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

Applicant/Program: Looking for Lilith

Executive Summary of Request:

Looking for Lilith is creating sustainable contract work for theatre professionals in the Metro Louisville area. NDF funds will allow the organization to pay contracted workers: research director, head playwright, production director, actors, stage management and designers, and the facilitators conducting research in the chemical corridor neighborhoods

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.

1	Attica Scott	$2500.00	11/12/2014
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman ____________ Date ____________

Clerk's Office Only:

Request Amount: ____________ Committee Amended Appropriation: ____________

Original Appropriation: ____________ Council Amended Appropriation: ____________

Applicant/Program:	Looking for Lilith

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 #	Council Member Signature	Amount	Date
3	Mary C. Woolridge	$500	11/12/14
9	Tina Wood-Pugh	$1,000 —	11/13/14
6	David H. James	$500.00	11-17-14

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Looking for Lilith

Program Name: Migael Dickerson Request Amount: Migael Dickerson	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	na
Application Page 1: Has prior Metro funds committed/granted been disclosed?	na
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	na
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	na
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	na
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	na
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	na
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization's current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than $5,000 **to any one project/program within an organization** in this fiscal year.	na
Board Members: Is the entity's board member list (with term length/term limits) included?	yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	na
Rent Requests: Is a copy of signed lease included?	na
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	na

Prepared by: Migael Dickerson Date: 11/11/14

OFFICE OF METRO COUNCIL CLERK
RECEIVED
DATE ______ TIME: 11:45 A.M.

M2M

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records)	Looking for Lilith		
Main Office Street & Mailing Address:	312 Crescent Ct. Louisville, KY 40206		
Website:	www.lookingforlilith.org		
Applicant Contact:	Shannon Woolley	**Title:**	Artistic Director
Phone:	502-638-2559, ext. 700	**Email:**	shannon@lookingforlilith.org
Financial Contact:	Shannon Woolley	**Title:**	Artistic Director
Phone:	502-638-2559, ext 700	**Email:**	shannon@lookingforlilith.org
Organization's Representative who attended NDF Training:	Shannon Woolley		
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1741 Frankfort Ave., Louisville, KY 40206, as well as various locations in District 1. Likely performance venue in District 4		
Council District(s):	9, 1	**Zip Code(s):**	40206, 40202, 40211, 40216

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: The Invisible Corridor: a Community-Built Play about Louisville's Chemical Corridor Neighborhoods

Total Request: ($)	$5000	**Total Metro Award (this program) in previous year: ($)**	NA

Purpose of Request (check all that apply):

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

The Following are Required Attachments:

- [x] IRS Exempt Status Determination Letter
- [x] Current Year Projected Budget
- [x] List of Board of Directors (include term & term limits
- [x] Current financial statement
- [x] Most recent IRS Form 990 or 1120-H
- [x] Articles of Incorporation
- [ ] Cost estimates from proposed vendor if request is for capital expense
- [ ] Signed lease if rent costs are being requested
- [x] IRS Form W9
- [x] Evaluation forms if used in the proposed program
- [ ] Annual audit (if required by organization)
- [ ] Faith Based Organization Certification Form, if required
- [x] Staff including the 3 highest paid staff

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

Source:	Metro Council EAF, for CHOICES: an interactive play on cyberbullying and suici	Amount: ($)	5000
Source:		Amount: ($)	
Source:		Amount: ($)	

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

Has the applicant met the BBB Charity Review Standards? [x] Yes [ ] No

Applicant's Initials SW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Looking for Lilith Theatre Company (LFL) is a women's ensemble that creates productions and programming through re-examining history and interrogating today from women's perspectives, a practice that frequently uncovers unheard voices. LFL productions and programming serve adults, youth and children locally, nationally and internationally. We strive in both our plays and our educational outreach to bring women's vital participation in society, culture, and government to the forefront of our audiences' and students' minds.

Looking for Lilith Theatre Company's goals are two-fold. Firstly we create, produce, and tour original full-length plays based on moments in history viewed from the perspectives of the women involved. Secondly, we embody a strong commitment to education in our outreach programs in which we guide young people to explore the themes and histories of the performances we have shared with them, or themes and histories of interest to the audience or community. In some instances we guide participants in researching, devising, and sharing new works that give voice to the members of our society who have historically been under-represented. Through these programs and performances, the company helps show the value of multiple perspectives on history.

Applicant's Initials SW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Looking for Lilith (LFL) requests funding to support our ninth original production since our founding in 2001--a devised work-in-progress centering
on environmental issues in the "Chemical Corridor" of Louisville--a cluster of neighborhoods bordered by 19 chemical companies, 3 coal-fired power plants, and a leaking landfill. Interviews collected to date by the ensemble reflect stories of residents, environmentalists, civil engineers, EPA officials, and industry spokespeople. The piece will focus on oral history as its artistic fabric, supported by ensemble movement pieces which reflect on the history and racial politics of the neighborhood in the context of the larger city.

Our creation process for a new work generally takes 18 months, and we are currently in the first (research) phase of this project. Our work is based on primary sources, particularly the collection of oral histories of stakeholders in an issue. For the past 6 months, we have sought out the stories of lifelong residents of The Chemical Corridor, environmental activists involved in the Sierra Club lawsuit against Louisville Gas and Electric, spokespeople from the various chemical plants, as well as local politicians and EPA officials.
In early September, an ensemble of 8 artists began the work of transforming the raw material of these interviews into performance. This devising process will continue through May of 2015, and will utilize our time-tested method for creating new work.

We are also committed to involving those who "own" the story to be instrumental in its telling, hence the devising process will include several public workshops where LFL artists will guide community members in story circles and devising activities to give them a voice in how the story is told. LFL will host a reading in May for community members who have participated in the devising, LFL loyal supporters, and other community stakeholders.

