

O-050-23
(as amended)

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

Applicant/Program: Kentucky Shakespeare, Inc./Shakespeare in the Park
Applicant Requested Amount: \$27,000
Appropriation Request Amount: ~~\$21,000~~ \$25,500

Executive Summary of Request
Funding for performances of Kentucky Shakespeare's 90-minute production of Hamlet in various parks throughout Metro Louisville.

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

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

17 District # Martus Winkler Primary Sponsor Signature \$1,500 Amount 3-8-23 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: KQ. Krause 3/24/2023
Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Kentucky Shakespeare, Inc./Shakespeare in the Park

Additional Disclosure and Signatures**Additional Council Office Disclosure**

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

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	<i>Boyd Allen</i>	\$ 1,500
District 3	_____	\$ _____
District 4	_____	\$ 1,500
District 5	_____	\$ _____
District 6	_____	\$ 3,000
District 7	<i>Carla McHenry</i>	\$ 1,500
District 8	<i>Markus Winkler (K)</i>	\$ 1,500
District 9	<i>Andrew Owen</i>	\$ 1,500
District 10	<i>Eamon Madril</i>	\$ 1,500
District 11	_____	\$ _____
District 12	<i>Rick Blackwell</i>	\$ 1,500
District 13	<i>Dan Seum</i>	\$ 375
District 14	<i>Gindi Fowler</i>	\$ 1,500
District 15	<i>J. Crappell</i>	\$ 1,875

Applicant/Program:


Kentucky Shakespeare, Inc./Shakespeare in the Park

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	<u>Anthony Piagentini</u>	\$ 1,500
District 20	<u>Stuart Benson</u>	\$ 750
District 21	<u>Betsy Kuhn</u>	\$ 375
District 22	<u>Robin J. Engel</u>	\$ 750
District 23	<u>Jeff Hudson</u>	\$ 750
District 24	<u>Madonna Flood</u>	\$ 750
District 25	<u>Hakim Batson</u>	\$ 375
District 26	<u>Grant T. Ackerson</u>	\$ 1,500

by 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization	Kentucky Shakespeare, Inc.
Program Name and Request Amount	Shakespeare in the Park/\$27,000
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Prepared by: <i>Kip Earls</i>	Date: 3-8-23

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Kentucky Shakespeare, Inc.	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 616 Myrtle Street, Louisville, KY 40208			
Website: www.kyshakespeare.com			
Applicant Contact:	Matt Wallace	Title:	Producing Artistic Director
Phone:	502.574.9900, ex. 12	Email:	matt@kyshakespeare.com
Financial Contact:	Matt Wallace	Title:	Producing Artistic Director
Phone:	502.574.9900, ex. 12	Email:	matt@kyshakespeare.com
Organization's Representative who attended NDF Training: Matt Wallace			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Multiple - see attachment		
Council District(s):	Multiple - see attachment	Zip Code(s):	Multiple - see attachment
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Shakespeare in the Parks HAMLET Tour			
Total Request: (\$)	\$27,000	Total Metro Award (this program) in previous year: (\$)	\$26,250
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
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:	EAF Funding - Central Park	Amount: (\$)	19000
Source:	NDF - Central Park - D6	Amount: (\$)	5000
Source:	Louisville Metro CARES Funds	Amount: (\$)	10,000
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission

Grounded in the works of Shakespeare, we enrich communities through accessible, inclusive, professional theatre experiences that educate, inspire, and entertain diverse audiences.

Vision

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

About Us

Kentucky Shakespeare serves communities through the Kentucky Shakespeare Festival in Central Park, education programs for schools, public performances, and community outreach programs. Currently in its 63rd season, the Kentucky Shakespeare Festival in Central Park is the longest-running free, non-ticketed Shakespeare festival in the United States. As the most comprehensive in-school arts education provider in the Commonwealth, Kentucky Shakespeare serves schools throughout the region with interactive educational programming directly tied to academic standards, helping impact student achievement. Our many community programs explore conflict resolution, empathy building, and communication, in a range of settings from preschools to senior centers.

What we do:

- PERFORMANCES: Kentucky Shakespeare Festival in Central Park, Shakespeare in the Parks tour, Shakespeare in the Libraries tour, Indoor productions during the year
- EDUCATION PERFORMANCE AND WORKSHOP TOUR: Two-Actor Much Ado About Nothing, Shakespeare Alive!, HAMLET park spring tour, Voice of Social Change: Ira Aldridge, Living History: We the People, Living History: Kentucky History, Bard Buddies, Fairy Tales from Around the World, Hip-Hop Shakespeare, Conflict Resolution and Anti-Bullying, Acting Fundamentals, Stage Combat, Staging Shakespeare, Renaissance Dance, Discovering Shakespeare, Mathematics of Shakespearean Design, and Voices of Young Women
- CAMPS AND CLASSES: Camp Shakespeare, Shakespeare Off the Page, Stage Combat, Improv
- COMMUNITY PROGRAMS: Shakespeare with Veterans, Juvenile Justice Arts Program, Shakespeare with Immigrants and Refugees, Survivorship Shakespeare, Community Residencies

Kentucky Shakespeare has been recognized by the Folger Library and the Kentucky Humanities Council for exemplary programming, is a multiyear recipient of the National Endowment for the Arts Shakespeare in American Communities program, and is a past recipient of the Kentucky Governor's Award in the Arts. Kentucky Shakespeare has been awarded multiple LEO Weekly Reader's Choice Awards, Broadway World Louisville Regional Awards, the 2015 Center for Nonprofit Excellence's Art of Vision Pyramid Award, the 2017 Louisville Awards in the Arts Bobby Petrino Family Foundation Arts Impact Award, and the 2019 Arts for All Kentucky Community Partner Award for arts inclusion work with people with disabilities.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Kay Madrick, Norton Children's Hospital Foundation - Chair	8/2024
Kerry Wang, Treasurer - Humana	8/2024
Shannon Harris, Secretary - UPS	8/2023
Anya Bond-Beckley - DDW - Vice Chair	8/2023
Brad Comer - Republic Bank	8/2025
Alan MacDonald - Frost Brown Todd	8/2026
Liam Felsen - Frost Brown Todd	8/2024
Rosie Felfle - Liquid Design	8/2023
Jonese Franklin - 89.3 WFPL	8/2024
Jodi Smiley - Environs, Inc.	8/2026
Joan Gould - Baptist Health	8/2023
LaShondra Hood - University of Louisville African American Theatre Program	08/2024
Linc Snyder - Humana	8/2026
Tracey K'Meyer - University of Louisville History Dept.	8/2026
Brooke Zimmerman, White Clay	8/2024
Elizabeth Cherry Siebert, LG&E	8/2023

Describe the Board term limit policy:

Three year terms and three-term limit.

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

Three Highest Paid Staff Names	Annual Salary
Matt Wallace, Producing Artistic Director	98,000
Amy Attaway, Associate Artistic Director	51,000
Kyle Ware, Director of Education	51,000



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

10th Annual Shakespeare in the Parks tour this bringing an 90-minute production of HAMLET to parks.

- Saturday, April 8 at 2:00PM - Seneca Park – CM Andrew Owen, D9 (\$1,500)
- Saturday, April 8 at 6:30PM - Iroquois Park - CM Dan Seum, D13, CW Jennifer Chappell, D15, CW Betsey Ruhe, D21, CM Khalil Batshon, D25 (\$375 each)
- Friday, April 14 at 6:30PM – Highview Park – CM Jeff Hudson, D23 and CW Madonna Flood, D24 (\$750 each)
- Sunday, April 23 at 2:00PM - Windy Hills Green - CW Paula McCraney, D7 (\$1,500)
- Sunday, April 23 at 6:30PM - Hounz Lane Park - CM Markus Winkler, D17 (\$1,500)
- Saturday, April 29 at 2:00PM - Riverview Park - CM Rick Blackwell, D12 (\$1,500)
- Sunday, April 30 at 6:30PM – Sun Valley Park - CW Cindi Fowler, D14 (\$1,500)
- Sunday, May 7 at 2:00PM – Long Run Park – CM Anthony Piagentini, D19 (\$1,500)
- Wednesday, May 10 at 6:30PM - Farnsley Park – CM Brent Ackerson, D26 (\$1,500)
- Friday, May 12 at 6:30PM – Joe Creason Park - CM Pat Mulvihill, D10 (\$1,500)
- Sunday, May 14 at 2:00PM - Broad Run Park - CM Stuart Benson, D20 and CM Robin Engel, D22 (\$750 each)
- Saturday, May 20 at 2:00PM - Petersburg Park - CW Barbara Shanklin, D2 (\$1,500)
- Saturday, May 20 at 6:30PM – Tyler Park – District 8 (committed Nov. '22) (\$1,500)
- Sunday, May 21 at 6:30PM – Emerson Park - CW Jennifer Chappell, D15 (\$1,500)

There will also be events in:
-Victory Park-CM Arthur, D4 (\$1,500)
-Shelby Park and South Central Park - CM Baker, D6 (\$3,000)

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

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

Kentucky Shakespeare covers the cost of sound system and all technical elements. In the event of rain, we will have backup alternate rain spaces for each location so the program can take place regardless of weather.

