46,500
Marketing and promotion		5,000	(5,000)	
Scholarships		<u>375</u>	<u>(375)</u>	
	<u>\$62,270</u>	<u>\$281,797</u>	<u>\$(157,569)</u>	<u>\$186,498</u>
<u>Restriction</u>	<u>Balance 8-31-16</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-17</u>
Property and equipment	\$ 5,350	\$ 43,668	\$ (45,385)	\$ 3,633
Programs	18,900	160,719	(120,982)	58,637
Marketing and promotion		19,500	(19,500)	
Scholarships		<u>3,250</u>	<u>(3,250)</u>	
	<u>\$24,250</u>	<u>\$227,137</u>	<u>\$(189,117)</u>	<u>\$62,270</u>

The timing restriction as of August 31, 2018 relates to a contribution from Fund for the Arts, which is for use in the year ended August 31, 2019. This restriction is related to a change in the timing of the Fund for the Arts grant cycle. For the year ended August 31, 2017, there was no similar restriction for timing on the contribution recorded by the Organization from Fund for the Arts.

As of August 31, 2018, the total temporarily restricted net assets of \$186,498 were in excess of the total available restricted grants receivable and cash of \$149,723 by \$36,775. The Organization plans to replenish the funds out of operations during the next fiscal year. The Organization anticipates that the donors will not require the contributions to be returned to the donors, and accordingly, no provision has been made for any liabilities that might arise from this noncompliance.

## NOTES TO FINANCIAL STATEMENTS

### Note 4. Employee Benefit Plan

Effective September 1, 2015, the Organization adopted a 401(k) Profit Sharing Plan covering all eligible employees. Employees may contribute an amount of their gross pay subject to certain limitations, and are eligible to receive employer discretionary matching contributions each year. The organization expensed \$8,647 and \$1,838 to the plan for the years ended August 31, 2018 and 2017, respectively.

### Note 5. Concentrations and Contingencies

The Organization receives a significant portion of its revenues from Fund for the Arts. Revenues from Fund for the Arts represented 15% and 11% of net revenues during the years ended August 31, 2018 and 2017, respectively. The receivable due from Fund for the Arts as of August 31, 2018 and 2017 was \$98,332 and \$75,387, respectively. Changes in the future allocation of funding from this donor could have a significant impact on the Organization's operations.

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

### Note 6. Operating Lease

The Organization leases office and storage space under operating leases with month-to-month lease terms. Total rent expense inclusive of these leases for the years ended June 30, 2018 and 2017 was \$40,206 and \$44,458, respectively.

### Note 7. Operations

As of August 31, 2018, the Organization's current liabilities exceeded its current assets by \$41,717. This factor creates uncertainty about the Organization's ability to continue as a going concern. The Organization is working to pay off debts, reduce expenses, obtain additional grant funding, and increase education program revenue through expanded programming and outreach. During the year ended August 31, 2014, the Organization entered into an agreement with the Internal Revenue Service to repay outstanding payroll taxes from a previous administration of approximately \$103,000 by making \$350 monthly payments. The Organization is also monitoring cash flow weekly to meet current cash flow needs. The budget is being monitored to ensure expenses are in line with revenues. The current and budgeted cash flow will be utilized to support operations through the year ending August 31, 2019.

990

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **SEP 1, 2017** and ending **AUG 31, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KENTUCKY SHAKESPEARE, INC.</b>		<b>D</b> Employer identification number <b>** - *** 6654</b>
	Doing business as		<b>E</b> Telephone number <b>(502) 574-9900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>323 W. BROADWAY</b>		<b>G</b> Gross receipts \$ <b>987,197.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40202</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>MATT WALLACE</b> <b>323 W. BROADWAY, SUITE 401, LOUISVILLE, KY</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>KYSHAKESPEARE.COM</b>		<b>L</b> Year of formation: <b>1960</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>KY</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PRESENT ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE, INSPIRE, AND ENTERTAIN.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>25</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>2,625.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	529,027.	516,131.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	460,215.	448,646.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,009,645.	966,950.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	364,935.	373,348.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>49,355.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	665,647.	588,792.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,030,582.	962,140.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<20,937.>	4,810.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	407,157.	426,785.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	214,404.	229,222.
		192,753.	197,563.

