

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Kentucky Shakespeare, Inc.

Program Name and Request Amount: Kentucky Shakespeare in Central Park

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
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="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="Yes"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="No"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
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="text" value="N/A"/>
Prepared by:	Date: Aug. 15, 2016



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: 323 W. Broadway, Suite 401, Louisville, KY 40202			
Website: www.kyshakespeare.com			
Applicant Contact:	Matt Wallace	Title:	Producing Artistic Dir.
Phone:	502.574.9900	Email:	matt@kyshakespeare.com
Financial Contact:	Matt Wallace	Title:	Producing Artistic Dir.
Phone:	502.574.9900	Email:	matt@kyshakespeare.com
Organization's Representative who attended NDF Training: Kyle Ware			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Central Park		
Council District(s):	6	Zip Code(s):	40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Kentucky Shakespeare Festival in Central Park			
Total Request: (\$)	10,000	Total Metro Award (this program) in previous year: (\$)	10,000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Metro EAF Grant	Amount: (\$)	\$13,900
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

Kentucky Shakespeare is the oldest free Shakespeare festival in the country and serves over 85,000 people per year.

Kentucky Shakespeare travels the state presenting education outreach programs for youth serving over 58,000 students per year as the largest in-state touring arts provider in Kentucky.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Kentucky Shakespeare is designated the Official Shakespeare Company of the Commonwealth by the Legislature. 2016 marks the 56th season of our free summer festival in Central Park as the oldest, free Shakespeare Festival in the United States.

We serve Louisville's underserved, making the work available and accessible to our diverse community regardless of financial limitations. We operate in an urban park, and our audience is one of the most diverse of any professional arts organization in the area. From the week that schools get out when it resumes in August, any family can experience this public service and community festival at absolutely no cost to them.

The Festival season runs for 11 weeks from June 1-August 14, 2016 for 64 performances. 100% of these performances are offered at absolutely no cost to the public for a total of over 170 hours of free arts experiences for our community. At least 75% of audience (22,500) will be underserved audience members - minorities, elderly, low-income, at risk, disabled.

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

The summer season budget is over \$250,000 for the 11-week free festival. During the summer season Kentucky Shakespeare employs 68 people, with 95% of them (all but three) living here in the area. We are able to employ these professionals in the summer months when they may otherwise be unemployed.

The fund assists in paying professional artists and technicians for the festival.



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 students.

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

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

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

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

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

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

Handwritten initials in black ink, appearing to be "MM".



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Kentucky Shakespeare will provide arts experiences to underserved community members at no cost to them - at least 25,000 people this summer of 2016. Populations in Louisville will be engaged throughout summer through intergenerational, shared artistic, community experiences. A safe, community experience will be provided. The arts have shown to develop empathy, conflict resolution skills, confidence, communication, influence thought and action, and improve mental health and well-being.

This will be measured through audience demographic surveys, interviews, and manual audience counts.

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 engages community members in varieties of ways. We seek to increase the way in which we engage. All of the 64 performances will be preceded by pre-show performances from groups from our community including Down Syndrome of Louisville, community centers, Dreams With Wings, and our own Shakespeare With Veterans program. We will expand our engagement through additional community booths nightly and underserved groups. We will measure through tracking of community booth engagement, pre-show engagement, tracking of numbers of early arrivals, and performance questionnaire.

Kentucky Shakespeare is also partnering this summer with the Louisville Ballet and CenterStage at the Jewish Community Center (bringing productions) in addition to the many organizations exhibiting in the park including the Kentucky Opera, Good Garbage, Louisville Water Company, Gilbert and Sullivan Society, Metro Parks and many more.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	6000	179600	185600
B: Rent/Utilities		4155	4155
C: Office Supplies		500	500
D: Telephone		350	350
E: In-town Travel		500	500
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	4000		
H: Program Materials		97965	97965
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	10000	279070	289070
<i>Total Program/Project</i>	3 %	97 %	100%

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

Other State, Federal or Local Government	13300
United Way	
Private Contributions (do not include individual donor names)	195770
Fees Collected from Program Participants	
Other (please specify)	\$70,000 (earned in park
<i>Total Revenue for Column 2 Expenses</i>	

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

**Must equal or exceed total in column 2.



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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers - ushers	\$1280	\$10/hour for 128 hrs.
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	1280	

* 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 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

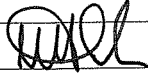
Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	7/1/16
Legal Signatory: (please print):	Matt Wallace	Title:	Producing Artistic D
Phone:	502-574-9900	Extension:	12
Email:	matt@kyshakespeare.com		



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752857510
Nov. 17, 2014 LTR 4168C 0
[REDACTED] 201312 67
00021617
BODC: TE

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



014000

Employer Identification Number: [REDACTED]
Person to Contact: TAX EXEMPT & GOVERNMENT
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