Kentucky Shakespeare covers booking logistics, the cost of paid advertising on social media, postering neighborhoods, and two signs in each park. Each Council Member will receive a digital packet of advertising materials specific to their park/district for distribution in advance.

Explanations, please note:

\$1,500 from each sponsoring council member with the following exceptions:

* For the Iroquois Park performance, the \$1,500 will be split evenly (\$375 each) between Councilman Dan Seum, District 13, Councilwoman Jennifer Chappell, District 15, Councilwoman Betsey Ruhe, District 21, and Councilman Khalil Batshon, District 25

* Councilwoman Jennifer Chappell, District 15 is also sponsoring \$1,500 in her district with an Emerson Park performance

* For the Broad Run Park performance, the \$1,500 will be split in half by Councilman Stuart Benson, District 20 and Councilman Robin Engel, District 22 - \$750 each

* For the Highview Park performance, the \$1,500 will be split in half by Councilman Jeff Hudson, District 23 and Councilwoman Madonna Flood, District 24 - \$750 each

* Former District 8 Councilwoman Cassie Chambers Armstrong, District 8, committed \$1,500 for Tyler Park performance - email chain documentation attached.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This free community arts event will encourage families throughout the city to experience the arts together as we come together, safely - distanced and outdoors, to heal through accessible arts experiences.

As there is no charge for the event, all community members will have the opportunity to attend and experience this unique community service and event in their own neighborhood park.

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

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

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

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

Kentucky Shakespeare works with Louisville Metro Parks and Olmsted Parks to bring this program to multiple area Parks - approximately 30 total parks in the region booked in spring of 2023. Olmsted and Metro Parks help to publicize the events.

2023 parks tour currently sponsored by 19 Louisville Metro Council Members/Districts.

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	27,000	23000	50,000
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel		5000	5000
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts		4000	4,000
H: Program Materials		5000	5000
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment		2750	2750
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	27,000	39750	\$66,750
% of Program Budget	40 %	60 %	100%

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

Other State, Federal or Local Government	25,000
United Way	
Private Contributions (do not include individual donor names)	14,750
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	39,750

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Total			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> (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: 9/1

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

Deputy Mayor David James is an Honorary/Emeritus (non-voting) Kentucky Shakespeare Board Member.

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	3.2.23
Legal Signatory: (please print):	Matt Wallace	Title:	Producing Artistic Dir.
Phone:	502-574-9900	Extension:	12
Email:	matt@kyshakespeare.com		

Eatherly, Kip

From: Winkler, Markus
Sent: Friday, March 10, 2023 1:23 PM
To: Eatherly, Kip
Subject: Re: Shakespeare in the Park

Yes

Markus Winkler
Louisville Metro Council
District 17

From: Eatherly, Kip <Kip.Eatherly@louisvilleky.gov>
Sent: Friday, March 10, 2023 12:25:27 PM
To: Winkler, Markus <Markus.Winkler@louisvilleky.gov>
Subject: Shakespeare in the Park

The District 8 office agreed to support the Shakespeare in the Park NDF request late last year (email documentation is included in the packet). However, the district is currently without a representative on the Council. I believe the Metro Council president can sign on behalf of the district in a case like this. Do I have permission to sign on your behalf to get this filed?



Kip Eatherly

Legislative Assistant to Metro Council President Markus Winkler

Louisville Metro Council

502-574-3462

kip.eatherly@louisvilleky.gov

Louisville Metro Council, District 17

601 W Jefferson St • Louisville, KY 40202

Please make sure to stay connected with the District 17 office by clicking [here](#) to sign up for the District 17 eNewsletter

NOVEMBER EMAIL FROM DISTRICT 8 COUNCILWOMAN CASSIE CHAMBERS AMSTRONG, COMMITTING THE \$1500 D8 SUPPORT TO SPONSOR THE TYLER PARK 2023 PERFORMANCE

On Nov 30, 2022, at 1:12 PM, Metcalf, Megan <Megan.Metcalf@louisvilleky.gov> wrote:

Hi Matt,

Thank you for checking in with us! Yes, Cassie would love to sign on for a performance at Tyler Park! Please have District 8 included in the NDF request. We are very much looking forward to it.

Thank you!

Megan

Megan A. Metcalf, JD

she/her

Legislative Aide, District 8

Council Member Cassie Chambers Armstrong

(502) 574-1108

601 W. Jefferson Street

Louisville, KY 40202

<image001.gif>

From: Matt Wallace <Matt@kyshakespeare.com>

Sent: Tuesday, November 29, 2022 1:51 PM

To: Armstrong, Cassie <Cassie.Armstrong@louisvilleky.gov>

Cc: Metcalf, Megan <Megan.Metcalf@louisvilleky.gov>

Subject: 2023 tour to Tyler Park?

Good afternoon!

Can't believe it's already time to start the process of bookings for the 2023 spring Shakespeare in the Parks HAMLET tour! We would love to bring the new tour to serve District 8 again if you would be interested in sponsoring another Tyler Park performance.

Info: The cost for the performance is the same as before - \$1,500 for the performance. As before, it includes everything - the 80-90 minute show, sound system, travel, 8-actor professional cast, crew, signs, digital posters and park signage specific to your location, publicity/advertising, playbills, booking and logistics with metro parks, etc. (Here's our video illustrating the neighborhoods tour experience and impact. <https://youtu.be/bOxvcMYcpwE>)

Please let us know ASAP if you'd like to be included and we'll start the NDF paperwork again next month through the District Six office. Once I get responses of interest back over the next couple weeks and we see who is interested, we'll give some date options and start booking, trying to spread out performances/dates geographically.

Thanks for your consideration and for all you do,

Matt

Matt Wallace

Producing Artistic Director

Kentucky Shakespeare

Eatherly, Kip

From: Brent Ackerson <brent@kyfirm.com>
Sent: Monday, March 6, 2023 11:07 AM
To: Noble, Jeffrey
Cc: Eatherly, Kip; Harward, Sonya
Subject: Re: Shakespeare in the Park

CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.

Yes Jeff you can sign for me.

Sent from my iPhone

On Mar 6, 2023, at 11:04 AM, Noble, Jeffrey <Jeffrey.Noble@louisvilleky.gov> wrote:

Brent –

Please respond to this email that I can sign for you on the Shakespeare NDF. It is being handled by President Winkler's office.

Thanks.

1. Jeff

From: Eatherly, Kip <Kip.Eatherly@louisvilleky.gov>
Sent: Monday, March 6, 2023 10:13 AM
To: Howard, Caleb <Caleb.Howard@louisvilleky.gov>; Caldwell, Rhonda <Rhonda.Caldwell@louisvilleky.gov>; Presley, Jasmine <Jasmine.Presley@louisvilleky.gov>; Wohl, Geoff <Geoff.Wohl@louisvilleky.gov>; Blazis, Heather <heather.blazis@louisvilleky.gov>; Ammon, Lisa E <lisa.ammon@louisvilleky.gov>; Thieneman, Cindy <Cindy.Thieneman@louisvilleky.gov>; Lockett, Amy <Amy.Lockett@louisvilleky.gov>; Smith, Emily <Chanelle.Smith@louisvilleky.gov>; Webster, Angela <Angela.Webster@louisvilleky.gov>; Katz, Rebecca <rebecca.katz@louisvilleky.gov>; Townes, Jared <Jared.Townes@louisvilleky.gov>; Torsky, John <John.Torsky@louisvilleky.gov>; Derouen, Andrea <Andrea.Derouen@louisvilleky.gov>; Blackburn, Amanda <amanda.blackburn@louisvilleky.gov>; Noble, Jeffrey <Jeffrey.Noble@louisvilleky.gov>
Subject: Shakespeare in the Park

We are handling the NDF request for the above event. I'd like to get signatures this week, if possible. If you can sign, let me know (and don't forget to send me an email where your boss confirms that for the clerk). If I need to get the councilperson's signature, please let me know a good time to do that.

Thanks.