**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.

<b>Sign Here</b>	Signature of officer		Date
	<b>MATT WALLACE</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>CHRISTINE N KOENIG</b>		
	Firm's name <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>	Firm's EIN <b>** - *** 4249</b>	Check if self-employed <input type="checkbox"/>
Firm's address <b>9300 SHELBYVILLE RD STE 1100</b> <b>LOUISVILLE, KY 40222-5187</b>		Phone no. <b>(502) 426-9660</b>	

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 \$ 437,508. including grants of \$ ) (Revenue \$ 98,922.) KENTUCKY SHAKESPEARE, INC. PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE PUBLIC.

4b (Code: ) (Expenses \$ 357,546. including grants of \$ ) (Revenue \$ 361,595.) THE ORGANIZATION OPERATES AN EDUCATIONAL OUTREACH PROGRAM THAT IS OFFERED THROUGHOUT THE KENTUCKIANA AREA.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e Total program service expenses 795,054. (Revenue \$ )

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>		
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part XI</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		
24a		
24b		
24c		
24d		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a		
28b		
28c		
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35a		
35b		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X
<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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 members, independent directors, and organizational control.

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 local chapters, policies, conflict of interest, whistleblower, and compensation.

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, address, and telephone number of the person who possesses the organization's books and records: KENTUCKY SHAKESPEARE, INC. - (502) 574-9900 323 W. BROADWAY, SUITE 401, LOUISVILLE, KY 40202



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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KERRY WANG CHAIR	1.00	X		X				0.	0.	0.
(2) ELIZABETH CHERRY SIEBERT TREASURER	1.00	X		X				0.	0.	0.
(3) LIAM FELSEN SECRETARY	1.00	X		X				0.	0.	0.
(4) LANE DENALI HETTICH BOARD MEMBER	1.00	X						0.	0.	0.
(5) JEFF KOLEBA BOARD MEMBER	1.00	X						0.	0.	0.
(6) DIANE BAILEY-BOULET BOARD MEMBER	1.00	X						0.	0.	0.
(7) MERA COSSEY CORLETT BOARD MEMBER	1.00	X						0.	0.	0.
(8) BLAKE COUNSELL BOARD MEMBER	1.00	X						0.	0.	0.
(9) ROSIE FELFIE BOARD MEMBER	1.00	X						0.	0.	0.
(10) LINDSAY FOUTS BOARD MEMBER	1.00	X						0.	0.	0.
(11) KEVIN GIBSON BOARD MEMBER	1.00	X						0.	0.	0.
(12) CULVER HALLIDAY BOARD MEMBER	1.00	X						0.	0.	0.
(13) SHANNON HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(14) DAVID JAMES BOARD MEMBER	1.00	X						0.	0.	0.
(15) REGAN NICHOLS BOARD MEMBER	1.00	X						0.	0.	0.
(16) DR. PETER TANGUAY BOARD MEMBER	1.00	X						0.	0.	0.
(17) BROOKE ZIMMERMAN BOARD MEMBER	1.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for MATT WALLACE, PRODUCING ARTISTIC DIRECTOR.

Summary rows for Section A: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

Section 2: Total number of individuals... 3: Did the organization list any former officer... 4: For any individual listed on line 1a... 5: Did any person listed on line 1a receive or accrue compensation...

Section B. Independent Contractors

Section B. Independent Contractors: 1 Complete this table for your five highest compensated independent contractors... 2 Total number of independent contractors...