Once the script is finalized, the rehearsal process towards opening night will begin. LFL is participating in a Louisville Chamber of Commerce (Greater Louisville Incorporated) sponsored yearlong festival in 2015, the YESFest (Year of Environment and Sustainability). The festival will bring arts and cultural organizations together with environmental organizations to create a wide diversity of programming throughout the community.
As a part of this festival, LFL will open its 2015-2016 season with this,its newest originally devised production, in October of 2015.

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

Looking for Lilith is committed to creating sustainable contract work for theatre professionals in the Metro Louisville area. NDF Funds, together with secured funds from the KY Arts Council and Greater Louisville, Inc., will allow us to pay our contracted workers: research director, head playwright, production director, actors, stage management and designers, and the facilitators conducting research in The Chemical Corridor neighborhoods.

Applicant's Initials SW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

☐ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

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

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

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

Applicant's Initials SW

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:

Our work is devoted to uplifting the under-heard voices of women and other marginalized persons in a manner that grows understanding between groups of disparate experiences, and encourages conversation toward creating a more just society. We are currently meeting with and collecting data from residents with varying viewpoints on the concerns of this area of our city--including industry officials and environmental engineers who are working within the industries to find sustainable solutions that meet the needs of all involved.

This project in particular lifts up the problem of environmental racism, and what happens when certain areas in a city may be perceived to be "less than" based on the economic and political influence (or lack thereof) of their residents. We believe this project will give voice to those who may have previously felt voiceless, in an arena and format that allows all to feel heard and respected.

Most importantly, we believe that the live medium of theatre is uniquely effective in examining social disparity in a manner that builds bridges rather than burning them. We also believe that Looking for Lilith Theatre's 14 years of creating original work that inspires conversation beyond the stage is unique in Louisville's rich cultural community.

Outcomes: In this project, over 50 residents will be interviewed, and their stories and views will be integrated in to the live performance. Upward of 300 audience members will see the performance, and 8 community talk-back sessions will be held after the October 2015 performances. Audience feedback forms (attached) will be collected and data recorded, and talk-back sessions will be audio-recorded and archived.

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.

Looking for Lilith Theatre is a member of the KY Arts Council's Performing Artist Roster, Greater Louisville's Arts and Cultural Attractions Board and Cultural Consortium, The Theatre Alliance of Louisville, The American Alliance for Theatre in Education, and The Network or Ensemble Theatres.

Looking for Lilith is a collaborator at the 1741 Collaboratory for Social Innovation in the Clifton neighborhood of District 9. This Collaboratory is a shared space in which community activists and performing and visual artists combine their skill sets and resources in order to provide an affordable venue in which all can provide services to the community.

In the pursuit of gathering interviews for the creation of this new work, we have developed relationships with prominent women leaders of community groups in the relevant areas: Arnita Gadson of The West Louisville Community Task Force, Sarah Lynn Cunningham of the Louisville Climate Action Network, Eboni Cochran of Rubbertown Emergency Action, and Darlene Hutton of the Rubbertown Community Action Council. These relationships have allowed us critical access to the viewpoints of stakeholders in the "Chemical Corridor."

Applicant's Initials SW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities		4360	4360
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	5000	11750	16750
H: Program Materials		3400	3400
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
****TOTAL PROGRAM/PROJECT FUNDS***	5000	19510	24510
% of Program Budget	20 %	80 %	**100%**

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

Other State, Federal or Local Government	335
United Way	
Private Contributions (do not include individual donor names)	3400
Fees Collected from Program Participants	2500
Other (please specify)	18,275 (grants--3000 secured, 15275 pending)
Total Revenue for Columns 2 Expenses **	24,510

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

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

Applicant's Initials SW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

Agency Fiscal Year Start Date:

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

If YES, please explain:

Applicant's Initials SW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	Shannon Woolley			**Date:**	10/16/2014
Legal Signatory: (please print):	Shannon Woolley			**Title:**	Artistic Director
Phone: 502-638-2559	**Extension:**	700	**Email:**	shannon@lookingforlilith.org	

Applicant's Initials SW

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Looking for Lilith

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

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

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
312 Crescent Ct.

Requester's name and address (optional)

City, state, and ZIP code
Louisville Ky 40206

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

[redacted]

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 [redacted]
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Shannon Woolley Date ▶ 5/2/13

General Instructions

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

Purpose of Form

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

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

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

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

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

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

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

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

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

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 2 1 2006

[redacted]ion Number:
[redacted]

LOOKING FOR LILITH
C/O TRINA FISCHER
2208 LONGEST AVE STE 2
LOUISVILLE, KY 40204-0000

Contact Person:
THOMAS C KOESTER ID# 31116
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated JUNE 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Looking for Lilith Theatre Company
2013-2014 Board of Directors

LOOKING FOR LILITH
Theatre Company

Jennifer Thalman Kepler – Chair
2nd term, term ends February 2015
Director of Community Outreach
Looking for Lilith Theatre Company

Shannon Woolley Allison – Secretary
2nd term, term ends February 2015
Artistic Director
Looking for Lilith Theatre Company

[redacted]

Reta White—Chair Elect
1st term, projected election to Chair February 2015
Civil Engineer
LGE&KU

Trina Fischer
2nd term, term ends February 2016
Director of PR & Marketing
Looking for Lilith Theatre Company

[redacted]

Paula McGuffey – Treasurer
1st term, term ends February 2016
Assistant Director
Gheens Science Hall & Rauch Planetarium
University of Louisville

Jomaris de Jesus
1st term, term ends February 2016
Mission Communications Associate
Presbyterian Church USA
evolutionfactory@gmail.com

[redacted]

F0111200002Y1

CERTIFICATE OF INCORPORATION

OF

LOOKING FOR LILITH

UNDER SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW

The undersigned, a natural person over the age of eighteen, does hereby certify:

1. The name of the corporation is LOOKING FOR LILITH.

2. The corporation is a corporation as defined in subparagraph (a)(5) of Section 102 of the Not-for-Profit Corporation Law, and shall be a Type B corporation under Section 201 of the Not-for-Profit Corporation Law.