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

0752857510

Nov 17 2014 LTR 4168C 0

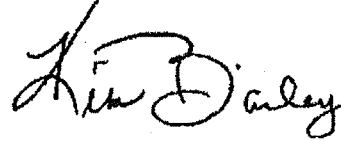
201312 67

00021618

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

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

Sincerely yours,



Kim D. Bailey
Operations Manager, AM Operations 3

Kentucky Shakespeare 2015-2016 Budget

INCOME



BUDGET

CONTRIBUTED INCOME

Corporate

Restricted	\$5,000
Unrestricted	\$45,000

Total Corporate *Estimated* **\$50,000**

Foundation

Restricted	\$60,000
Unrestricted	\$180,000

Total Foundation *Estimated* **\$240,000**

Government

Restricted	\$80,000
Unrestricted	\$10,000

Total Government *Estimated* **\$90,000**

Individuals

Barreling	\$48,000
Board	\$25,000
Patrons - Restricted	\$20,000
Patron - Unrestricted	\$80,000

Total Individuals *Estimated* **\$173,000**

Total Contributed Income **\$553,000**

EARNED INCOME

Production

Ticket Sales	\$60,000
Bar	\$45,000
Concessions	\$9,000
Merchandise	\$16,000

Total Production *Estimated* **\$130,000**

Programs

Touring Shows	\$245,000
Youth Tuition	\$30,000

Total Programs Fees **\$275,000**

Other Earned Income and Special Events

Miscellaneous Income	\$2,000
Bar	\$0
Concessions	\$0
Events	\$7,000
Merchandise	\$1,500

Sponsorships	\$8,000
Ticket Sales	\$15,000
Total Other Earned Income	\$33,500
Discount	\$25,000

Total Earned Income	\$463,500
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TOTAL INCOME	\$1,016,500
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EXPENSE

BUDGET

ADMINISTRATION

Communications	\$5,000
Conferences & Staff Development	\$8,000
Equipment leases	\$1,000
Marketing	
Merchandise	\$1,500
Printing - Collateral Material	\$2,000
Total Marketing	\$3,500
Membership and Dues	\$3,600
Miscellaneous	\$800
Office Supplies	
Miscellaneous	\$500
Postage	\$1,000
Supplies	\$4,000
Other	\$500
Total Office Supplies	\$6,000
Permits/Licenses	\$3,500
Professional Fees	
Accounting Fees	\$1,200
Audit Fees	\$8,500
IT/Computer	\$2,000
Legal	\$5,000
Other	\$250
Total Professional Fees	\$16,950
Rent	
Office	\$4,668
Parking	\$7,200
Warehouse	\$13,405
Other	\$500
Total Rent	\$25,773
Salaries	
IRA Company Match	\$150
Bonus	\$5,000
Payroll Tax Expense	\$60,000
Regular Earnings-Salary	\$150,000
Reimbursement	\$2,000
Total Salaries	\$217,150
Service Fees and Charges	
Bank	\$500
International Conversion	\$0
Intuit - Payroll	\$900
PayPal	\$700

Software	\$1,000
Square	\$3,000
Other	\$500
Total Service Fees and Charges	\$6,600
Shipping Freight Charges	\$100
Sponsorships	\$550
Subscriptions and Publications	\$249
Adminstration - Other	\$500
Total Administration	\$299,272
Contract Services	\$1,500
Depreciation Expense	\$50,000

DEVELOPMENT**BUDGET****Marketing**

Broadcast-Radio/TV	\$500
Digital	\$1,000
Miscellaneous	\$100
Printing - Collateral Material	\$1,500
Marketing - Other	\$50

Total Marketing **\$3,150**

Postage **\$1,500**

Special Event

Audio/Visual Equipment	\$200
Event Rentals	\$500
Food and Catering	\$1,800
Labor	\$5,000
Vendors	\$300
Venue	\$6,000
Special Event - Other	\$700
Development - Other	\$150

Total Development **\$17,800**

EDUCATION**Administration**

Housing	\$2,000
Postage	\$3,000

Total Administration **\$5,000**

Camp Supplies **\$1,000**

Conferences/Staff Development **\$1,000**

Labor

Artist Educator	\$2,000
Artistic Associate	\$57,000
Camp Assistant	\$2,000
Camp Instructor	\$10,000
Choreographers	\$500
Crew	\$500
Designer	\$2,500
Playwriting	\$1,000
Seasonal - Actor	\$20,000

Total Labor **\$95,500**

Marketing **Digital** **\$2,000**

Misc. \$500

Printing - Collateral Material \$3,000

Publications \$1,000

Total Marketing **\$6,500**

Production Materials

Costumes \$2,000

Properties	\$2,000
Set	\$2,000
Sound	\$300
Total Production Materials	\$6,300
Refund	\$1,000
Rentals	\$500
Touring Expense	
Fuel and Maintenance	\$5,500
Lodging	\$4,000
Meal Allowance	\$2,000
Mileage	\$300
Touring Expense - Other	\$4,000
Total Touring Expense	\$15,800
Total Education	\$132,600

	BUDGET
General Liability Insurance	\$14,000
Merchandise	\$1,500
Other Types of Expenses	
Employee Insurance	\$20,400
Insurance D&O	\$3,000
Insurance - Workers Corr	\$6,000
Reserve	\$40,000
Sales and Use Tax	\$1,700
Tax - other	\$42,000
Total Other Types of Expenses	\$113,100
Printing	\$500