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	8,220.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	75,116.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	432,795.		
	g	Noncash contributions included in lines 1a-1f: \$		13,000.		
	h	<b>Total.</b> Add lines 1a-1f		516,131.		
	Program Service Revenue	2 a	<b>EDUCATIONAL PROGRAMS</b>	Business Code 711190	352,274.	352,274.
b		<b>PRODUCTIONS</b>	711190	96,372.	96,372.	
c						
d						
e						
f		All other program service revenue				
g		<b>Total.</b> Add lines 2a-2f		448,646.		
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			
		Less: rental expenses	(ii) Personal			
		Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
		Less: cost or other basis and sales expenses	(ii) Other			
		Gain or (loss)				
		Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 8,220. of contributions reported on line 1c). See Part IV, line 18	a	10,549.		
		Less: direct expenses	b	20,247.		
		Net income or (loss) from fundraising events		<9,698.>		<9,698.>
	9 a	Gross income from gaming activities. See Part IV, line 19	a			
		Less: direct expenses	b			
Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a				
	Less: cost of goods sold	b				
	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code			
11 a	<b>OTHER INCOME</b>	711190	11,871.	11,871.		
b						
c						
d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d		11,871.			
12	<b>Total revenue.</b> See instructions.		966,950.	460,517.	0.	<9,698.>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	83,179.	35,768.	14,140.	33,271.
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	235,310.	191,844.	41,376.	2,090.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26,499.	20,988.	4,650.	861.
10	Payroll taxes	28,360.	20,436.	4,946.	2,978.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	8,690.		8,690.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	35,843.	28,112.	1,310.	6,421.
13	Office expenses	12,132.	1,878.	6,567.	3,687.
14	Information technology				
15	Royalties				
16	Occupancy	22,374.	16,051.	6,276.	47.
17	Travel	24,332.	19,395.	4,937.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	550.		550.	
20	Interest	4,792.		4,792.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,025.	36,124.	1,901.	
23	Insurance	40,846.	36,761.	4,085.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>ACTORS CONTRACTS</b>	172,458.	172,458.		
b	<b>PRODUCTION EXPENSE</b>	120,914.	120,914.		
c	<b>EDUCATION EXPENSE</b>	94,325.	94,325.		
d	<b>BANK CHARGES</b>	10,962.		10,962.	
e	All other expenses	2,549.		2,549.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	962,140.	795,054.	117,731.	49,355.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	11,720.	1 9,891.
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net	123,887.	3 168,448.
	4	Accounts receivable, net	4,331.	4 5,139.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	4,493.	9 4,027.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 760,475.	
	b	Less: accumulated depreciation	10b 521,195.	10c 239,280.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	407,157.	16 426,785.	
Liabilities	17	Accounts payable and accrued expenses	214,404.	17 224,315.
	18	Grants payable		18
	19	Deferred revenue		19 4,907.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	214,404.	26 229,222.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	130,483.	27 11,065.
	28	Temporarily restricted net assets	62,270.	28 186,498.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	<b>Total net assets or fund balances</b>	192,753.	33 197,563.	
34	<b>Total liabilities and net assets/fund balances</b>	407,157.	34 426,785.	

Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

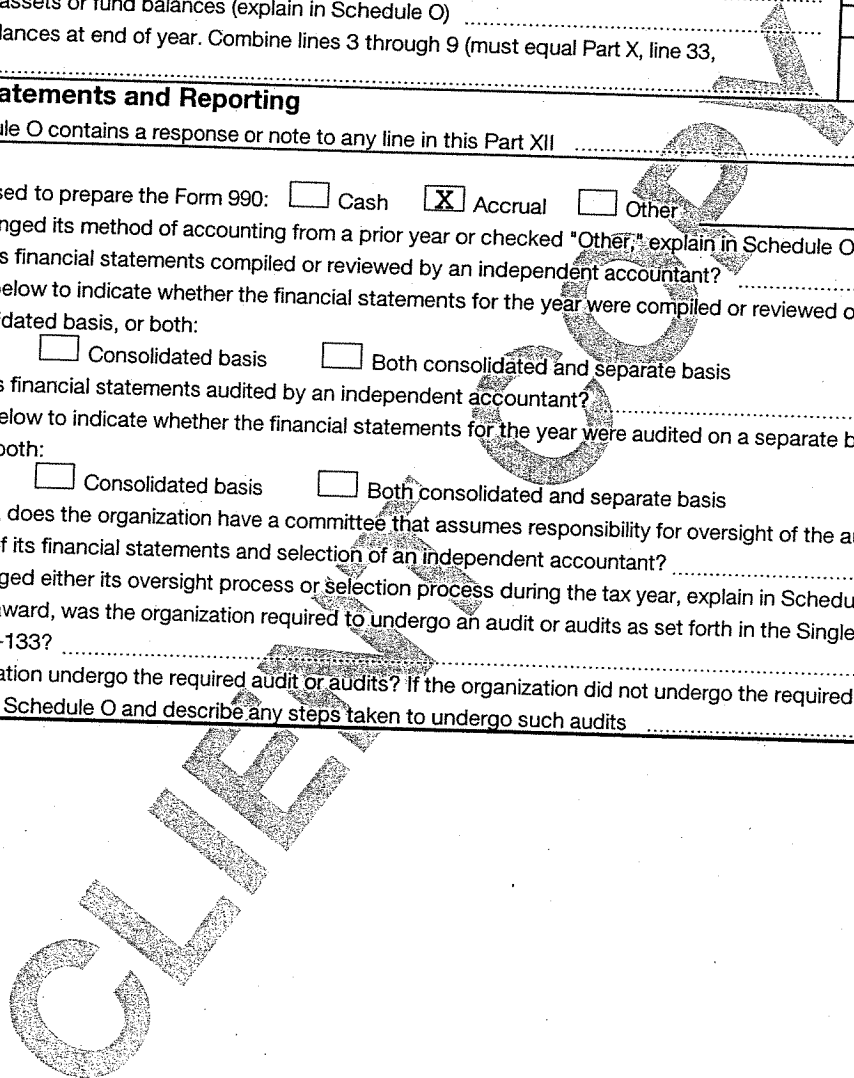
1	Total revenue (must equal Part VIII, column (A), line 12)	1	966,950.
2	Total expenses (must equal Part IX, column (A), line 25)	2	962,140.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192,753.
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	197,563.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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
2b 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	
2c 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
3b 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 (2017)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**KENTUCKY SHAKESPEARE, INC.**

Employer identification number

**\*\* - \*\*\* 6654**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	372,490.	577,985.	443,796.	529,027.	516,131.	2439429.
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 .....	372,490.	577,985.	443,796.	529,027.	516,131.	2439429.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						69,298.
						2370131.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	372,490.	577,985.	443,796.	529,027.	516,131.	2439429.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	104,753.	47,190.	13,779.	25,535.	11,871.	203,128.
11 Total support. Add lines 7 through 10 .....						2642557.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,864,383.

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

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	89.69 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	81.46 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 <b>Total support.</b> (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 2017 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

CLIENT COPY



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

**KENTUCKY SHAKESPEARE, INC.**

Employer identification number

**\*\* - \*\*\* 6654**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2017)



Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**

\*\*-\*\*\*6654

**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	FUND FOR THE ARTS 623 WEST MAIN ST LOUISVILLE, KY 40202	\$ 133,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FUND FOR THE ARTS 623 WEST MAIN ST LOUISVILLE, KY 40202	\$ 17,832.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	BROWN-FORMAN CORPORATION 850 DIXIE HWY LOUISVILLE, KY 40210	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT 611 W JEFFERSON ST LOUISVILLE, KY 40202	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAIN ST, STE 1110 LOUISVILLE, KY 40202	\$ 18,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NATIONAL ENDOWMENT FOR THE ARTS - ARTS MIDWEST 2908 HENNEPIN AVE, STE 200 MINNEAPOLIS, MN 55408	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KENTUCKY SHAKESPEARE, INC.

\*\*-\*\*\*6654

**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	DON A STEVENS 420 ANDERSON LANE SHELBYVILLE, KY 40065	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CHARLES P MARSH 4027 NORBOURNE BLVD LOUISVILLE, KY 40207	\$ 30,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KENTUCKY ARTS COUNCIL 1025 CAPITAL CENTER DR, 3RD FLOOR FRANKFORT, KY 40601	\$ 18,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**

**\*\* - \*\*\* 6654**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	RENTAL SPACE	\$ 17,832.	08/31/18

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**

**\*\* - \*\*\* 6654**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**KENTUCKY SHAKESPEARE, INC.**

Employer identification number

**\*\* - \*\*\* 6654**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

732051 10-09-17

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

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

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

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		522,496.	343,244.	179,252.
d Equipment		237,979.	177,951.	60,028.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				239,280.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1-9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows 1-9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows 2-9.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,004,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	27,832.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	9,698.	
e	Add lines 2a through 2d		2e	37,530.
3	Subtract line 2e from line 1		3	966,950.
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	966,950.