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Kentucky Shakespeare

Grantee Representative Name: Matt Wallace

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

Please check:



I viewed the NDF training material on the website

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

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

Grantee Representative Signature

2.21.23

Date

NOTE: Please return to Roxanne Steele

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

Fax: 502-574-3219

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



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752857510
Nov. 17, 2014 LTR 4168C 0
61-6036654 201312 67

00021617
BODC: TE

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



014000

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

Dear Taxpayer:

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

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

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

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

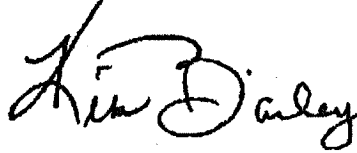
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third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

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

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

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

Sincerely yours,

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

Kim D. Bailey
Operations Manager, AM Operations 3

Kentucky Shakespeare - 2022-2023 Approved Budget

INCOME

3000 CONTRIBUTED INCOME

3010 Corporate

Total 3010 Corporate \$80,000

3020 Foundation

Total 3020 Foundation \$295,000

3030 Government

Total 3030 Government \$138,000

3040 Individuals

3041 Barreling/Park \$46,000

3042 Board \$30,000

3043 Patrons - Restricted \$45,000

3044 Patrons - Sustainers \$7,000

3045 Patron - Unrestricted \$170,000

Total 3040 Individuals \$298,000

Total 3000 Contributed Income \$811,000

4000 EARNED INCOME

4010 Production - Summer

4011 Bar \$51,000

4012 Concessions \$16,000

4013 Merchandise \$26,000

Total 4010 Production Summe \$93,000

4100 Programs

4110 Touring Programs \$185,000

4200 Youth Tuition \$53,000

Total 4110 Touring Programs \$238,000

4300 Indoor Productions - two

4310 Tickets \$85,000

4320 Bar \$3,500

4330 Merchandise \$8,000

Total 4300 Fall Production \$96,500

4500 Other Earned Income

4510 Miscellaneous Income \$30,000

4520 Rentals \$1,500

4530 Special Events \$25,000

Total 4500 Other Earned Incoi \$14,000

Total 4000 Earned Income \$441,500

5000 IN-KIND CONTRIBUTIONS

Total In-Kind Contributions \$30,082

5100 Discounts \$13,000

TOTAL INCOME \$1,269,582

Kentucky Shakespeare - 2022-2023 Approved Budget

EXPENSE

6000 ADMINISTRATION

6010 Communications - phone, Internet	\$2,200
6030 Equipment leases (meter, copier)	\$2,500
6050 Membership and Dues	\$710
6060 Miscellaneous	\$1,500
6070 Office Supplies	\$2,000
6090 Postage	\$2,000
6100 Professional Fees	
6101 Auditor/Accountant	\$13,700
Total Professional Fees	\$13,700
6110 Rent	
6111 Office	\$33,600
6112 Parking	\$15
6113 Warehouse	\$16,290
Total 6110 Rent	\$49,905
6120 Refund	\$1,000
6130 Salaries	
Total 6130 Salaries	\$320,000
6140 Service Fees and Charges	
Total 6140 Service Fees and Cl	\$14,855
6150 Subscriptions and Publications	\$298

Total 600 Administration \$409,668

Total 6200 Development \$25,590

Total 6300 Education \$217,777

Total 6400 Production 1 - Fall \$48,000

Total 6460 Production 2 - Winter \$60,110

Total Production - Summer \$368,408

7000 OTHER TYPES OF EXPENSES

7010 Insurances	
Total 7010 Insurances	\$74,064
7020 Sales and Use Tax	\$4,000
7030 Payroll Expenses	
Total 7030 Payroll Expense	\$30,000
Total 7000 Other Types of Expenses	\$108,064

Total Expense \$1,237,617

Kentucky Shakespeare - 2022-2023 Approved Budget

Net Income	\$31,965
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Kentucky Shakespeare, Inc.

Balance Sheet

As of February 28, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1000 Republic Bank - Checking	61,316.80
1010 Republic Bank - Savings	5,035.00
1015 Republic Bank - Fundraising	0.00
1020 Fifth Third - Checking	0.00
1040 In-Kind	0.00
Total Bank Accounts	\$66,351.80
Accounts Receivable	
1100 Accounts Receivable	62,809.92
Total Accounts Receivable	\$62,809.92
Other Current Assets	
1060 Grants Receivable	0.00
1200 Undeposited Funds	147.54
1240 Prepaid Expenses	0.00
1250 Payroll Refunds	0.00
Total Other Current Assets	\$147.54
Total Current Assets	\$129,309.26
Fixed Assets	
1300 Furniture and Equipment	419.75
1305 Property & Equipment	58,628.41
1310 KSF Equipment	33,219.07
1311 Vehicles	59,986.00
1312 Accum Deprec Vehicles	-35,098.77
1313 Lighting & Sound Equipment	125,981.24
1320 Accum Deprec Equipment	-130,343.11
1321 Accum Deprec Furn/Fix	0.00
1330 Leasehold Improvements	877,963.23
1340 Accum Deprec Leaseholds	-344,625.51
1350 Furniture & Fixtures	4,822.05
Total 1300 Furniture and Equipment	650,952.36
Total Fixed Assets	\$650,952.36
TOTAL ASSETS	\$780,261.62

Kentucky Shakespeare, Inc.

Balance Sheet

As of February 28, 2023

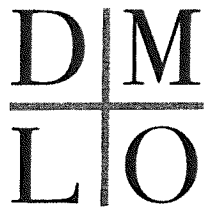
	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
2010 Credit Card Charges	
2011 Chase	1,104.27
2012 Lowes	0.00
2013 American Express	-2,064.91
Total 2010 Credit Card Charges	-960.64
Total Credit Cards	\$ -960.64
Other Current Liabilities	
2075 Deferred Income	10,720.00
2100 Other Current Liabilities	
2150 Sales & Use Tax Payable	0.00
Total 2100 Other Current Liabilities	0.00
2200 Payroll Tax Liabilities	-10,019.15
2210 Federal Withholding - 941	0.00
2220 State Withholding - K1	0.00
2230 Local Withholding - W1	0.00
2232 KY State Unemployment	0.00
2240 Direct Deposit Liabilities	0.00
2250 Medicare	0.00
2251 Employee Medicare	0.00
2252 Company Medicare	0.00
Total 2250 Medicare	0.00
2260 Social Security	0.00
2261 Employee Social Security	0.00
2262 Company Social Security	0.00
Total 2260 Social Security	0.00
Total 2200 Payroll Tax Liabilities	-10,019.15
2222 Current Maturities of LTD	869.43
2241 Direct Deposit Payable	0.00
2270 Employee 403B Retire Plan	0.00
2271 403B Company Match	1,995.73
2272 403B Employee Contribution	0.00

Kentucky Shakespeare, Inc.

Balance Sheet

As of February 28, 2023

	TOTAL
Total 2270 Employee 403B Retire Plan	1,995.73
2273 Payroll Liabilities	
2274 Federal Taxes (941/944)	0.00
2275 American Funds	-13,458.41
2276 Humana-Dependent	0.00
2277 KY Income Tax	-2,116.94
2278 KY Local Tax	0.00
2279 KY Unemployment Tax	0.00
2280 Rent	0.00
Total 2273 Payroll Liabilities	-15,575.35
2313 PPP Loan	0.00
2400 Accrued Interest - SBA Loan	5,198.50
Total Other Current Liabilities	\$ -6,810.84
Total Current Liabilities	\$ -7,771.48
Long-Term Liabilities	
2300 Long Term Liabilities	
2310 Prior Years - Federal	33,944.23
2311 SBAD Loan	146,566.57
2312 CL SBA Loan	0.00
2320 Prior Years - Unemployment	0.00
2330 Chrysler Town & Country	0.00
Total 2300 Long Term Liabilities	180,510.80
Total Long-Term Liabilities	\$180,510.80
Total Liabilities	\$172,739.32
Equity	
2340 Opening Balance Equity	447,233.95
32000 2370 Unrestricted Net Assets	177,715.97
Net Income	-17,427.62
Total Equity	\$607,522.30
TOTAL LIABILITIES AND EQUITY	\$780,261.62



deming malone
livesay + ostroff

February 24, 2023

Mr. Matt Wallace
Kentucky Shakespeare, Inc.
616 Myrtle Street
Louisville, KY 40208

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

A handwritten signature in cursive script that reads "Deming, Malone, Livesay & Ostroff".

Enclosures

301 E. Elm Street
New Albany, Indiana 47150
T: 812.945.5236
F: 812.949.4095

9300 Shelbyville Road
Suite 1100
Louisville, Kentucky 40222
T: 502.426.9660
F: 502.425.0883

131 E. Chestnut Street
Corydon, Indiana 47112
T: 812.738.3516
F: 812.738.3519

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. KENTUCKY SHAKESPEARE, INC.	Taxpayer identification number (TIN) 61-6036654
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 616 MYRTLE ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40208	

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

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

KENTUCKY SHAKESPEARE, INC.