PRODUCTION - SUMMER

Administration	\$500
Equipment Rental	\$2,500
Facility Improvements	
Benches	\$0
Truss/Trailer	\$8,000
Total Facility Improvements	\$8,000
Front of House Expense	
Bar	\$14,000
Merchandise	\$8,000
Other	\$2,000
Total Front of House Expense	\$24,000
Fuel and Maintenance	\$300
Production Labor	
Actors	\$70,000
Choreographers	\$2,000
Content Development	\$500
Crew	\$65,000
Designers	\$20,000
Directors	\$5,500
FOH	\$6,000
Labor - Other	\$4,700
Total Production Labor	\$173,700
Marketing	
Broadcast - Radio/TV	\$7,000
Digital	\$1,000
Misc.	\$500
Postage	\$2,000
Printing - Collateral Mater	\$2,500
Publications	\$3,000

Total Marketing	\$16,000
Production Materials	
Costumes	\$14,000
Lighting	\$5,000
Production Management	\$500
Properties	\$1,500
Set	\$14,000
Sound	\$1,500
Stage Management	\$500
Production Materials - oth	\$500
Total Production Materials	\$37,500
Production - Other	\$1,000
Total Production - Summer	\$263,500

PRODUCTION - INDOOR

Production Labor

Actors	\$14,900
Crew	\$1,200
Designers	\$5,500

Total Production Labor \$21,600

Kentucky Center fees \$29,741

Production Materials

Costumes	\$2,000
Properties	\$400
Set	\$1,000

Total Production Materials \$3,400

Total Production - Indoor \$54,741

Total Expense \$948,513

Net Income \$67,987

Kentucky Shakespeare Board of Directors

(2 year term, 10 year limit)

Executive Committee

Chair

Phillip Allen, 21C Museum Hotels

Treasurer

Andy Parker, Wilson & Muir Bank and Trust Co.

Secretary

Amanda Gregory, United States Attorney's Office, Western District of Kentucky

Directors

Mera Corlett, Community Liaison

John Darr, John Darr Public Relations

Amy Eisenback, Education Liaison

Scottie Ellis, Univision Communications Inc. - Fusion Media Group

Rosie Felfle, Kindred Healthcare

Kevin Gibson, Humana

Culver Halliday, Stoll Keenon Ogden

Shannon Harris, UPS

Lane Denali Hettich, AssuredPartners Neace Lukens

Thaddeus Hoover, White Clay

David James, Metro Council District 6

Jeff Koleba, Churchill Downs

Emily Pagorski, Stoll Keenon Ogden

Elizabeth Cherry Siebert, LG&E and KU Energy LLC

Dr. Peter Tanguay, University of Louisville

Jennifer Hammond Platt, YUM! Brands, Inc.

Kerry Wang, Humana

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

FINANCIAL STATEMENTS

Years Ended August 31, 2015 and 2014

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Independent Auditors' Report

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

We have audited the accompanying financial statements of The Kentucky Shakespeare Festival, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2015 and 2014, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Kentucky Shakespeare Festival, Inc. as of August 31, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Deming, Malone, Lewis & Petroff

Louisville, Kentucky
January 27, 2016

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF FINANCIAL POSITION

August 31, 2015 and 2014

Assets	<u>2015</u>	<u>2014</u>
Current Assets		
Cash and cash equivalents	\$ 10,961	\$ 42,729
Grants receivable	102,928	83,875
Other receivables	1,975	4,428
Prepaid expenses	3,611	
Deposits		<u>5,000</u>
Total current assets	<u>119,475</u>	<u>136,032</u>
Property and Equipment		
Leasehold improvements	495,442	321,238
Vehicles	37,472	37,472
Equipment	202,783	182,943
Furniture and fixtures	<u>2,280</u>	<u>2,280</u>
	737,977	543,933
Less accumulated depreciation	<u>435,668</u>	<u>389,587</u>
	<u>302,309</u>	<u>154,346</u>
Total assets	<u>\$ 421,784</u>	<u>\$ 290,378</u>

See Notes to Financial Statements.

Liabilities and Net Assets	<u>2015</u>	<u>2014</u>
Current Liabilities		
Current maturities of capital leases	\$ 4,529	\$ 4,166
Accounts payable	55,022	40,120
Accrued expenses	<u>127,148</u>	<u>128,948</u>
Total current liabilities	186,699	173,234
Long-Term Liabilities		
Capital leases, less current maturities	<u>2,002</u>	<u>6,530</u>
Total liabilities	<u>188,701</u>	<u>179,764</u>
Net Assets		
Unrestricted	193,264	100,867
Temporarily restricted	<u>39,819</u>	<u>9,747</u>
Total net assets	<u>233,083</u>	<u>110,614</u>
Total liabilities and net assets	<u>\$ 421,784</u>	<u>\$ 290,378</u>

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF ACTIVITIES
Years Ended August 31, 2015 and 2014

	2015		
	Unrestricted	Temporarily Restricted	Total
Revenues and Other Support			
Grants	\$ 293,987	\$ 43,300	\$ 337,287
Contributions	206,536		206,536
Gifts in-kind and contributed services	26,832		26,832
Education programs	241,483		241,483
Productions	59,259		59,259
Special events (net of cost of direct benefits to donors of \$5,955 in 2015 and \$5,838 in 2014)	25,162		25,162
Forgiveness of debt	40,120		40,120
Gain on involuntary conversion			
Other income	7,070		7,070
	900,449	43,300	943,749
Net assets released from restrictions	13,228	(13,228)	
Total revenues and other support	913,677	30,072	943,749
Expenses			
Program services	662,442		662,442
Management and general	134,521		134,521
Fund-raising	24,317		24,317
Total expenses	821,280		821,280
Net increase (decrease) in total net assets	92,397	30,072	122,469
Net assets (deficit), beginning of year	100,867	9,747	110,614
Net assets, end of year	\$ 193,264	\$ 39,819	\$ 233,083

See Notes to Financial Statements.