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

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

1	Total expenses and losses per audited financial statements		1	999,670.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	27,832.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	9,698.	
e	Add lines 2a through 2d		2e	37,530.
3	Subtract line 2e from line 1		3	962,140.
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	962,140.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION.

AS OF AUGUST 31, 2018, AND 2017, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

**PART XII AND XIII, LINE 2D:**

DIRECT EXPENSES INCLUDED IN SPECIAL EVENT EXPENSE ON FINANCIAL STATEMENTS



**Part XIII** Supplemental Information (continued)

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

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

**KENTUCKY SHAKESPEARE, INC.**

Employer identification number

**\*\* - \*\*\* 6654**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
	<b>GALA</b> (event type)	(event type)	<b>NONE</b> (total number)		
1	Gross receipts	18,769.		18,769.	
2	Less: Contributions	8,220.		8,220.	
3	Gross income (line 1 minus line 2)	10,549.		10,549.	
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	10,549.		10,549.
	8	Entertainment	1,500.		1,500.
	9	Other direct expenses	1,445.		1,445.
10	Direct expense summary. Add lines 4 through 9 in column (d)			13,494.	
11	Net income summary. Subtract line 10 from line 3, column (d)			<2,945.>	

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

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue			
Direct Expenses	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility			
b An outside facility	<b>13a</b>	%	%
	<b>13b</b>	%	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer     Employee     Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

CLIENT COPY

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number  
\*\*-\*\*\*6654

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

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

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

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

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

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

FORM 990, PART XII, LINE 2C:

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

# 2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

August 31, 2019

<b>Prepared for</b>	Mr. Matt Wallace Kentucky Shakespeare, Inc. 323 W. Broadway, Suite 401 Louisville, KY 40202																																			
<b>Prepared by</b>	DEMING MALONE LIVESAY & OSTROFF PSC 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187																																			
<b>Amount of tax</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Total Estimated Tax</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">1,000</td> <td style="width: 15%;"></td> </tr> <tr> <td>Less credit from prior year</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Less amount already paid on 2018 estimate</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Balance due</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">1,000</td> <td></td> </tr> </table> <p>Payable in full or in installments as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Installment</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Due Date</th> </tr> </thead> <tbody> <tr> <td>No. 1</td> <td>\$ None required</td> <td></td> </tr> <tr> <td>No. 2</td> <td>\$ None required</td> <td></td> </tr> <tr> <td>No. 3</td> <td>\$ 750</td> <td>May 15, 2019</td> </tr> <tr> <td>No. 4</td> <td>\$ 250</td> <td>August 15, 2019</td> </tr> </tbody> </table>	Total Estimated Tax	\$		1,000		Less credit from prior year	\$		0		Less amount already paid on 2018 estimate	\$		0		Balance due	\$		1,000		Installment	Amount	Due Date	No. 1	\$ None required		No. 2	\$ None required		No. 3	\$ 750	May 15, 2019	No. 4	\$ 250	August 15, 2019
Total Estimated Tax	\$		1,000																																	
Less credit from prior year	\$		0																																	
Less amount already paid on 2018 estimate	\$		0																																	
Balance due	\$		1,000																																	
Installment	Amount	Due Date																																		
No. 1	\$ None required																																			
No. 2	\$ None required																																			
No. 3	\$ 750	May 15, 2019																																		
No. 4	\$ 250	August 15, 2019																																		
<b>Make check payable to</b>	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).																																			
<b>Mail voucher and check (if applicable) to</b>	Not applicable																																			
<b>Special Instructions</b>																																				

Form **990-W**

**Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2017 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,000.

	(a)	(b)	(c)	(d)
11	Installment due dates. See instructions		05/15/19	08/15/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."		750.	250.
13	2017 Overpayment. See instructions			
14	Payment due (Subtract line 13 from line 12)		750.	250.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

August 31, 2018

Prepared for	Mr. Matt Wallace Kentucky Shakespeare, Inc. 323 W. Broadway, Suite 401 Louisville, KY 40202
Prepared by	DEMING MALONE LIVESAY & OSTROFF PSC 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	July 15, 2019
Special Instructions	The return should be signed and dated.