• The books are in the care of ▶ **616 MYRTLE ST - LOUISVILLE, KY 40208**

Telephone No. ▶ **(502) 574-9900**

Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **JULY 17, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **SEP 1, 2021**, and ending **AUG 31, 2022**.

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

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

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

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KENTUCKY SHAKESPEARE, INC.		D Employer identification number 61-6036654
	Doing business as		E Telephone number (502) 574-9900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,246,485.
	616 MYRTLE ST		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40208		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MATT WALLACE SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: KYSHAKESPEARE.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1960 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENRICHING COMMUNITIES THROUGH ACCESSIBLE, INCLUSIVE, PROFESSIONAL THEATRE EXPERIENCES.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 10
	6 Total number of volunteers (estimate if necessary) 6 100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 1,177,978. Current Year 937,153.
	9 Program service revenue (Part VIII, line 2g) Prior Year 210,116. Current Year 301,036.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year 0. Current Year 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Prior Year 14,950. Current Year 8,296.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 1,403,044. Current Year 1,246,485.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Prior Year 0. Current Year 0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) Prior Year 0. Current Year 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Prior Year 433,797. Current Year 426,684.
	16a Professional fundraising fees (Part IX, column (A), line 11e) Prior Year 0. Current Year 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 70,804.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Prior Year 709,086. Current Year 911,827.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Prior Year 1,142,883. Current Year 1,338,511.
19 Revenue less expenses. Subtract line 18 from line 12 Prior Year 260,161. Current Year -92,026.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 944,232. End of Year 820,717.
	21 Total liabilities (Part X, line 26) Beginning of Current Year 262,107. End of Year 230,618.
	22 Net assets or fund balances. Subtract line 21 from line 20 Beginning of Current Year 682,125. End of Year 590,099.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MATT WALLACE, PRODUCING ARTISTIC DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHRISTINE N KOENIG	Preparer's signature CHRISTINE N KOENIG	Date 02/23/23	Check if self-employed <input type="checkbox"/>	PTIN P01022180
	Firm's name DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN 61-1064249	Firm's address 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187	Phone no. (502) 426-9660	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GROUNDED IN THE WORKS OF SHAKESPEARE, WE ENRICH COMMUNITIES THROUGH ACCESSIBLE, INCLUSIVE, PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE, INSPIRE, AND ENTERTAIN DIVERSE AUDIENCES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 698,105. including grants of \$) (Revenue \$ 138,388.) THE OFFICIAL SHAKESPEARE FESTIVAL OF THE COMMONWEALTH OF KENTUCKY, KENTUCKY SHAKESPEARE, INC. PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE PUBLIC.

4b (Code:) (Expenses \$ 427,459. including grants of \$) (Revenue \$ 169,269.) THE ORGANIZATION OPERATES AN EDUCATIONAL OUTREACH PROGRAM OFFERED THROUGHOUT THE KENTUCKIANA AREA WITH PROGRAMS FOR SCHOOLS, ADULTS, VETERANS, AND VULNERABLE GROUPS WITHIN THE COMMUNITY. KENTUCKY SHAKESPEARE, INC. IS THE MOST COMPREHENSIVE IN-SCHOOL ARTS EDUCATION PROVIDER IN THE COMMONWEALTH OF KENTUCKY.

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

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

4e Total program service expenses 1,125,564.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through J.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various IRS requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational status.

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 15
b Enter the number of voting members included on line 1a, above, who are independent 15
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? X
6 Did the organization have members or stockholders? X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body? X
b Each committee with authority to act on behalf of the governing body? X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X

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

10a Did the organization have local chapters, branches, or affiliates? X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done
13 Did the organization have a written whistleblower policy? X
14 Did the organization have a written document retention and destruction policy? X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official X
b Other officers or key employees of the organization X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website [X] Upon request Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KENTUCKY SHAKESPEARE, INC. - (502) 574-9900
616 MYRTLE ST, LOUISVILLE, KY 40208

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATT WALLACE PRODUCING ARTISTIC DIRECTO	40.00			X			98,923.	0.	13,093.	
(2) KAY MADRICK HOWARD BOARD CHAIR	1.00	X		X			0.	0.	0.	
(3) ANYA BOND-BECKLEY VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) KERRY WANG TREASURER	1.00	X		X			0.	0.	0.	
(5) SHANNON HARRIS SECRETARY	1.00	X		X			0.	0.	0.	
(6) BRAD COMER DIRECTOR	1.00	X					0.	0.	0.	
(7) ROSIE FELFLE DIRECTOR	1.00	X					0.	0.	0.	
(8) LIAM FELSEN DIRECTOR	1.00	X					0.	0.	0.	
(9) JONESE FRANKLIN DIRECTOR	1.00	X					0.	0.	0.	
(10) JOAN GOULD DIRECTOR	1.00	X					0.	0.	0.	
(11) LASHONDRA HOOD DIRECTOR	1.00	X					0.	0.	0.	
(12) TRACY K'MEYER DIRECTOR	1.00	X					0.	0.	0.	
(13) ELIZABETH CHERRY SIEBERT DIRECTOR	1.00	X					0.	0.	0.	
(14) JODI SMILEY DIRECTOR	1.00	X					0.	0.	0.	
(15) LINCOLN SNYDER DIRECTOR	1.00	X					0.	0.	0.	
(16) BROOKE ZIMMERMAN DIRECTOR	1.00	X					0.	0.	0.	
(17) PHILLIP ALLEN EX OFFICIO/EMERITUS	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MERA COSSEY CORLETT EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(19) DAVID JAMES EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(20) DR. JONATHAN C. SMITH EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(21) DR. PETER TANGUAY EX OFFICIO/EMERITUS	1.00	X						0.	0.	0.
(22) BLAKE COUNSELL DIRECTOR (PREVIOUS)	1.00	X						0.	0.	0.
(23) KEVIN GIBSON DIRECTOR (PREVIOUS)	1.00	X						0.	0.	0.
(24) LANE DENALI HETTICH DIRECTOR (PREVIOUS)	1.00	X						0.	0.	0.
(25) CATHRYN MILLER DIRECTOR (PREVIOUS)	1.00	X						0.	0.	0.
(26) ERIN PATERNOSTER VICE DIRECTOR (PREVIOUS)	1.00	X						0.	0.	0.
1b Subtotal								98,923.	0.	13,093.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								98,923.	0.	13,093.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	291,417.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	645,736.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,000.				
	h Total. Add lines 1a-1f			937,153.			
Program Service Revenue	2 a EDUCATION PROGRAMS	Business Code	711190	165,626.	165,626.		
	b PRODUCTIONS	Business Code	711190	135,410.	135,410.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			301,036.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		1,675.			
		b Less: direct expenses	8b	0.			
	c Net income or (loss) from fundraising events			1,675.		1,675.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	711190	6,621.	6,621.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			6,621.			
12 Total revenue. See instructions			1,246,485.	307,657.	0.	1,675.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,237.	48,692.	19,250.	45,295.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	253,689.	210,755.	35,755.	7,179.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	29,432.	25,021.	4,107.	304.
10 Payroll taxes	30,326.	21,765.	4,523.	4,038.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,203.		14,203.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	72.		72.	
12 Advertising and promotion	53,118.	48,716.	2,427.	1,975.
13 Office expenses	22,037.	2,950.	12,965.	6,122.
14 Information technology				
15 Royalties				
16 Occupancy	49,155.	39,747.	9,072.	336.
17 Travel	20,637.	20,637.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,193.	2,826.	3,367.	
20 Interest	4,125.		4,125.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,082.	77,157.	4,925.	
23 Insurance	34,152.	30,737.	3,415.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ACTORS CONTRACTS	291,265.	291,265.		
b PRODUCTION EXPENSE	210,845.	207,859.	2,986.	
c EDUCATION EXPENSE	97,437.	97,437.		
d BANK CHARGES	14,466.		14,466.	
e All other expenses	12,040.		6,485.	5,555.
25 Total functional expenses. Add lines 1 through 24e	1,338,511.	1,125,564.	142,143.	70,804.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	181,051.	1	54,825.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	232,470.	3	201,737.
	4 Accounts receivable, net	2,421.	4	1,200.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,639.	9	1,777.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,153,327.		
	b Less: accumulated depreciation	10b 592,149.	522,651.	10c 561,178.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		944,232.	16 820,717.	
Liabilities	17 Accounts payable and accrued expenses	101,387.	17	75,848.
	18 Grants payable		18	
	19 Deferred revenue	10,720.	19	4,770.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000.	23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		262,107.	26 230,618.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	460,789.	27	406,498.
	28 Net assets with donor restrictions	221,336.	28	183,601.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	682,125.	32	590,099.
33 Total liabilities and net assets/fund balances	944,232.	33	820,717.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,246,485.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,338,511.
3	Revenue less expenses. Subtract line 2 from line 1	3	-92,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	682,125.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	590,099.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	516,131.	743,302.	747,124.	1177978.	937,153.	4121688.
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	516,131.	743,302.	747,124.	1177978.	937,153.	4121688.
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)						188,837.
6 Public support. Subtract line 5 from line 4.						3932851.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	516,131.	743,302.	747,124.	1177978.	937,153.	4121688.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,871.	4,462.	4,655.	8,700.	6,621.	36,309.
11 Total support. Add lines 7 through 10						4157997.
12 Gross receipts from related activities, etc. (see instructions)					12	1,440,551.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.59	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.55	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, foreign control, and excess business holdings.