2014

<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
\$ 205,387	\$ 27,000	\$ 232,387
122,579		122,579
17,832		17,832
195,385		195,385
48,019		48,019
17,524		17,524
23,184		23,184
76,653		76,653
4,916		4,916
711,479	27,000	738,479
80,253	(80,253)	
791,732	(53,253)	738,479
496,327		496,327
88,732		88,732
10,144		10,144
595,203		595,203
196,529	(53,253)	143,276
(95,662)	63,000	(32,662)
\$ 100,867	\$ 9,747	\$ 110,614

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended August 31, 2015 and 2014

	2015					Total
	Productions	Education	Total Program Services	Management and General	Fund- Raising	
Salaries	\$ 50,491	\$ 187,566	\$ 238,057	\$ 37,461	1,807	\$ 277,325
Actors contracts	158,438		158,438			158,438
Production expense	49,377		49,377			49,377
Rent	16,822	11,374	28,196	14,524	225	42,945
Advertising	13,868	11,950	25,818	5,325	1,408	32,551
Merchandise and concessions	22,499		22,499			22,499
Insurance	13,506	3,859	17,365	1,929		19,294
Employee benefits	4,062	15,088	19,150	3,013	145	22,308
Housing	4,455	13,091	17,546			17,546
Development					17,077	17,077
Travel	228	10,713	10,941	9,532		20,473
Office supplies				12,346	3,335	15,681
Payroll taxes	2,614	9,708	12,322	1,939	94	14,355
Professional fees				13,178		13,178
Equipment rental and expense	8,343	500	8,843	703		9,546
Conference expense				8,851		8,851
Dues and subscriptions				7,021		7,021
Education expense		6,044	6,044			6,044
Bank charges				4,722		4,722
Telephone	905	2,714	3,619	678	226	4,523
Payroll tax penalties				3,454		3,454
Interest expense				3,243		3,243
Miscellaneous expense				3,134		3,134
Meals and entertainment		450	450	1,164		1,614
Total expenses before depreciation	345,608	273,057	618,665	132,217	24,317	775,199
Depreciation	36,865	6,912	43,777	2,304		46,081
Total	\$ 382,473	\$ 279,969	\$ 662,442	\$ 134,521	\$ 24,317	\$ 821,280

See Notes to Financial Statements.

2014

<u>Productions</u>	<u>Education</u>	<u>Total Program Services</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total</u>
\$ 51,141	\$ 154,896	\$ 206,037	\$ 10,754		\$ 216,791
112,270		112,270			112,270
32,281		32,281			32,281
2,906	819	3,725	19,453	3,375	26,553
12,794	4,146	16,940	684	350	17,974
17,443		17,443			17,443
9,005	4,502	13,507	1,501		15,008
2,169	6,570	8,739	456		9,195
5,139	10,300	15,439			15,439
				3,780	3,780
605	3,635	4,240	820		5,060
			9,492	1,793	11,285
3,448	10,442	13,890	725		14,615
			8,195		8,195
3,777	2,450	6,227	2,367		8,594
			2,741		2,741
			3,218		3,218
	4,689	4,689			4,689
			2,972		2,972
3,557	1,940	5,497	647	323	6,467
			10,299		10,299
			6,937		6,937
			3,634		3,634
<u>692</u>	<u>179</u>	<u>871</u>		<u>523</u>	<u>1,394</u>
257,227	204,568	461,795	84,895	10,144	556,834
<u>23,021</u>	<u>11,511</u>	<u>34,532</u>	<u>3,837</u>		<u>38,369</u>
<u>\$ 280,248</u>	<u>\$ 216,079</u>	<u>\$ 496,327</u>	<u>\$ 88,732</u>	<u>\$ 10,144</u>	<u>\$ 595,203</u>

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF CASH FLOWS
Years Ended August 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Cash Flows from Operating Activities		
Cash received from grants and contributions	\$ 527,223	\$ 367,085
Cash received from productions, education and other sources	338,929	271,682
Cash paid to suppliers and employees	(758,600)	(610,214)
Interest paid	<u>(3,243)</u>	<u>(6,937)</u>
Net cash provided by operating activities	<u>104,309</u>	<u>21,616</u>
Cash Flows from Investing Activities		
Expenditures for property and equipment	(131,912)	(51,130)
Deposit on property and equipment		(5,000)
Proceeds from involuntary conversion	<u> </u>	<u>86,988</u>
Net cash (used in) provided by investing activities	<u>(131,912)</u>	<u>30,858</u>
Cash Flows from Financing Activities		
Principal payments under capital leases	<u>(4,165)</u>	<u>(18,104)</u>
Net cash used in financing activities	<u>(4,165)</u>	<u>(18,104)</u>
Net (decrease) increase in cash and cash equivalents	(31,768)	34,370
Cash and cash equivalents, beginning of year	<u>42,729</u>	<u>8,359</u>
Cash and cash equivalents, end of year	<u>\$ 10,961</u>	<u>\$ 42,729</u>

See Notes to Financial Statements.