3. The purposes for which the corporation is formed are to foster, sustain, and expand public interest in drama and the theatre as art forms and educational tools through performances, demonstrations, lectures, courses of study or otherwise; to encourage and facilitate the writing of new plays; to provide or participate in educational programs for schools and groups interested in researching, writing, and producing dramatic works, in developing leadership skills and in addressing current and historical events through drama; and to conduct any and all lawful activities which may be useful in accomplishing the foregoing purposes.

Nothing herein shall be construed as authorizing the corporation to operate a nursery school, an elementary school, a secondary school, an institution of higher learning, a library, museum, an historical society, a cable television facility, or educational television station.

4. In furtherance of the foregoing purposes, the corporation shall have all of the general powers enumerated in Section 202 of the Not-for-Profit Corporation Law and such other powers as are now or hereafter permitted by law for a corporation organized for the foregoing purposes, including, without limitation, the power to solicit grants and contributions for any corporate purpose and the power to maintain a fund or funds of real and/or personal property in furtherance of such purposes.

5. Notwithstanding any other provisions of these articles, the corporation is organized and operated exclusively for cultural and educational purposes, and intends at all times to qualify and remain qualified as exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as it may be amended (the "Code"), and,

in connection therewith:

(a) The corporation shall not, directly or indirectly, engage in or include among its purposes any of the activities mentioned in subparagraphs (b) through (v) of Section 404 of the Not-for-Profit Corporation Law.

(b) The corporation is not formed for and shall not be conducted or operated for pecuniary profit or financial gain, and no part of its assets, income or profit shall be distributed to or inure to the benefit of any private individual or individuals; provided that nothing herein shall prevent the corporation from paying reasonable compensation to any person for services rendered to or for the corporation in furtherance of one or more of its purposes.

(c) No substantial part of the activities of the corporation shall be devoted to carrying on propaganda or otherwise attempting to influence legislation, except to the extent permitted by the Code whether pursuant to an election under Section 501(h) or otherwise; and not part of the activities of the corporation shall be devoted to participating in or intervening in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office.

(d) The corporation shall not engage in or include among its purposes any activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code, as it may be amended.

6. The office of the corporation shall be located in the County of Kings, State of New York.

7. The names and addresses of the initial directors of the corporation, each of whom is of full ag[redacted]

8. The Secretary of State is hereby designated the agent of the corporation upon whom process against the corporation may be served. The post office address to

which the Secretary of State shall mail a copy of any process against the corporation served upon [redacted]

9. In the event of dissolution, all of the assets and property of the corporation remaining after the proper payment of expenses and the satisfaction of all liabilities shall be distributed in accordance with Section 1102 of the Not-for-Profit Corporation Law, as it may be amended, to further the not-for-profit purposes of the corporation and/or to such charitable and educational organizations as shall qualify under Section 501(c)(3) of the Code.

IN WITNESS WHEREOF, this certificate has been subscribed to this 10th day of September 2001, by the undersigned who affirms that the statements made herein are true under penalties of perjury.

Shannon L Woolley

Shannon Woolley
94 Clinton Avenue
Apartment 1R
Brooklyn, NY 11205

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

On this 10th day of September 2001, before me personally came Shannon Woolley, to be known and known to me to be the person described in and who executed the foregoing certificate of incorporation and he duly acknowledged to me that he executed the same.

Notary Public

GILLIAN COSTELLO
Notary Public, State of New York
No. 02CO6010637
Qualified in Kings County
Commission Expires Aug. 10, ~~2000~~ 2002

5

Non-Profit Checking

PNC Bank

PNC BANK

For the Period 08/30/2014 to 09/30/2014

[redacted]

LOOKING FOR LILITH
312 CRESCENT CT
LOUISVILLE KY 40206-2638

PNC Bank Online Banking on pnc.com
FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG
Monday - Friday: 7 AM - 10 PM ET
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en espanol, 1-877-BUS-BNKG

Moving? Please contact your local branch

Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738

Visit us at PNC.com/mybusiness/

TDD terminal: 1-800-531-1648
For hearing impaired clients only

[redacted]

Looking For Lilith

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
4,917.45	9,220.11	5,336.01	8,801.55

Average ledger balance	Average collected balance
6,745.36	6,572.55

Deposits and Other Additions

Description	Items	Amount
Deposits	7	8,835.00
ACH Additions	2	385.11
Total	9	9,220.11

Checks and Other Deductions

Description	Items	Amount
Checks	13	5,197.50
Check Card Purchases	1	29.86
POS Purchases	2	8.65
Other Deductions	1	100.00
Total	17	5,336.01

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
08/30	4,917.45	09/09	2,539.79	09/15	2,141.41
09/03	4,017.45	09/10	2,563.98	09/16	10,976.41
09/04	2,889.79	09/11	2,313.98	09/22	10,946.55
09/05	2,639.79	09/12	2,307.99	09/30	8,801.55

Activity Detail

Deposits and Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
09/16	400.00	Deposit	032510375
09/16	700.00	Deposit	032510380
09/16	3,080.00	Deposit	032510383
09/16	1,180.00	Deposit	032510431

Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

[redacted]

[redacted]

Deposits - *continued*

Date posted	Amount	Transaction description	Reference number
09/16	2,820.00	Deposit	032510432
09/16	30.00	Deposit	032510460
09/16	625.00	Deposit	032510462