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

KENTUCKY SHAKESPEARE, INC.

61-6036654

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization KENTUCKY SHAKESPEARE, INC.	Employer identification number 61-6036654
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>184,070.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>19,633.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>110,449.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENTUCKY SHAKESPEARE, INC.	Employer identification number 61-6036654
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	 <hr/> <hr/> <hr/>	\$ <u>24,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	 <hr/> <hr/> <hr/>	\$ <u>28,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	 <hr/> <hr/> <hr/>	\$ <u>59,335.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENTUCKY SHAKESPEARE, INC.	Employer identification number 61-6036654
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization KENTUCKY SHAKESPEARE, INC.	Employer identification number 61-6036654
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization KENTUCKY SHAKESPEARE, INC. Employer identification number 61-6036654

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		872,273.	394,004.	478,269.
d Equipment		216,751.	155,605.	61,146.
e Other		64,303.	42,540.	21,763.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				561,178.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,254,485.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	8,000.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		8,000.
3	Subtract line 2e from line 1		3	1,246,485.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,246,485.

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

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

1	Total expenses and losses per audited financial statements		1	1,346,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	8,000.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		8,000.
3	Subtract line 2e from line 1		3	1,338,511.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,338,511.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

AS OF AUGUST 31, 2022 AND 2021, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number

61-6036654

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

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

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

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

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

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

FORM 990, PART XII, LINE 2C:

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

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

* * * * *

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

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

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

ARTICLE I

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

ARTICLE II

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

ARTICLE III

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

ARTICLE IV

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

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

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

ARTICLE V

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

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

ARTICLE VI

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


ARTICLE VII

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

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

ARTICLE VIII

The corporation shall be governed by its By-laws.


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

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Kentucky Shakespeare Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ► 501c3 not-for-profit charitable organization</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 616 Myrtle Street</p> <p>6 City, state, and ZIP code Louisville, KY 40208</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
-					-				
or									
Employer identification number									
6	1	-	6	0	3	6	6	5	4

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ►	Date ► 1/27/23
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

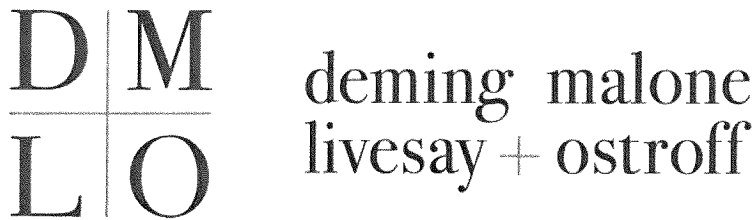
Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

KENTUCKY SHAKESPEARE, INC.
FINANCIAL STATEMENTS
Years Ended August 31, 2022 and 2021

Table of Contents

	Page
Independent Auditors' Report	1 and 2
Financial Statements	
Statements of financial position	3
Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7-16



Independent Auditors' Report

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

Opinion

We have audited the accompanying financial statements of Kentucky Shakespeare, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kentucky Shakespeare, Inc. as of August 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kentucky Shakespeare, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kentucky Shakespeare, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kentucky Shakespeare, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kentucky Shakespeare, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Deming, Malone, Lussary & Ostroff

Louisville, Kentucky
January 30, 2023

KENTUCKY SHAKESPEARE, INC.
STATEMENTS OF FINANCIAL POSITION
August 31, 2022 and 2021

Assets	<u>2022</u>	<u>2021</u>
Current Assets		
Cash and cash equivalents	\$ 54,825	\$ 181,051
Grants receivable	201,737	232,470
Other receivables	1,200	2,421
Prepaid expenses	<u>1,776</u>	<u>5,639</u>
Total current assets	<u>259,538</u>	<u>421,581</u>
 Property and Equipment		
Leasehold improvements	872,273	755,981
Vehicles	59,986	59,986
Furniture, fixtures and equipment	<u>221,069</u>	<u>216,751</u>
	1,153,328	1,032,718
Less accumulated depreciation	<u>592,149</u>	<u>510,067</u>
	<u>561,179</u>	<u>522,651</u>
Total assets	<u>\$ 820,717</u>	<u>\$ 944,232</u>

See Notes to Financial Statements.

Liabilities and Net Assets	<u>2022</u>	<u>2021</u>
Current Liabilities		
Accounts payable	\$ 39,475	\$ 555
Accrued expenses	36,373	100,832
Deferred revenue	4,770	10,720
Current maturities of notes payable	<u>2,491</u>	<u>869</u>
Total current liabilities	83,109	112,976
Long-Term Liabilities		
Notes payable, less current maturities	<u>147,509</u>	<u>149,131</u>
Total liabilities	<u>230,618</u>	<u>262,107</u>
Net Assets		
Without donor restrictions	406,498	460,789
With donor restrictions	<u>183,601</u>	<u>221,336</u>
Total net assets	<u>590,099</u>	<u>682,125</u>
Total liabilities and net assets	<u>\$ 820,717</u>	<u>\$ 944,232</u>

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF ACTIVITIES
Years Ended August 31, 2022 and 2021

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenues and Other Support			
Grants	\$ 139,198	\$ 415,795	\$ 554,993
Contributions	211,356	53,355	264,711
Small Business Administration grants		110,449	110,449
Small Business Administration loan forgiveness			
Gifts in-kind	15,000		15,000
Education programs	165,626		165,626
Productions	135,410		135,410
Special events	1,675		1,675
Other income	6,621		6,621
	674,886	579,599	1,254,485
Net assets released from restrictions	617,334	(617,334)	
Total revenues and other support	1,292,220	(37,735)	1,254,485
Expenses			
Program services	1,133,564		1,133,564
Management and general	142,143		142,143
Fundraising	70,804		70,804
Total expenses	1,346,511		1,346,511
Net change in total net assets	(54,291)	(37,735)	(92,026)
Net assets, beginning of year	460,789	221,336	682,125
Net assets, end of year	\$ 406,498	\$ 183,601	\$ 590,099

See Notes to Financial Statements.

2021

<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
\$ 62,563	\$ 410,338	\$ 472,901
218,385	233,170	451,555
	220,897	220,897
	10,000	10,000
31,888	12,625	44,513
113,114		113,114
97,002		97,002
6,250		6,250
8,700		8,700
<u>537,902</u>	<u>887,030</u>	<u>1,424,932</u>
<u>868,922</u>	<u>(868,922)</u>	
<u>1,406,824</u>	<u>18,108</u>	<u>1,424,932</u>
925,920		925,920
175,338		175,338
<u>63,513</u>		<u>63,513</u>
<u>1,164,771</u>		<u>1,164,771</u>
242,053	18,108	260,161
<u>218,736</u>	<u>203,228</u>	<u>421,964</u>
<u>\$ 460,789</u>	<u>\$ 221,336</u>	<u>\$ 682,125</u>

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended August 31, 2022 and 2021

	2022					
	Productions	Education	Total Program Services	Management and General	Fund- raising	Total
Salaries	\$ 72,923	\$ 180,699	\$ 253,622	\$ 52,702	\$ 47,055	\$ 353,379
Employee benefits	8,869	21,977	30,846	6,410	5,723	42,979
Payroll taxes	6,258	15,507	21,765	4,523	4,038	30,326
Actors contracts	291,265		291,265			291,265
Production	104,783		104,783			104,783
Housing	18,454	29,195	47,649			47,649
Merchandise and concessions	41,097		41,097			41,097
Education contract labor		93,247	93,247			93,247
Education		4,190	4,190			4,190
Advertising	41,471	7,245	48,716	2,427	1,975	53,118
Rent	28,344	11,403	39,747	9,072	336	49,155
Insurance	22,199	8,538	30,737	3,415		34,152
Equipment rental and expense	22,330		22,330	2,986		25,316
Office supplies				11,673	6,014	17,687
Bank, credit card, and service fees				14,466		14,466
Professional fees				14,275		14,275
Telephone	217	1,625	1,842	217	108	2,167
Dues, subscriptions, taxes, and licenses	1,108		1,108	1,075		2,183
Travel		20,637	20,637			20,637
Conferences		2,826	2,826	3,367		6,193
Interest				4,125		4,125
Development					5,555	5,555
Miscellaneous				6,485		6,485
Total expenses before depreciation	659,318	397,089	1,056,407	137,218	70,804	1,264,429
Depreciation	46,787	30,370	77,157	4,925		82,082
Total	\$ 706,105	\$ 427,459	\$ 1,133,564	\$ 142,143	\$ 70,804	\$ 1,346,511

See Notes to Financial Statements.