	<u>2015</u>	<u>2014</u>
Reconciliation of Net Increase in Total Net Assets to Net Cash Provided by Operating Activities		
Net increase in total net assets	<u>\$122,469</u>	<u>\$143,276</u>
Adjustments to reconcile net increase in total net assets to net cash provided by operating activities:		
Depreciation	46,081	38,369
Gain on involuntary conversion		(76,653)
In-kind contribution of equipment	(9,000)	
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	(19,053)	12,189
Other receivables	2,453	(70)
Prepaid expenses	(3,611)	
Deposits		600
Decrease in:		
Checks issued in excess of cash on deposit		(3,356)
Accounts payable	(33,230)	(53,481)
Accrued expenses	<u>(1,800)</u>	<u>(39,258)</u>
Total adjustments	<u>(18,160)</u>	<u>(121,660)</u>
Net cash provided by operating activities	<u>\$104,309</u>	<u>\$ 21,616</u>

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

NOTES TO FINANCIAL STATEMENTS

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

Nature of operations:

The Kentucky Shakespeare Festival, Inc. (Organization) is a not-for-profit organization which locally produces plays by William Shakespeare that are performed free to the public at Central Park's C. Douglas Ramey Amphitheater in Louisville, Kentucky. The stage and seating at the amphitheater are the property of the Organization, and the land is the property of Louisville Metro Parks. The plays are performed during the summer months using professional actors, summer interns, and high school apprentices. The plays are also performed in various schools, community centers, corporations, prisons and juvenile centers in Kentucky and surrounding states. Through the Education Outreach Program, the Organization provides theater classes for children and adults, workshops in performing arts, and cultural opportunities to introduce children in Kentucky and the surrounding states to theater. Effective November 17, 2015, the Organization's name was changed to Kentucky Shakespeare, Inc.

Summary of significant accounting policies:

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

Basis of presentation:

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

NOTES TO FINANCIAL STATEMENTS

Use of estimates:

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

Cash and cash equivalents:

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

Grants receivable:

The valuation of grants receivable is based upon historical experience and management's evaluation of the current status of receivables. Receivables are considered uncollectible if payment is not received in accordance with the contractual terms. The allowance account is maintained equal to the estimated uncollectible portion of receivables. It is the Organization's policy to charge off uncollectible receivables to the allowance account when management determines they will not be collected. As of August 31, 2015 and 2014, there is no allowance recorded as balances are considered fully collectible.

Property, equipment and depreciation:

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

Leasehold improvements	5-40 years
Vehicles	5 years
Equipment	5-10 years
Furniture and fixtures	5-7 years

NOTES TO FINANCIAL STATEMENTS

Contributions:

Contributions received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted. Contributions, excluding grants, that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the reporting period in which the revenue is recognized. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

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

A summary of in-kind donations and contributed equipment for the years ended August 31, 2015 and 2014 is as follows:

	<u>2015</u>	<u>2014</u>
Rent	\$17,832	\$17,832
Equipment	<u>9,000</u>	<u> </u>
	<u>\$26,832</u>	<u>\$17,832</u>

A portion of the rent expense for the administrative office building was donated. The donation is reported at its fair market value and is included in the financial statements as gifts in kind and corresponding equipment and rent expense of \$26,832 and \$17,832 for the years ended August 31, 2015 and 2014, respectively.

NOTES TO FINANCIAL STATEMENTS

Advertising:

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2015 and 2014 was \$32,551 and \$17,974, respectively.

Income taxes:

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

As of August 31, 2015 and 2014, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

Subsequent events:

Subsequent events have been evaluated through January 27, 2016, which is the date the financial statements were available to be issued.

Newly issued standard not yet effective:

The Financial Accounting Standards Board has issued accounting standard No. 2014-09, *Revenue from Contracts with Customers*, concerning the accounting for revenue recognition. The standard is effective for years beginning after December 31, 2018. The Organization is evaluating the impact that adoption of the standard will have on future financial position and results of operations.

NOTES TO FINANCIAL STATEMENTS

Note 2. Grants Receivable

Grants receivable consist of the following as of August 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Fund for the Arts	\$ 54,024	\$83,332
Kentucky Arts Council	604	543
National Endowment for the Arts	25,000	
Louisville/Jefferson County Metro Government	<u>23,300</u>	<u> </u>
 Total grants receivable	 <u>\$102,928</u>	 <u>\$83,875</u>

Note 3. Obligations Under Capital Leases

The Organization has a lease agreement for a vehicle that meets the requirements of a capital lease according to accounting principles generally accepted in the United States of America.