**EXTENDED TO JULY 15, 2019**  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning SEP 1, 2017, and ending AUG 31, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>KENTUCKY SHAKESPEARE, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>323 W. BROADWAY, NO. 401</b> City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40202</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>**-***6654</b>
		<b>E</b> Unrelated business activity codes (See instructions.)  <b>900099</b>
		<b>C</b> Book value of all assets at end of year <b>426,785.</b>

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **AMOUNTS PAID FOR DISALLOWED FRINGE BENEFITS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. ▶  Yes  No

**J** The books are in care of ▶ **KENTUCKY SHAKESPEARE, INC.** Telephone number ▶ **(502) 574-9900**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	<b>c Balance</b> ▶	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4 a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	<b>12</b>	<b>3,625.</b>	
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>3,625.</b>	<b>3,625.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	
16	Repairs and maintenance	<b>16</b>	
17	Bad debts	<b>17</b>	
18	Interest (attach schedule)	<b>18</b>	
19	Taxes and licenses	<b>19</b>	
20	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
21	Depreciation (attach Form 4562)	<b>21</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
23	Depletion	<b>23</b>	
24	Contributions to deferred compensation plans	<b>24</b>	
25	Employee benefit programs	<b>25</b>	
26	Excess exempt expenses (Schedule I)	<b>26</b>	
27	Excess readership costs (Schedule J)	<b>27</b>	
28	Other deductions (attach schedule)	<b>28</b>	
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>3,625.</b>
31	Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>3,625.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>2,625.</b>

Part III Tax Computation

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 35c 551.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) 36

**37 Proxy tax.** See instructions 37

**38 Alternative minimum tax** 38

**39 Tax on Non-Compliant Facility Income.** See instructions 39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 551.

Part IV Tax and Payments

**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 41a

**41b Other credits** (see instructions) 41b

**41c General business credit.** Attach Form 3800 41c

**41d Credit for prior year minimum tax** (attach Form 8801 or 8827) 41d

**41e Total credits.** Add lines 41a through 41d 41e

**42 Subtract line 41e from line 40** 42 551.

**43 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) 43

**44 Total tax.** Add lines 42 and 43 44 551.

**45a Payments:** A 2016 overpayment credited to 2017 45a

**45b 2017 estimated tax payments** 45b 551.

**45c Tax deposited with Form 8868** 45c

**45d Foreign organizations:** Tax paid or withheld at source (see instructions) 45d

**45e Backup withholding** (see instructions) 45e

**45f Credit for small employer health insurance premiums** (Attach Form 8941) 45f

**45g Other credits and payments:**  Form 2439  Form 4136  Other 45g

**46 Total payments.** Add lines 45a through 45g 46 551.

**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached  47

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed 48 0.

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 0.

**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax 50 Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X X

**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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

Paid Preparer Use Only

Print/Type preparer's name: CHRISTINE N KOENIG  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01022180  
 Firm's name: DEMING MALONE LIVESAY & OSTROFF PSC Firm's EIN: \*\*-\*\*\*4249  
 Firm's address: 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187  
 Phone no.: (502) 426-9660

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

AMOUNT PAID FOR DISALLOWED FRINGES

3,625.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

3,625.

CLIENT COPY

Articles of Inc.

**RESTATED ARTICLES OF INCORPORATION  
OF  
THE KENTUCKY SHAKESPEARE FESTIVAL, INC.  
A NOT FOR PROFIT CORPORATION**

\*\*\*\*\*

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

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

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

**ARTICLE I**

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

## ARTICLE II

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

## ARTICLE III

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

## ARTICLE IV

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

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

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

#### ARTICLE V

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

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

#### ARTICLE VI

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


#### ARTICLE VII

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

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

**ARTICLE VIII**

The corporation shall be governed by its By-laws.