ACH Additions

Date posted	Amount	Transaction description	Reference number
09/10	64.19	Corporate ACH 140910N2 Square Inc L1179207012	00014253006179777
09/15	320.92	Corporate ACH 14091562 Square Inc L1181610309	00014258008842915

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number
09/15	2990 *	87.50	070803928
09/04	2995 *	75.00	089853014
09/05	2996	250.00	074114019
09/04	2997	250.00	073537195
09/11	2998	250.00	074818661
09/03	3001 *	900.00	072300843
09/04	3002	400.00	073537193
09/15	3003	400.00	070803927
09/04	3004	400.00	072360503
09/10	3005	40.00	073480486
09/30	3006	130.00	072565699
09/30	3008 *	1,100.00	072464157
09/30	3009	915.00	072464158

Check Card Purchases

Date posted	Amount	Transaction description	Reference number
09/22	29.86	4767 Debit Card Purchase Grasshopper Group, Llc 650-6222200 Ma	93432870001104767264

POS Purchases

Date posted	Amount	Transaction description	Reference number
09/04	2.66	POS Purchase USPS2047930055 Louisville Ky	POS31500397 0286934
09/12	5.99	POS Purchase Rite Aid Corp. Louisville Ky	POS00602890 0332379

Other Deductions

Date posted	Amount	Transaction description	Reference number
09/09	100.00	Withdrawal	036144357

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 10/01/2014 and will appear on your next statement as a single line item entitled Service Charge Period Ending 09/30/2014.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Required Balance Met
Combined Transactions	107	.00	Included in Account
ACH Credits	2	.00	
Checks Paid	13	.00	
Deposited Item - Consolidated	85	.00	
Deposit Tickets Processed	7	.00	
Branch - Consolidated Cash Deposited	3	.00	Included in Account
Total For Services Used This Period		.00	
Total Service Charge		.00	

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Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

[redacted]

Have you tried Cash Flow Insight available in Online Banking today?

What is it?
Cash Flow Insight is a suite of tools to help you manage receivables and payables processes more efficiently, and visualize, understand and project your cash flow -- so you can make more informed decisions and stay ahead and in control.

What does it mean for me?
> Reduce those stacks of invoices and bills on your desk
> Automate your invoicing and speed up receivables
> Organize your payment processes and stay on top of what is due when
> Store digital copies of bills and other documents online, all in one place
> Connect your accounting system with your business banking and save time by syncing vendor, customer, bill and invoice information between your accounting software and Cash Flow Insight, so you do not have to enter data in multiple places

And the best part is, all of your receivables and payables activity in Cash Flow Insight automatically updates an overall view of your business' cash flow -- past, present and projected. So you can see where you've been, where you are today, and forecast and plan for your future.

NEW: Delegation is now available in Cash Flow Insight, enabling you to grant varying levels of access to those who help operate or advise your business. Involve others in forecasting, planning and reporting; organize and streamline your receivables and payables processes; and establish approval policies for payments leaving your account -- giving you greater transparency, efficiency, control and peace of mind.

To try Cash Flow Insight at no cost*, call your Business Banker or a Cash Flow Insight Consultant at 855-762-2361, or learn more at pnc.com/cashflowinsight.

*Cash Flow Insight requires a PNC business checking account and enrollment in PNC Online Banking. Free trial offer valid for Cash Flow Insight and for additional tools (Receivables, Payables and Accounting Software Sync) for your current statement cycle period and two additional statement cycles. One free trial period per customer. For information on post-trial fees, a list of supported accounting software and other details, visit pnc.com/cashflowinsight. PNC Bank, National Association. Member FDIC

Kenneth Kling, CPA PSC
325 Chelsea Rd.
Louisville, KY 40207
502-287-8455

January 8, 2014

CONFIDENTIAL

LOOKING FOR LILITH
312 CRESCENT CT
LOUISVILLE, KY 40206

Dear Aria & Shannon:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)
Annual Filing for Charitable Organizations (CHAR500)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Kenneth Kling, CPA PSC

Filing Instructions

LOOKING FOR LILITH

Short Form Exempt Organization Tax Return

Taxable Year Ended August 31, 2013

Date Due: January 15, 2014

Remittance: None is required. Your Form 990-EZ for the tax year ended 8/31/13 shows no balance due.

Signature: Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing, should be signed and dated by an authorized officer of the organization and returned to Kenneth Kling, CPA PSC. The form will be included as an attachment to the electronic file and therefore must be signed and returned before the electronic file is transmitted to the IRS. If previously signed and returned no further action is required for Form 8453-EO.

Other: Initial and date the copies of the Form 8453-EO and the Form 990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning 09/01/12 , and ending 08/31/13

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-1879

2012

Name of exempt organization: LOOKING FOR LILITH

Employer identification number: [redacted]

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶	☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	82,158
3a Form 1120-POL check here ▶	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶	☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶	☐	**b Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here ▶ Signature of officer ______ Date: 01/10/14 ▶ Title: TREASURER

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ Kenneth Kling	Date 01/08/14	Check if also paid preparer ☒	Check if self-employed ☐	ERO's SSN or PTIN P00235860
Firm's name (or yours if self-employed), address, and ZIP code ▶ Kenneth Kling, CPA PSC			EIN	
325 Chelsea Rd. Louisville KY 40207			Phone no. 502-287-8455	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kenneth Kling				
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09/01/12 , and ending 08/31/13

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
LOOKING FOR LILITH

Number and street (or P.O. box, if mail is not delivered to street address) | Room/sui[redacted]
312 CRESCENT CT