2021

<u>Productions</u>	<u>Education</u>	<u>Total Program Services</u>	<u>Management and General</u>	<u>Fund- raising</u>	<u>Total</u>
\$ 74,598	\$ 173,141	\$ 247,739	\$ 65,248	\$ 46,135	\$ 359,122
9,396	21,808	31,204	8,218	5,811	45,233
6,116	14,195	20,311	5,349	3,782	29,442
196,126		196,126			196,126
98,730		98,730			98,730
5,601	15,686	21,287			21,287
24,166		24,166			24,166
	72,963	72,963			72,963
	7,120	7,120			7,120
49,994	6,480	56,474	1,716	1,505	59,695
16,395	17,444	33,839	17,444	302	51,585
21,101	6,029	27,130	3,014		30,144
16,798	3,865	20,663	2,813		23,476
			16,335	3,813	20,148
			13,155		13,155
			10,965		10,965
210	3,143	3,353	629	210	4,192
			1,939		1,939
38	5,682	5,720			5,720
			729		729
			7,157		7,157
				1,955	1,955
			17,517		17,517
519,269	347,556	866,825	172,228	63,513	1,102,566
49,764	9,331	59,095	3,110		62,205
<u>\$ 569,033</u>	<u>\$ 356,887</u>	<u>\$ 925,920</u>	<u>\$ 175,338</u>	<u>\$ 63,513</u>	<u>\$ 1,164,771</u>

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF CASH FLOWS
Years Ended August 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash Flows from Operating Activities		
Cash received from grants and contributions	\$ 682,677	\$ 619,598
Cash received from SBA grants	110,449	220,897
Cash received from productions, education and other sources	304,603	206,996
Cash paid to suppliers and employees	(1,228,933)	(1,051,802)
Interest paid	<u>(1,958)</u>	<u>(1,958)</u>
Net cash used in operating activities	<u>(131,204)</u>	<u>(6,269)</u>
Cash Flows Used in Investing Activities		
Expenditures for property and equipment	<u>(103,447)</u>	<u>(286,439)</u>
Cash Flows Provided by Financing Activities		
Contributions and grants restricted for property and equipment	<u>108,425</u>	<u>248,950</u>
Net change in cash and cash equivalents	(126,226)	(43,758)
Cash and cash equivalents, beginning of year	<u>181,051</u>	<u>224,809</u>
Cash and cash equivalents, end of year	<u>\$ 54,825</u>	<u>\$ 181,051</u>

See Notes to Financial Statements.

	<u>2022</u>	<u>2021</u>
Reconciliation of Net Change in Total Net Assets to Net Cash Used in Operating Activities		
Net change in total net assets	\$ (92,026)	\$ 260,161
Adjustments to reconcile net change in total net assets to net cash used in operating activities:		
Depreciation	82,082	62,205
Contributions and grants restricted for property and equipment	(108,425)	(248,950)
Donated property and equipment		(12,625)
Small Business Administration loan forgiveness		(10,000)
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	30,733	(55,908)
Other receivables	1,221	(1,412)
Prepaid expenses	3,863	23,201
Increase (decrease) in:		
Accounts payable	21,757	555
Accrued expenses	(64,459)	(6,838)
Deferred revenue	<u>(5,950)</u>	<u>(16,658)</u>
Total adjustments	<u>(39,178)</u>	<u>(266,430)</u>
Net cash used in operating activities	\$ (131,204)	\$ (6,269)

Supplemental Schedule of Non-Cash Investing and Financing Activities

Purchases of property and equipment in accounts payable	<u>\$ 17,163</u>	
Donation of property and equipment		<u>\$ 12,625</u>
SBA loan forgiveness		<u>\$ 10,000</u>

KENTUCKY SHAKESPEARE, INC.

NOTES TO FINANCIAL STATEMENTS

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

Nature of operations:

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

During the year ended August 31, 2021, the Organization began a multi-phase capital campaign to raise funds for the renovation of its administrative office, costume shop, and rehearsal space. The total approximate goal of the campaign was \$360,000. The campaign was completed during the year ended August 31, 2022 with nearly \$360,000 contributed to the Organization.

Summary of significant accounting policies:

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

Basis of presentation:

The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting. The Organization is required to report information regarding its financial position and activities according to the two classes of net assets – with donor restrictions and without donor restrictions:

Net assets without donor restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

NOTES TO FINANCIAL STATEMENTS

Net assets with donor restrictions – Net assets subject to donor- (or certain grantor-) imposed restrictions. The Organization’s donor-imposed restrictions are temporary in nature that will be met by the passage of time or other events specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Cash and cash equivalents:

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

Grants receivable:

The valuation of grants receivable is based upon historical experience and management’s evaluation of the current status of receivables. Receivables are considered uncollectible if payment is not received in accordance with the contractual terms. The allowance account is maintained equal to the estimated uncollectible portion of receivables. It is the Organization’s policy to charge off uncollectible receivables to the allowance account when management determines they will not be collected. As of August 31, 2022 and 2021, there is no allowance recorded as balances are considered fully collectible.

Property, equipment and depreciation:

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

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

Deferred revenue:

Deferred revenue represents contract liabilities for education programs received in advance for future activities and programs. The beginning of year deferred revenue balances are \$10,720 and \$27,378 for the years ending August 31, 2022 and 2021, respectively. Contract revenues are reported in the fiscal year in which they are earned.

NOTES TO FINANCIAL STATEMENTS

Revenue recognition:

Contract revenue:

The Organization's contract revenues are derived primarily from education programs and activities, and sales of tickets and merchandise. Revenue is recognized at a point in time or over time as the performance obligations are satisfied.

Revenue from education programs is recognized at a point in time as the programs are performed. These programs have set rates depending on the length and the type of program with payments made in advance of the performance. The Organization also receives revenue from educational camps held during summer. Revenue from these camps is recognized over time as instructional services are rendered over a period ranging from 1 – 5 weeks, depending on the duration of the camp. Camp tuition is recognized using the input method as time has elapsed.

The Organization recognizes revenue from sales of tickets, drinks and merchandise at the point in time the items are provided or the ticketed event occurs satisfying the performance obligation. The transaction price varies based on the item or type of event ticket purchased. Payments are made in advance or at the time of purchase.

Approximately 24% and 15% of the Organization's revenues are derived under contracts for the years ending August 31, 2022 and 2021, respectively. Contract revenues are reported as Education Programs and Productions on the statements of activities. For the year ending August 31, 2022, approximately 86% of contract revenue resulted from performance obligations that were satisfied at a point in time and 14% resulted from performance obligations that were satisfied over time. For the year ending August 31, 2021, approximately 77% of contract revenue resulted from performance obligations that were satisfied at a point in time and 23% resulted from performance obligations that were satisfied over time.

The Organization has determined that the nature, amount, timing and uncertainty of contract revenues and cash flows are affected by the economy, public health regulations, and general public support.

Contributions and grants:

Contributions and grants received are measured at their fair values and reported as an increase in net assets in the year in which the related contribution is made. Donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Conditional promises to give are not included as contributions until the conditions are substantially met.

NOTES TO FINANCIAL STATEMENTS

In-kind contributions:

The Organization received the following in-kind contributions for the years ended August 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Services:		
Bartending services	\$ 8,000	\$10,000
Dry-cleaning services	2,000	
Goods, Rent:		
Marketing	5,000	10,000
Leasehold improvements		12,625
Rent	<u> </u>	<u>11,888</u>
	<u>\$15,000</u>	<u>\$44,513</u>

In-kind contributions are reported as contributions at their estimated fair value on the date of receipt and reported as expenses when utilized. Estimated fair value is determined based on information provided by the donor regarding the value of goods and services received or comparable rent rates in the local market. The Organization's policy is to utilize in-kind contributions. The Organization did not monetize any in-kind contributions for the years ended August 31, 2022 and 2021.