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



## Request for Taxpayer Identification Number and Certification

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

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

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

### Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
6	1	-	6	0	3	6	6	5	4

### Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>11-9-19</u>
------------------	----------------------------	-----------------------

### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

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

<b>Organization Number</b>	0010680
<b>Name</b>	KENTUCKY SHAKESPEARE INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/8/1963
<b>Organization Date</b>	5/8/1963
<b>Last Annual Report</b>	4/18/2019
<b>Principal Office</b>	323 WEST BROADWAY STE. 401 LOUISVILLE, KY 40202
<b>Registered Agent</b>	MATT WALLACE 323 WEST BROADWAY SUITE 401 LOUISVILLE, KY 40202

**Current Officers**

<b>Chairman</b>	<a href="#"><u>Kerry Wang</u></a>
<b>Secretary</b>	<a href="#"><u>Liam Felsen</u></a>
<b>Treasurer</b>	<a href="#"><u>Blake Counsell</u></a>
<b>Director</b>	<a href="#"><u>Regan Nichols</u></a>
<b>Director</b>	<a href="#"><u>Dr. Peter Tanguay</u></a>
<b>Director</b>	<a href="#"><u>Lane Hettich</u></a>
<b>Director</b>	<a href="#"><u>Mera Corlett</u></a>
<b>Director</b>	<a href="#"><u>Jeff Koleba</u></a>
<b>Director</b>	<a href="#"><u>Kevin Gibson</u></a>
<b>Director</b>	<a href="#"><u>Culver Halliday</u></a>
<b>Director</b>	<a href="#"><u>Lindsay Fouts</u></a>
<b>Director</b>	<a href="#"><u>Brooke Zimmerman</u></a>
<b>Director</b>	<a href="#"><u>Rosie Felfle</u></a>
<b>Director</b>	<a href="#"><u>Shannon Harris</u></a>
<b>Director</b>	<a href="#"><u>Elizabeth Cherry Siebert</u></a>
<b>Director</b>	<a href="#"><u>Anya Bond-Beckley</u></a>

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

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

**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.

<a href="#">Annual Report</a>	4/18/2019	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/5/2018	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/15/2017	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/18/2016	1 page	<a href="#">PDF</a>	
<a href="#">Amendment</a>	12/14/2015	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Name Renewal</a>	6/2/2015 9:05:29 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/5/2015	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	2/10/2014 11:16:28 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/10/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/5/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/28/2012	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	11/10/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	11/10/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement Certificate of Existence</a>	10/7/2011 12:49:58 PM	2 pages	<a href="#">PDF</a>	
<a href="#">Reinstatement</a>	10/7/2011 12:47:11 PM	4 pages	<a href="#">PDF</a>	
<a href="#">Administrative Dissolution Return</a>	9/28/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	9/10/2011	1 page	<a href="#">PDF</a>	
<a href="#">Sixty Day Notice Return</a>	7/20/2011	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Certificate of Assumed Name</a>	11/4/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/1/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/15/2009	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	9/15/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Organization (LLC)</a>	6/17/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/11/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/7/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/6/2006	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/14/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/30/2005	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/3/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Name Renewal</a>	2/6/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/24/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/11/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/13/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/13/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/11/1998	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/5/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/24/1993	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/19/1992	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	3/28/1991	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	3/28/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	10/2/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1988	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	4/28/1987	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/28/1987	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

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

### Assumed Names

<u>KENTUCKY SHAKESPEARE</u>	Active
<u>SHAKESPEARE IN CENTRAL PARK, THE KENTUCKY SHAKESPEARE FESTIVAL</u>	Inactive

### Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/18/2019 11:14:24 AM	4/18/2019 11:14:24 AM	
Annual report	3/5/2018 9:30:37 AM	3/5/2018 9:30:37 AM	
Annual report	2/15/2017 9:14:45 AM	2/15/2017 9:14:45 AM	
Annual report	2/18/2016 12:26:24 PM	2/18/2016 12:26:24 PM	
Amendment - Change name	12/14/2015 1:16:23 PM	12/14/2015	<u>THE KENTUCKY SHAKESPEARE FESTIVAL, INC.</u>

### Microfilmed Images