The following is an analysis of the leased asset at August 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Vehicle	\$ 19,975	\$ 19,975
Less accumulated depreciation	<u>(14,315)</u>	<u>(10,320)</u>
	 <u>\$ 5,660</u>	 <u>\$ 9,655</u>

Amortization of the asset held under capital lease is included with depreciation expense. Future financial obligations under these leases are as follows:

<u>Year Ending August 31,</u>	Required Annual Minimum Payments	Amounts Representing Interest	Amounts Representing Principal
2016	\$4,905	\$376	\$4,529
2017	<u>2,044</u>	<u>42</u>	<u>2,002</u>
	 <u>\$6,949</u>	 <u>\$418</u>	 <u>\$6,531</u>

NOTES TO FINANCIAL STATEMENTS

Prior to the establishment of the SIMPLE IRA Retirement Plan, the Organization sponsored a 403(b) Plan that covered all eligible employees. Employees could contribute an amount of their gross pay subject to certain limitations, and were eligible to receive employer discretionary contributions each year. Contributions to the 403(b) Plan ceased at the time the SIMPLE IRA Retirement Plan was adopted. The Organization did not make a matching contribution for the year ended August 31, 2014.

Note 7. 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, 2015 and 2014, respectively. The receivable due from Fund for the Arts as of August 31, 2015 and 2014 was \$54,024 and \$83,332, respectively. Changes in the future allocation of funding from this donor could have a significant impact on the Organization's operations.

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

Note 8. Operations

As of August 31, 2015, the Organization's current liabilities exceed its current assets by \$67,224. This factor creates uncertainty about the Organization's ability to continue as a going concern. The Organization is working to pay off debts, reduce expenses, and obtain additional grant funding. During the year ended August 31, 2014, the Organization entered into an agreement with the Internal Revenue Service to repay outstanding payroll taxes of approximately \$103,000 by making \$350 monthly payments. The Organization is also monitoring cash flow on a daily basis to meet current cash flow needs. The budget is being monitored to ensure expenses are in line with revenues. The current and budgeted cash flow will be utilized to support operations through the year ending August 31, 2016.

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

* * * * *

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

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

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

ARTICLE I

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

ARTICLE II

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

ARTICLE III

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

ARTICLE IV

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

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

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

ARTICLE V

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

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

ARTICLE VI

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

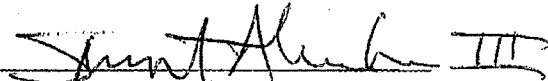
ARTICLE VII

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

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

ARTICLE VIII

The corporation shall be governed by its By-laws.


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

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. KENTUCKY SHAIKESPEARE, INC.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ S01c3 Non P a o f 21		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 323 W. BROADWAY STE 401		Requester's name and address (optional)
	6 City, state, and ZIP code LOUISVILLE KY 40202		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
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-	-	-	-					
or								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 7/1/16
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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

Kentucky Shakespeare Festival Staff

Matt Wallace	Producing Artistic Director
Robert Silvethorn	Director of Operations and Marketing
Kyle Ware	Director of Education
Hannah Pruitt	Education Programs Manager

Kentucky Shakespeare

Top 3 Staff Salaries – 2016

Matt Wallace, Producing Artistic Director: \$70,000*

Robert Silverthorn, Director of Operations and Marketing: \$54,500

Kyle Ware, Director of Education: \$38,500

**(Please note base salary is \$70,000. In 2014 there was also discretionary bonus from Board of Directors of \$8,160)*



March 28, 2016

Mr. Matt Wallace
Kentucky Shakespeare Festival, Inc.
323 W. Broadway, Suite 300
Louisville, Kentucky 40202

Dear Mr. Wallace:

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,

Deming, Malone, Livesay & Ostroff

A handwritten signature in cursive script that reads "Christine N. Koenig".

Christine N. Koenig

CNK:sme

Enclosures

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

2014

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **SEP 1, 2014** and ending **AUG 31, 2015**

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 FESTIVAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 323 W. BROADWAY 401 City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202	D Employer identification number <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>
	F Name and address of principal officer: MATT WALLACE 323 W. BROADWAY, SUITE 401, LOUISVILLE, KY	E Telephone number (502) 574-9900
	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	G Gross receipts \$ 931,872.
	J Website: WWW.KYSHAKESPEARE.COM	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(c) Group exemption number ▶
	L Year of formation: 1960	M State of legal domicile: KY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE KENTUCKY SHAKESPEARE FESTIVAL PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	15	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	372,490.
9		Program service revenue (Part VIII, line 2g)	243,404.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,813.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	717,707.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	240,601.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,146.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	333,830.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	574,431.	
	19	Revenue less expenses. Subtract line 18 from line 12	143,276.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	290,378.	
	21	Total liabilities (Part X, line 26)	179,764.	
	22	Net assets or fund balances. Subtract line 21 from line 20	110,614.	
			233,083.	

Part II Signature Block

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

Sign Here	Signature of officer MATT WALLACE, PRODUCING ARTISTIC DIRECTOR Type or print name and title	Date
------------------	--	------

Paid Preparer Use Only	Print/Type preparer's name CHRISTINE N KOENIG	Preparer's signature <div style="background-color: black; width: 100px; height: 20px;"></div>	Date	Check if self-employed <input type="checkbox"/>	PTIN <div style="background-color: black; width: 100px; height: 20px;"></div>
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN ▶ <div style="background-color: black; width: 100px; height: 20px;"></div>		Phone no. (502) 426-9660	
	Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187				

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



Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 379,798. including grants of \$) (Revenue \$ 68,557.) THE KENTUCKY SHAKESPEARE FESTIVAL PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE PUBLIC.

4b (Code:) (Expenses \$ 273,728. including grants of \$) (Revenue \$ 279,375.) THE ORGANIZATION ALSO OPERATES AN EDUCATIONAL OUTREACH PROGRAM THAT IS OFFERED THROUGHOUT THE KENTUCKIANA AREA.