In-kind marketing consists of signage and design utilized to promote the Organization and its services. A portion of the rent expense for the prior administrative office building was contributed for the year ended August 31, 2021. The Organization was notified in February 2020 that the building was sold by its owner, and the Organization vacated that office space and moved into new administrative office space in May 2021 for which no in-kind rent is received. However, leasehold improvements were made to the new administrative office during the year ended August 31, 2021, which were donated to the Organization.

Contributed services must meet the specific expertise requirements and would normally have been purchased before they are recorded. For the years ended August 31, 2022 and 2021, in-kind bartending services of \$8,000 and \$10,000, respectively, were recognized for concession services at productions. For the year ending August 31, 2022, in-kind dry-cleaning services of \$2,000 were recognized for production materials.

Special events:

Special events revenue is recorded equal to the cost of the direct benefit to donors and the related contribution from the donor. Special events are presented net of the costs of direct benefit to donors on the statements of activities.

NOTES TO FINANCIAL STATEMENTS

Functional expenses:

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is constantly applied. The expenses are allocated on the basis of estimates of time and effort.

Advertising:

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2022 and 2021 was \$53,118 and \$59,695, respectively.

Use of estimates:

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

Income taxes:

The Organization is exempt from federal, state and local income taxes as a not-for-profit organization as described under Section 501(c)(3) of the Internal Revenue Code. The Organization files an informational tax return in the U.S. federal jurisdiction. However, income from certain activities not directly related to the Organization's tax exempt purpose may be subject to taxation as unrelated business income.

As of August 31, 2022 and 2021, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

Newly issued standards not yet effective:

The FASB has issued ASU No. 2016-02, *Leases*, effective for years beginning after December 15, 2021, and ASU No. 2016-13, *Financial Instruments – Credit Losses*, effective for years beginning after December 15, 2022. The Organization is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

NOTES TO FINANCIAL STATEMENTS

Accounting change:

The FASB issued ASU No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The standard modifies the presentation and disclosure requirements for in-kind contributions. The Organization has implemented the provisions of ASU No. 2020-07 retrospectively to all periods presented.

Subsequent events:

Subsequent events have been evaluated through January 30, 2023, which is the date the financial statements were available to be issued.

Note 2. Liquidity

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 54,825	\$181,051
Grants receivable	201,737	232,470
Other receivables	1,200	2,421
Less funds with donor restrictions	<u>(51,681)</u>	<u>(66,136)</u>
	<u>\$206,081</u>	<u>\$349,806</u>

The Organization manages its liquidity and reserves following two guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs. The Organization is monitoring cash flow weekly to meet current cash flow needs, as well as monitoring the budget to ensure expenses are in line with revenues. The Organization is working to pay off debts, obtain additional grant funding, and increase education program revenue through expanded programming and outreach.

NOTES TO FINANCIAL STATEMENTS

Note 3. Grants Receivable

Grants receivable are due within one year and consist of the following as of August 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Fund for the Arts	\$131,920	\$156,700
National Endowment for the Arts	40,000	45,000
Louisville Metro Government	20,000	19,000
Kentucky Arts Council	9,817	11,600
Miscellaneous	_____	170
Total grants receivable	<u>\$201,737</u>	<u>\$232,470</u>

Note 4. Changes in Net Assets with Donor Restrictions

Changes in net assets with donor restrictions for the years ended August 31, 2022 and 2021 are as follows:

<u>Restriction</u>	Balance <u>8-31-21</u>	Contributions and Grants	Released from Restrictions	Balance <u>8-31-22</u>
Timing	\$155,200	\$131,920	\$(155,200)	\$131,920
Property and equipment	6,806	108,425	(103,550)	11,681
Programs	57,830	228,805	(246,635)	40,000
Administrative	1,500	110,449	(111,949)	_____
	<u>\$221,336</u>	<u>\$579,599</u>	<u>\$(617,334)</u>	<u>\$183,601</u>

<u>Restriction</u>	Balance <u>8-31-20</u>	Contributions and Grants	Released from Restrictions	Balance <u>8-31-21</u>
Timing	\$ 91,237	\$155,200	\$ (91,237)	\$155,200
Property and equipment	6,806	270,075	(270,075)	6,806
Programs	105,185	217,845	(265,200)	57,830
Administrative	_____	243,910	(242,410)	1,500
	<u>\$203,228</u>	<u>\$887,030</u>	<u>\$(868,922)</u>	<u>\$221,336</u>

The timing restrictions as of August 31, 2022 and 2021 relate to a contribution from Fund for the Arts, which is for use in the years ended August 31, 2023 and 2022, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 5. Notes Payable

The notes payable consist of the following as of August 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Note payable to the U.S. Small Business Administration, payable in monthly installments of \$641 beginning in November 2022, including interest of 2.75% through May 2050. All tangible and intangible personal property is pledged as collateral on this note.	\$150,000	\$150,000
	150,000	150,000
Less current maturities	<u>2,491</u>	<u>869</u>
	<u>\$147,509</u>	<u>\$149,131</u>

Future maturities of the notes payable are as follows:

Year ending August 31, 2023	\$	2,491
2024		3,403
2025		3,497
2026		3,595
2027		3,695
Thereafter		<u>133,319</u>
		<u>\$150,000</u>

Note 6. Small Business Administration Grants and Employee Retention Credit Grant

On April 21, 2020, the Organization received a \$10,000 Economic Injury Disaster Loan (EIDL) advance from the U.S. Small Business Administration, under the Coronavirus Aid, Relief, and Economic Security Act. The advance was not required to be repaid; however, at the time of the Organization's first PPP loan forgiveness application, the amount of the advance was deducted from the principal amount of the PPP loan to determine the amount subject to forgiveness. In January 2021, the U.S. Small Business Administration granted forgiveness of the \$10,000 remaining balance of the PPP loan associated with the amount of the EIDL advance, in accordance with the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act. The \$10,000 forgiveness is recorded as Small Business Administration loan forgiveness in the statement of activities for the year ended August 31, 2021.

NOTES TO FINANCIAL STATEMENTS

On February 4, 2021, the Organization qualified for and received an additional loan pursuant to the Paycheck Protection Program for an aggregate principal amount of \$82,700 (the PPP Loan 2). The PPP Loan 2 bore interest at a fixed rate of 1.0% per annum, with deferred interest, had a term of two years, and was unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan 2 was subject to forgiveness to the extent that the PPP Loan 2 proceeds were used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Organization. The Organization applied for and received forgiveness of the PPP Loan 2 from the Small Business Administration on August 31, 2021.

In July 2021, the Organization qualified for and received a Shuttered Venues Operators Grant (SVOG #1) of \$138,197 from the U.S. Small Business Administration, as established by the Economic Aid to Hard-Hit Small Business, Nonprofits, and Venues Act. In October 2021, the Organization qualified for and received a Supplemental Shuttered Venues Operators Grant (SVOG #2) of \$110,449 from the U.S. Small Business Administration.

The Organization recorded the PPP Loan 2 and SVOG proceeds using the FASB ASC 958-908 Conditional Contribution model. Under this model, the Organization may account for the funds received as revenue when the program conditions have been substantially met. As of August 31, 2022, the Organization estimates that allowable expenses have been incurred that exceed the amount of SVOG #2 and has recorded \$110,449 as income in the statement of activities for the year ended August 31, 2022. As of August 31, 2021, the Organization estimated that allowable expenses had met the conditions for full forgiveness per the Paycheck Protection Program and had incurred expenses exceeding the amount of SVOG #1. As such, the Organization has recorded \$220,897 (\$82,700 – PPP Loan 2 and \$138,197 – SVOG #1) as income in the statements of activities for the year ended August 31, 2021.

The Organization filed certain amended 2020 and 2021 payroll tax returns to claim the Employee Retention Credit (ERC), a provision of the Coronavirus Aid, Relief, and Economic Security (CARES) Act and subsequent relief provisions passed by the United States government. The ERC is available to eligible employers and may be fully refundable up to a percentage of qualified wages for the period March 12, 2020 – September 30, 2021. During the year ended August 31, 2022, the Organization received notification of ERC refunds totaling \$59,335. The ERC funds were applied directly to offset existing IRS liabilities of the Organization. The Organization has recorded this amount using the Conditional Contribution model. Upon receipt of notification of ERC funds, the Organization recorded \$59,335 as grant income in the statement of activities for the year ended August 31, 2022.