City or town, state or country, and ZIP + 4
LOUISVILLE KY 40206

D Employer identification number

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.lookingforlilith.org

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 82,158

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	46,087
	2	Program service revenue including government fees and contracts			2	36,071
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ______ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	82,158
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	58,638
	14	Occupancy, rent, utilities, and maintenance			14	4,236
	15	Printing, publications, postage, and shipping			15	2,718
	16	Other expenses (describe in Schedule O)			16	13,638
	17	**Total expenses.** Add lines 10 through 16 ▶			17	79,230
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	2,928
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	2,421
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	-2,272
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	3,077

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	4,693	22	5,349
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	0	24	
25	**Total assets**	4,693	25	5,349
26	**Total liabilities** (describe in Schedule O)	2,272	26	2,272
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	2,421	27	3,077

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Theatre Creation, Production & Teaching

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

			Expenses
28	See Schedule O (Grants $) If this amount includes foreign grants, check here ▶ [ ]	28a	36,441
29	See Schedule O (Grants $) If this amount includes foreign grants, check here ▶ [ ]	29a	9,150
30	(Grants $) If this amount includes foreign grants, check here ▶ [ ]	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ [ ]	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	45,591

Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Shannon Woolley Artistic Dir	8.00	5,850	0	0
Shannon Woolley Board Member	2.00	0	0	0
Shannon Woolley Performer	17.00	6,853	0	0
Christina Fischer PR & Marketing Dir	8.00	5,850	0	0
Christina Fischer Board Member	2.00	0	0	0
Christina Fischer Performer	17.00	6,650	0	0
Ed Koffenberger Board Member	2.00	0	0	0
Jennifer Thalman Kepler Community Outreach D	8.00	5,850	0	0
Jennifer Thalman Kepler Board Chair	2.00	0	0	0
Jennifer Thalman Kepler Performer	17.00	7,690	0	0
Aria Bailey Board Treasurer	2.00	0	0	0
Carolyn Thalman Kepler Board Secretary	2.00	0	0	0

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 **Total assets**	0	25	0
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30 (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Elizabeth Batton Sorenson Board Member	2.00	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract s[redacted] instructions for Part V) Check if the organization used Schedule O to respo[redacted]V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ______ ; section 4912 ▶ ______ ; section 4955 ▶ ______			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ ______			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ ______			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NY,KY

42a The organization's books are in care of ▶ Aria Bailey Telephone no. ▶ 502-442-9412

Located at ▶ 2053 Douglass Blvd #3 Louisville KY ZIP + 4 ▶ 40205

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶ ______			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities [redacted] to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date

ARIA BAILEY TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kenneth Kling	Kenneth Kling	01/08/14		P00235860

Firm's name ▶ Kenneth Kling, CPA PSC — Firm's EIN ▶

Firm's address ▶ 325 Chelsea Rd. Louisville, KY 40207 — Phone no. 502-287-8455

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

1157 01/08/2014 10:32 AM

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. ▶ See separate instructions [redacted]

OMB No. 1545-0047

2012

Open to Public [redacted]

Name of the organization

LOOKING FOR LILITH

Part I Reason for Public Charity Status (All organizations must complete this par [redacted]

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

DAA

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,283	14,943	29,725	31,751	46,087	138,789
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	16,283	14,943	29,725	31,751	46,087	138,789
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.						138,789

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	16,283	14,943	29,725	31,751	46,087	138,789
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 IV.)						
11 **Total support.** Add lines 7 through 10						138,789

12 Gross receipts from related activities, etc. (see instructions) **12** 36,071

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 2012 (line 6, column (f) divided by line 11, column (f)) **14** 100.00 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 **15** 100.00 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization [redacted] Part II.
If the organization fails to qualify under the tests listed below, please complete [redacted]

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations [redacted] Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any [redacted] instructions).

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 questio[redacted]
Form 990 or 990-EZ or to provide any additional information.[redacted]
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Name of the organization

LOOKING FOR LILITH

Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount
Expenses		
Public Relations & Promotion	$	1,179
Supplies	$	46
Supplies	$	125
Supplies	$	237
Telephone	$	239
Travel Expenses	$	483
Meals	$	42
Conferences, Retreats & Dues	$	110
Financing & Bank Fees	$	25
Liability Insurance	$	1,418
Other Production	$	2,919
Community Outreach Expens	$	70
Other Fundraising & Devel	$	2,785
Taxes & Licenses	$	602
Research Expenses	$	11
Reimbursement Expenses	$	3,269
Miscellaneous Expenses	$	78
Total	$	13,638

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
Move to funds allocated for next year	$	-2,272

Name of the organization

LOOKING FOR LILITH

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Funds Allocated for Next Fiscal Year	$ 2,225	$ 2,225
	$ 47	$ 47

Form 990-EZ, Part III, Line 28 - First Accomplishment

PERFORMANCE: In the fall of 2012, we produced an all-female, feminist adaptation of William Shakespeare's Much Ado About Nothing at the Alley Theatre in Louisville. In February and March of 2013, we were proud to produce the world premiere of Robin Rice Lichtig's Alice in Black and White, an original play which tells the story of Victorian photojournalist Alice Austen. This work was produced at the KY Center for the Arts' MeX Theater. In May we premiered our newest original work, Becoming Mothers, based on oral histories taken from women of diverse backgrounds reflecting on the paths that led them to motherhood. This play, sponsored by Norton Women's Healthcare, premiered at Actor's Theatre of Louisville for Mother's Day. Throughout the year, we toured CHOICES, our original play about cyberbullying and teen suicide, to high schools throughout KY. We also remounted What My Hands Have Touched: US Women in WWII for women's history month, and performed in Burgin County, KY.