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

4d Other program services (Describe in Schedule O.)

4e Total program service expenses 653,526.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	51		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		14												
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, or 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
b 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 in Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
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 in 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 in 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 in 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 (or 1024 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 Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **KENTUCKY SHAKESPEARE FESTIVAL, INC. - (502) 574-9900
 323 W. BROADWAY, SUITE 401, LOUISVILLE, KY 40202**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN TAYLOR-RICHARDSON PRESIDENT	2.00	X		X				0.	0.	0.
(2) PHILLIP ALLEN VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) ANDY PARKER TREASURER	2.00	X		X				0.	0.	0.
(4) AMANDA GREGORY SECRETARY	2.00	X		X				0.	0.	0.
(5) JOHN DARR BOARD MEMBER	2.00	X						0.	0.	0.
(6) MERA CORLETT BOARD MEMBER	2.00	X						0.	0.	0.
(7) CULVER HALLIDAY BOARD MEMBER	2.00	X						0.	0.	0.
(8) DAVID JAMES BOARD MEMBER	2.00	X						0.	0.	0.
(9) AMANDA BLEDSOE BOARD MEMBER	2.00	X						0.	0.	0.
(10) AMY EISENBACK BOARD MEMBER	2.00	X						0.	0.	0.
(11) THADDEUS HOOVER BOARD MEMBER	2.00	X						0.	0.	0.
(12) ELIZABETH CHERRY SIEBERT BOARD MEMBER	2.00	X						0.	0.	0.
(13) DR. PETER TANGUAY BOARD MEMBER	2.00	X						0.	0.	0.
(14) EMILY PAGORSKI BOARD MEMBER	2.00	X						0.	0.	0.
(15) KERRY WANG BOARD MEMBER	2.00	X						0.	0.	0.
(16) MATT WALLACE PRODUCING ARTISTIC DIRECTOR	40.00			X				64,054.	0.	4,106.



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	25,162.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	51,250.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	501,573.				
	g	Noncash contributions included in lines 1a-1f: \$		9,000.				
	h	Total. Add lines 1a-1f		577,985.				
	Program Service Revenue	2 a	<u>EDUCATION PROGRAMS</u>	Business Code 711190	241,483.	241,483.		
b		<u>PRODUCTIONS</u>	711190	59,259.	59,259.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		300,742.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 25,162. of contributions reported on line 1c). See Part IV, line 18	a		5,955.			
		b	Less: direct expenses	b	21,948.			
		c	Net income or (loss) from fundraising events			<15,993.>		<15,993.>
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	<u>FORGIVENESS OF DEBT</u>	711190		40,120.	40,120.			
b	<u>OTHER INCOME</u>	711190		7,070.	7,070.			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			47,190.				
12	Total revenue. See instructions.			909,924.	347,932.	0.	<15,993.>	



Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,174.	64,056.	7,118.	
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	210,258.	177,697.	30,754.	1,807.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	18,201.	15,454.	2,602.	145.
10 Payroll taxes	14,355.	12,322.	1,939.	94.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,500.		7,500.	
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.)	5,678.		5,678.	
12 Advertising and promotion	32,551.	25,818.	5,325.	1,408.
13 Office expenses	32,650.	3,619.	25,470.	3,561.
14 Information technology				
15 Royalties				
16 Occupancy	25,113.	19,280.	5,786.	47.
17 Travel	20,473.	10,941.	9,532.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,851.		8,851.	
20 Interest	3,243.		3,243.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,081.	43,777.	2,304.	
23 Insurance	19,294.	17,365.	1,929.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACTORS CONTRACTS	158,438.	158,438.		
b PRODUCTION EXPENSE	84,674.	84,674.		
c EDUCATION EXPENSE	19,635.	19,635.		
d PAYROLL TAX PENALTIES	3,454.		3,454.	
e All other expenses	5,832.	450.	4,298.	1,084.
25 Total functional expenses. Add lines 1 through 24e	787,455.	653,526.	125,783.	8,146.
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	42,729.	1	10,961.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	83,875.	3	102,928.
	4	Accounts receivable, net	4,428.	4	1,975.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	3,611.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 737,977.		
	b	Less: accumulated depreciation	10b 435,668.	10c	302,309.
	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	5,000.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	290,378.	16	421,784.	
Liabilities	17	Accounts payable and accrued expenses	169,068.	17	182,170.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,696.	25	6,531.
	26	Total liabilities. Add lines 17 through 25	179,764.	26	188,701.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	100,867.	27	193,264.
	28	Temporarily restricted net assets	9,747.	28	39,819.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	110,614.	33	233,083.
	34	Total liabilities and net assets/fund balances	290,378.	34	421,784.

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	909,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	787,455.
3	Revenue less expenses. Subtract line 2 from line 1	3	122,469.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,614.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	233,083.

Part XII Financial Statements and Reporting

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

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

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	379,441.	491,562.	593,142.	372,490.	577,985.	2414620.
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	379,441.	491,562.	593,142.	372,490.	577,985.	2414620.
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)						317,149.
6 Public support. Subtract line 5 from line 4.						2097471.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	379,441.	491,562.	593,142.	372,490.	577,985.	2414620.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	554.					554.
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.)	3,440.	9,730.	50,542.	104,753.	47,190.	215,655.
11 Total support. Add lines 7 through 10						2630829.
12 Gross receipts from related activities, etc. (see instructions)					2,028,645.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	79.73 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	91.17 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*
 - b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

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



Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 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 government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. Answer (a) and (b) below.