Note 7. Employee Benefit Plan

The Organization maintains a 401(k) Profit Sharing Plan covering all eligible employees. Employees may contribute an amount of their gross pay subject to certain limitations, and are eligible to receive employer discretionary matching contributions each year. The Organization made contributions of \$5,044 and \$4,900 to the plan for the years ended August 31, 2022 and 2021, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 8. Operating Lease

The Organization leases office and storage space under operating leases with 10-year and 5-year terms. Total rent expense under these leases for the years ended August 31, 2022 and 2021 was \$46,800 and \$19,500, respectively.

The Organization leased office and storage space under operating leases with month-to-month lease terms or a one-year term. Total rent expense under these leases for the year ended August 31, 2021 was \$32,085.

The Organization also leases a house under an operating lease with a one year term. Total housing expense under this lease for the years ended August 31, 2022 and 2021 was \$22,770 and \$28,900 respectively.

The Organization leases equipment under an operating lease on terms exceeding one year. Total expense under this lease for the years ended August 31, 2022 and 2021 was \$984.

The future minimum payments under operating leases with terms in excess of one year as of August 31, 2022 are as follows:

Years ending August 31, 2023	\$ 47,784
2024	46,882
2025	46,800
2026	42,300
2027	36,000
Thereafter	<u>133,800</u>
	<u>\$353,566</u>

Note 9. Related Party Transactions

An officer of the Organization served as an ex-officio, non-voting member of the Board of Directors of Fund for the Arts (see Note 10) during the year ended August 31, 2021. Revenue received from Fund for the Arts for the year ended August 31, 2021 was \$222,113. The receivable due from Fund for the Arts as of August 31, 2021 was \$156,700.

Note 10. Concentrations and Contingencies

The Organization receives a significant portion of its revenues from Fund for the Arts. Revenues from Fund for the Arts represented 15% and 16% of net revenues during the years ended August 31, 2022 and 2021, respectively. See Note 3 for amounts receivable from Fund for the Arts. Changes in the future allocation of funding from this donor could have a significant impact on the Organization's operations. During the years ended August 31, 2022 and 2021, the Organization also received 9% and 16% of its revenue from the U.S. Small Business Administration, respectively.



Kentucky Secretary of State

Michael G. Adams

KENTUCKY SHAKESPEARE INC.

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General Information

Organization Number	0010680
Name	KENTUCKY SHAKESPEARE INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/8/1963
Organization Date	5/8/1963
Last Annual Report	2/22/2022
Principal Office	616 MYRTLE STREET LOUISVILLE, KY 40208
Registered Agent	MATT WALLACE 616 MYRTLE STREET LOUISVILLE, KY 40208

Current Officers

Chairman	Elizabeth Cherry Siebert
Secretary	Shannon Harris
Treasurer	Kerry Wang
Director	Mera Corlett
Director	Kevin Gibson

Director	Brooke Zimmerman
Director	Rosie Felfle
Director	Liam Felsen
Director	Anya Bond-Beckley
Director	Brad Comer
Director	Joan Gould
Director	LaShondra Hood
Director	Joan Gould
Director	Kay Howard
Director	Jonese Franklin

Show Individuals / Entities listed at time Of formation

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

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- Show Assumed Names
- Show Activities

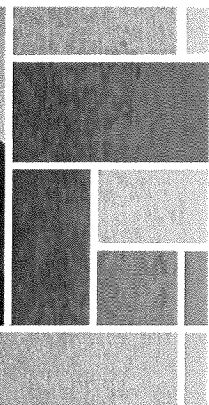
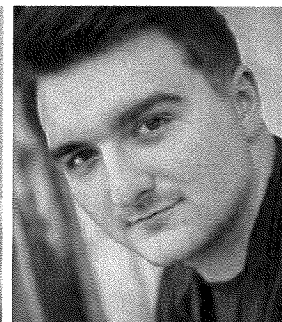
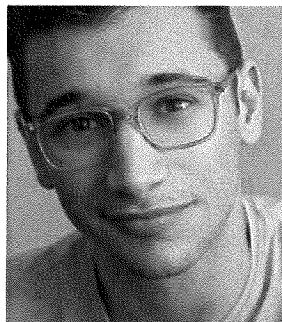
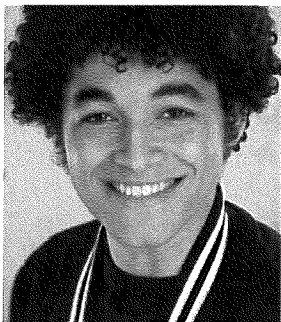
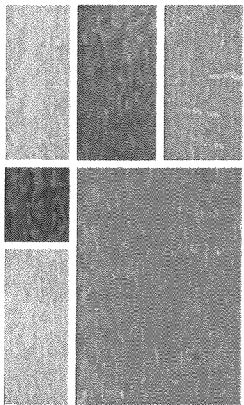
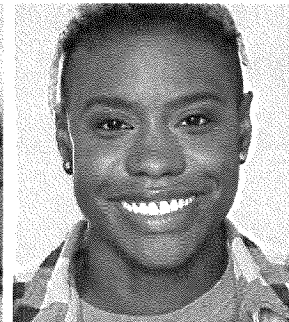
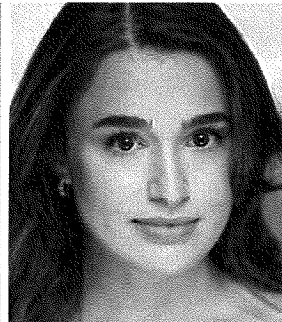
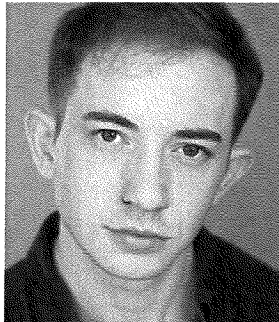
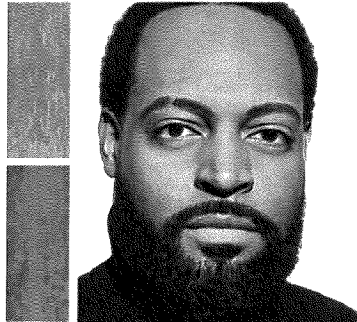
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KENTUCKY
SHAKESPEARE

SHAKESPEARE IN THE PARKS



HAMLET



kyshakespeare.com

Kentucky Shakespeare - Shakespeare in the Parks Tour - Performances/Parks booked as of March 2, 2023

<u>Date</u>	<u>Amount</u>	<u>Park</u>	<u>Sponsor</u>	<u>ZIP Code Served</u>
Saturday, April 8 at 2:00PM	\$1,500	Seneca Park	Councilman Andrew Owen, District 9	40206
Saturday, April 8 at 6:30PM	\$375	Iroquois Park	Councilwoman Betsey Ruhe, District 21	40214
	\$375		Councilwoman Jennifer Chappell, District 15	
	\$375		Councilman Dan Seum, District 13	
	\$375		Councilman Khalil Batshon, District 25	
Friday, April 14 at 6:30PM	\$750	Highview Park	Councilman Jeff Hudson, District 23	40219
	\$750		Councilwoman Madonna Flood, District 24	
Sunday, April 23 at 2:00PM	\$1,500	Windy Hills Green	Councilwoman Paula McCraney, District 7	40207
Sunday, April 23 at 6:30PM	\$1,500	Hounz Lane Park	Councilman Markus Winkler, District 17	40223
Saturday, April 29 at 2:00PM	\$1,500	Riverview Park	Councilman Rick Blackwell, District 12	40258
Sunday, April 30 at 6:30PM	\$1,500	Sun Valley Park	Councilwoman Cindi Fowler, District 14	40272
Sunday, May 7 at 2:00PM	\$1,500	Long Run Park	Councilman Anthony Piagentini, District 19	40245
Wednesday, May 10 at 6:30PM	\$1,500	Farnsley Park	Councilman Brent Ackerson, District 26	40220
Friday, May 12 at 6:30PM	\$1,500	Joe Creason Park	Councilman Pat Mulvihill, District 10	40205
Sunday, May 14 at 2:00PM	\$750	Broad Run Park	Councilman Stuart Benson, District 20	40291
	\$750		Councilman Robin Engel, District 22	
Saturday, May 20 at 2:00PM	\$1,500	Petersburg Park	Councilwoman Barbara Shanklin, District 2	40218
Saturday, May 20 at 6:30PM	\$1,500	Tyler Park	Councilwoman Cassie Chambers Armstrong, District 8	40204
Sunday, May 21 at 6:30PM	\$1,500	Emerson Park	Councilwoman Jennifer Chappell, District 15	40217
	<u>\$21,000</u>			

Past Shakespeare in the Parks Tour Production Photos