Form 990-EZ, Part III, Line 29 - Second Accomplishment

COMMUNITY OUTREACH: We conducted 8 weeks of in-school residencies at Roosevelt-Perry and Bridgeport Elementary Schools, The de Paul School, and Presentation Academy, and conducted after school programs throughout the school year at 3 elementary schools. We were invited to present sessions

Name of the organization

LOOKING FOR LILITH

on our Applied Theatre work at several conferences this [redacted] the American Alliance of Theatre in Education, The Pedagogy [redacted] the Oppressed Conference, The Southeastern Theatre Conference, and the Annual Meeting of Alternate ROOTS. We formed a partnership with Jefferson County Public Schools to lead ongoing professional development for the teachers involved in 3 of the Career Academy high schools which are preparing students to enter the education field. Finally, we continued our theatre work with women in Guatemala when three Looking for Lilith artists traveled there in June to conduct workshops with women exploring the theme of domestic violence.

[redacted]

Form 990-EZ General Footnote

Description
YOU CAN SEE IN OUR PART IV ATTACHMENT THAT SEVERAL OF OUR BOD MEMBERS, WHO ARE ALSO COMPANY MEMBERS AND FOUNDER/CREATORS OF THE COMPANY, RECEIVED COMPENSATION FOR THEIR ARTISTIC, TEACHING AND NON-BOD ADMINISTRATIVE WORK THOUGH NONE FOR THEIR WORK AS BOD MEMBERS.

Form **CHAR500**	**Annual Filing for Charitable Organizations** New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	**2012**
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		**Open to Public Inspection**

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 09/01/2012 and ending (mm/dd/yyyy) 08/31/2013

b. Check if applicable for NYS:
- ☐ Address change
- ☐ Name change
- ☐ Initial filing
- ☐ Final filing
- ☐ Amended filing
- ☐ NY registration pending

c. Name of organization: LOOKING FOR LILITH

d. Fed. employer ID no. (EIN) [redacted]

e. [redacted]

f. [redacted] 347-228-6438

Number and street (or P.O. box if mail not delivered to street address): 312 CRESCENT CT

Room/suite:

City or town, state or country and zip + 4: LOUISVILLE KY 40206

g. Email

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

	Signature	Printed Name	Title	Date
a. President or Authorized Officer				
b. Chief Financial Officer or Treas.				

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check ⇨ ☒ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check ⇨ ☐ if gross receipts did not exceed $25,000 **and** assets (market value) did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. **Do not** submit a fee, **do not** complete the following schedules and **do not** submit any attachments to this form.

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? N/A ☐ **Yes*** ☐ **No**

*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? N/A ☐ **Yes*** ☐ **No**

*** If "Yes", complete Schedule 4b.**

5. Fee Submitted: See last page for **summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	$	
b. EPTL filing fee	$	25
c. **Total fee**	$	25

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• **Article 7-A**	Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0.
• **EPTL**	Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is $0.
• **Dual**	Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) **Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than $250,000	$25
up to $250,000 *	$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.

b) **EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than $50,000	$25
$50,000 or more, but less than $250,000	$50
$250,000 or more, but less than $1,000,000	$100
$1,000,000 or more, but less than $10,000,000	$250
$10,000,000 or more, but less than $50,000,000	$750
$50,000,000 or more	$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

☐ **IRS Form 990**
☐ All required schedules (including Schedule B)
☐ IRS Form 990-T

☒ **IRS Form 990-EZ**
☒ All required schedules (including Schedule B)
☐ IRS Form 990-T

☐ **IRS Form 990-PF**
☐ All required schedules (including Schedule B)
☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☐ Audit Report (total support & revenue more than $250,000)
☐ Review Report (total support & revenue $100,001 to $250,000)
☐ No Accountant's Report Required (total support & revenue not more than $100,000)

Looking for Lilith Theatre	2014-2015 Working Budget		
Estimated Income and Expenses Summary		**Budgeted 14-1**	**Budgeted Totals**
	Unearned Income		
	Donations	34,690.00	
	Grants	22,747.00	
	Total		**57,437.00**
	Earned Income		
	Box Office	6,650.00	
	Performance Bookings	10,000.00	
	Community Outreach	29,244.00	
	Merchandise Sales	2,400.00	
	Total		**48,294.00**
Total Income			**105,731.00**
Carry-Over from 13-14			7,647.00
Total Assets 2014-2015			**113,378.00**
	Total Expenses		112,378.00
Estimated Carry-over to 15-16			1,000.00
Expenses			
	Performance and Rehearsal Space		4,505.00
	General	1,560.00	
	Faith Stories Project	20.00	
	K-12	50.00	
	As it is in Heaven	1,650.00	
	Sidewinders	1,150.00	
	Choices	70.00	
	Slant	5.00	
	Conferences, Retreats and Memberships		489.00
	K-12	235.00	
	Booking/Networking	254.00	
	Printing and Duplications		5,720.00
	Faith Stories Project	150.00	
	K-12	850.00	

Looking for Lilith Theatre	2014-2015 Working Budget		
Estimated Income and Expenses Summary		Budgeted 14-1	Budgeted Totals
	As it is in Heaven	1,275.00	
	Sidewinders	1,195.00	
	Environment Play	100.00	
	Slant	50.00	
	Appeals	1,500.00	
	Admin Stipends	100.00	
	Booking/Networking	500.00	
	Mailing		520.00
	General	125.00	
	As it is in Heaven	110.00	
	Sidewinders	210.00	
	Appeals	75.00	
	Supplies		185.00
	General	60.00	
	Faith Stories Project	10.00	
	K-12	115.00	
	Costumes, Set, Props,Lighting, Sound		2,120.00
	General	100.00	
	Faith Stories Project	125.00	
	As it is in Heaven	750.00	
	Sidewinders	800.00	
	Choices	345.00	
	Research		50.00
	Environment Play	50.00	
*	Stipends and Compensations		79,520.00
	General	3,200.00	
	Faith Stories Project	4,375.00	
	K-12	12,220.00	
	As it is in Heaven	6,200.00	

Looking for Lilith Theatre	2014-2015 Working Budget		
Estimated Income and Expenses Summary		**Budgeted 14-1**	**Budgeted Totals**
	Sidewinders	4,350.00	
	Choices	4,275.00	
	Environment Play *note that for the purposes of this grant request, an additional $13,100 in stipends will be paid to contract workers in the following (15-16) calendar year.*	**3,650.00**	
	Slant	1,500.00	
	Admin Stipends	39,750.00	
	Business Travel		5,900.00
	Faith Stories Project	5,400.00	
	Prof. Services		$ 10,385.00
	General	10,385.00	
	Insurance and Taxes		1,999.00
	General	1,615.00	
	As it is in Heaven	180.00	
	Sidewinders	180.00	
	Choices	18.00	
	Slant	6.00	
	Business Meals		985.00
	Faith Stories Project	500.00	
	As it is in Heaven	100.00	
	Sidewinders	50.00	
	Fundraising Events	335.00	
Total Expenses (Totals from Column D)			**112,378.00**
Total Assests (line 20)			113, 378.00
Actual Assets going into 2015-2016 season			**1,000.00**

UnEarned Income- Donations		Total Budgeted:	$34,690.00	
	From	**Program/Project/C**	**Dept/Account Ty**	**Budgeted**
	Individual donations throughout the season (outlined in lines 9 thru 13 below)	Appeals	Development	$ 6,000.00
	Fall Appeals letter	Admin Stipends	General Operating	
	End of year appeal, thru VR	Admin Stipends	General Operating	
	Annual direct mail appeals, in March(?) with newsletter inserted	Admin Stipends	General Operating	
	End of Season letter or VR	Admin Stipends	General Operating	
	Other donations	Admin Stipends	General Operating	
	Power 2 Give (p2g)--Choices	Choices	Community Outrea	$ 2,500.00
	p2g--FSP	Faith Stories Project	Community Outrea	$ 2,750.00
	p2g--As it is in Heaven	As it is in Heaven	Productions	$ 3,500.00
	p2g--Sidewinders	Sidewinders	Productions	$ 3,500.00
	p2g-Environment Play	Environment Play	Productions	
	p2g for Spaces	General	Productions	$3,500

	p2g 12% added to each project for Fund for the Arts Costs	General	General Operating	$2,490
	Production Sponsorship	Slant	Productions	$ 1,000.00
	Production Sponsorship	As it is in Heaven	Productions	$ 1,000.00
	Production Sponsorship	As it is in Heaven	Development	$ 1,000.00
Looking for Dinner (progressive dinner in	Fundraising Events	Admin Stipends	Development	$ 600.00
Just Creations Mother's Day	Fundraising Events	Admin Stipends	Development	$150
Rocky's on the River (June	Fundraising Events	Admin Stipends	Development	$50
Comfy Cow fund days (Ju	Fundraising Events	Admin Stipends	Development	$50
Kroger Card revenue	Fundraising Events	Admin Stipends	Development	$1,200
First Presbyterian Church of Winchester and Fairfax Presbyterian Churches contributions to FSP visit	Contribution toward total expenses (this amount is balanced on travel page)	Faith Stories Projec	Community Outr	$ 5,400.00
x				
x				
x				
x				

UnEarned Income- Grants		Total Budgeted:	$22,747.00	Add in potential grants f	
		Total Actual:	$7,547.00		
		Difference	$15,200.00		
Date	**Granting Organization**	**Project/Program/Class**	**Dept/Account Type**	**Projected**	**Actual**
	KY Arts Council	Admin Stipends	General Operating	$ 1,422.00	$ 1,422.00
	KFW Artistic Enrichment	Faith Stories Project	Productions	$ 5,000.00	
	Cralle Foundation	As it is in Heaven	Productions	$ 1,000.00	
	Cralle Foundation	Sidewinders	Productions	$ 1,000.00	
	Cralle Foundation	Environment Play	Community Outreach		
	Awesome Foundation	As it is in Heaven	Productions	$ 1,000.00	
	Metro Government External Agencies Fund (received in 13-14 Fiscal Year)	Choices	Productions		$ 5,000.00
	Metro Government Neighborhood Development Fund	Environment Play	Productions	$ 5,000.00	
	VSA	K-12	Community Outreach	$ 1,200.00	
	ACA YES Seed Grant	Environment Play	Productions	$ 500.00	$ 500.00
	Barth Foundation Grant	Environment Play	Productions	$ 2,000.00	
	Open Meadows Foundation grant	Sidewinders	Productions	$ 2,000.00	
	ROOTS Artistic Assistance--Project Development	Environment Play	Productions	$ 625.00	$ 625.00
	Crescent Hill Neighborhood Developme	General	General Operating	$ 1,000.00	
	Other grants	General	General Operating	$ 1,000.00	

Income- Earned Income		Total Budgeted:	$48,294.00		
From	Income Type	Program/Project/Cla	Dept/Account Type	Budgeted	Secured
Slant Festival	Box Office	Slant	Productions	$ 150.00	
Choices in September	Box Office	Admin Stipends	Productions	100	
As it is in Heaven	Box Office	As It Is In Heaven	Productions	$ 3,200.00	
Sidewinders	Box Office	Sidewinders	Productions	$ 3,200.00	
Guate merchandise	Merchandise Sales	Admin Stipends	Community Outreach	$ 300.00	
T-shirt/sticker sales	Merchandise Sales	Admin Stipends	PR and Marketing	$ 100.00	
Sale of program space for	Merchandise Sales	Admin Stipends	PR and Marketing	$ 1,200.00	
Business Sponsorship of Afterschool flyers/snacks ($100/school/session for Winter and Spring sessions)	Merchandise Sales	Admin Stipends	PR and Marketing	$ 800.00	
Choices performances pai	Performance Bookings	Choices	Productions	$ 3,000.00	
Choices performances out	Performance Bookings	Choices	Productions	$ 2,000.00	
Other Tour Bookings	Performance Bookings	General	Productions	$ 5,000.00	
Afterschool program	Community Outreach	K-12	Community Outreach	$ 22,004.00	
Three new after school program	Community Outreach	K-12	Community Outreach	$ 4,800.00	
Boys and Girls Haven	Community Outreach	K-12	Community Outreach	$ 1,440.00	
Summer Programing	Community Outreach	Summer Camp	Community Outreach	1000	

LOOKING FOR LILITH
Theatre Company

Thanks for coming to our show! Looking for Lilith would love your feedback!

NAME OF SHOW:

I would rate the quality of this show: poor good great excellent

I would recommend this show to others: yes no

I will attend future LFL shows: yes no

What other words would you use to describe this show?

What did you find were the strongest aspects of the show (script, acting, directing, design, etc. . . ?)

Any other comments on the show?

We would also love your contact info to add you to our e-mail and/or snail mail list.
W/e-mail, you will mostly get show invites. W/snail mail, you'll also get newsletters, postcards, appeals & more.
If you'd like to give us your info, but not tied to this form, you can sign up on our mailing list in the lobby.

NAME:______________________________ E-MAIL:__________________________

ADDRESS:____

Thank you so much for taking the time to communicate with us!!

e of 2013.

LOOKING FOR LILITH
Theatre Company

Shannon Woolley
Artistic Director

Trina Fischer
PR&Marketing Director

Jennifer Thalman Kepler
Community Outreach Director

502-638-2559
www.lookingforlilith.org
312 Crescent Court, Louisville, KY 40206

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Looking for Lilith 312 Crescent Ct. Louisville, Ky 40206	1 Rents $ 2 Royalties $	OMB No. 1545-0115 **2013** Form **1099-MISC**	**Miscellaneous Income**
PAYER'S federal identification number: 30-0135891 RECIPIENT'S identification number: 406-33-1899	3 Other income $ 5 Fishing boat proceeds $	4 Federal income tax withheld $ 6 Medical and health care payments $	**Copy C For Payer**
RECIPIENT'S name, Street address (including apt. no.) City or town, province or state, country, and ZIP or foreign postal code Shannon Woolley 986 Goss ave. #1 Louisville, Ky 40217	7 Nonemployee compensation $ 13,197.50 9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐ 11 Foreign tax paid $	8 Substitute payments in lieu of dividends or interest $ 10 Crop insurance proceeds $ 12 Foreign country or U.S. possession	For Privacy Act and Paperwork Reduction Act Notice, see the **2013 General Instructions for Certain Information Returns.**
Account number (see instructions) / 2nd TIN not. ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Looking for Lilith 312 Crescent Ct. Louisville, Ky 40206	1 Rents $ 2 Royalties $	OMB No. 1545-0115 **2013** Form **1099-MISC**	**Miscellaneous Income**
PAYER'S federal identification number: 30-0135891 RECIPIENT'S identification number: 400-25-1917	3 Other income $ 5 Fishing boat proceeds $	4 Federal income tax withheld $ 6 Medical and health care payments $	**Copy C For Payer**
RECIPIENT'S name, Street address (including apt. no.) City or town, province or state, country, and ZIP or foreign postal code Christina Fischer 312 Crescent Ct. Louisville Ky 40206	7 Nonemployee compensation $ 12,285.00 9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐ 11 Foreign tax paid $	8 Substitute payments in lieu of dividends or interest $ 10 Crop insurance proceeds $ 12 Foreign country or U.S. possession	For Privacy Act and Paperwork Reduction Act Notice, see the **2013 General Instructions for Certain Information Returns.**
Account number (see instructions) / 2nd TIN not. ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Looking for Lilith 312 Crescent Ct. Louisville, Ky 40206	1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 **2013** Form **1099-MISC**	**Miscellaneous Income**
PAYER'S federal identification number 30-0135891 · RECIPIENT'S identification number 564-41-1166	5 Fishing boat proceeds $	4 Federal income tax withheld $ 6 Medical and health care payments $	**Copy C For Payer**
RECIPIENT'S name, Street address (including apt. no.) City or town, province or state, country, and ZIP or foreign postal code Jennifer Thalman Kepler 2222 Eastview Ave. Louisville, Ky 40205	7 Nonemployee compensation $ 14, 405.00 9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐ 11 Foreign tax paid $	8 Substitute payments in lieu of dividends or interest $ 10 Crop insurance proceeds $ 12 Foreign country or U.S. possession	For Privacy Act and Paperwork Reduction Act Notice, see the **2013 General Instructions for Certain Information Returns.**
Account number (see instructions) · 2nd TIN not. ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ · 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

Looking for Lilith Corporation

General Information

Organization Number	0891832
Name	Looking for Lilith Corporation
Profit or Non-Profit	N - Non-profit
Company Type	FCO - Foreign Corporation
Status	A - Active
Standing	G - Good
State	NY
File Date	7/10/2014 2:44:21 PM
Organization Date	12/21/2006
Authority Date	7/10/2014
Last Annual Report	N/A
Principal Office	312 Cresent Ct. Louisville, KY 40206
Registered Agent	Christina Alms Fischer 312 Cresent Ct. Louisville, KY 40206

Current Officers

Individuals / Entities listed at time of formation

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.

Certificate of Authority FBE	7/10/2014 2:44:22 PM	1 page	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Add	7/10/2014 2:44:21 PM	7/10/2014 2:44:21 PM	

Microfilmed Images