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		



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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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



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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

KENTUCKY SHAKESPEARE FESTIVAL, INC.



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

KENTUCKY SHAKESPEARE FESTIVAL, INC.**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 24,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KENTUCKY SHAKESPEARE FESTIVAL, INC.



Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 34,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 17,832.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KENTUCKY SHAKESPEARE FESTIVAL, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	RENTAL SPACE	\$ 17,832.	08/31/15

Name of organization

Employer identification number

KENTUCKY SHAKESPEARE FESTIVAL, INC.



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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014 Open to Public Inspection

Name of the organization

KENTUCKY SHAKESPEARE FESTIVAL, INC.

Employer identification number

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for purposes and a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in Part XIII

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		495,442.	282,473.	212,969.
d Equipment		242,535.	153,195.	89,340.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **302,309.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	6,531.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 6,531.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	943,749.
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	17,832.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	15,993.	
e	Add lines 2a through 2d	2e		33,825.
3	Subtract line 2e from line 1	3		909,924.
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		909,924.

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

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

1	Total expenses and losses per audited financial statements		1	821,280.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	17,832.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	15,993.	
e	Add lines 2a through 2d	2e		33,825.
3	Subtract line 2e from line 1	3		787,455.
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		787,455.

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.

PART XII AND XIII, LINE 2D:

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SHAKESPEARE IN LOVE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	12,715.	18,402.	31,117.
	2	Less: Contributions	6,760.	18,402.	25,162.
	3	Gross income (line 1 minus line 2)	5,955.		5,955.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,955.	482.	6,437.
	8	Entertainment	2,228.	11,270.	13,498.
	9	Other direct expenses	526.	1,487.	2,013.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			21,948.
	11	Net income summary. Subtract line 10 from line 3, column (d)			<15,993.>

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

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

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

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

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a _____ %
b An outside facility 13b _____ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶ _____
Address ▶ _____

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

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

c If "Yes," enter name and address of the third party:
Name ▶ _____
Address ▶ _____

16 Gaming manager information:

Name ▶ _____
Gaming manager compensation ▶ \$ _____
Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

KENTUCKY SHAKESPEARE FESTIVAL, INC.

number

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

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

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

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

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

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

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

THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

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

FORM 990, PAGE 1, LINE C

EFFECTIVE NOVEMBER 17, 2015, THE ORGANIZATION'S NAME WAS CHANGED TO
KENTUCKY SHAKESPEARE, INC.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

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

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

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

KENTUCKY SHAKESPEARE FESTIVAL, INC.

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

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2016**, to file the exempt organization return for the organization named above. The extension

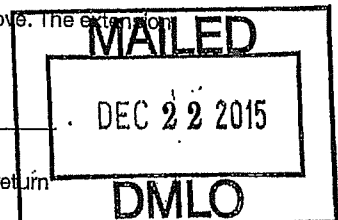
is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **SEP 1, 2014**, and ending **AUG 31, 2015**

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

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



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

KENTUCKY SHAKESPEARE INC.**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	2/18/2016
Principal Office	323 WEST BROADWAY STE. 401 LOUISVILLE, KY 40202
Registered Agent	MATT WALLACE 323 WEST BROADWAY SUITE 401 LOUISVILLE, KY 40202

Current Officers

President	<u>Phillip Allen</u>
Secretary	<u>Amanda Gregory</u>
Treasurer	<u>Andy Parker</u>
Director	<u>Elizabeth Cherry Siebert</u>
Director	<u>Dr. Peter Tanguay</u>
Director	<u>Emily Pagorski</u>
Director	<u>Jennifer Platt</u>
Director	<u>Lane Hettich</u>
Director	<u>Mera Corlett</u>
Director	<u>David James</u>
Director	<u>Kerry Wang</u>
Director	<u>Kevin Gibson</u>
Director	<u>Culver Halliday</u>
Director	<u>Amy Eisenback</u>
Director	<u>Thaddeus Hoover</u>
Director	<u>Rosie Felfle</u>
Director	<u>Shannon Harris</u>
Director	<u>John Darr</u>

Individuals / Entities listed at time of formation

Director	<u>STUART R PAINE</u>
-----------------	---------------------------------------

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

Images available online

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

<u>Annual Report</u>	2/18/2016	1 page	<u>PDF</u>	
<u>Amendment</u>	12/14/2015	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	6/2/2015 9:05:29 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/5/2015	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	2/10/2014 11:16:28 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/10/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/5/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address Change</u>	11/10/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	11/10/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement Certificate of Existence</u>	10/7/2011 12:49:58 PM	2 pages	<u>PDF</u>	
<u>Reinstatement</u>	10/7/2011 12:47:11 PM	4 pages	<u>PDF</u>	
<u>Reinstatement Approval Letter Revenue</u>	10/7/2011 12:44:47 PM	1 page	<u>PDF</u>	
<u>Administrative Dissolution Return</u>	9/28/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	9/10/2011	1 page	<u>PDF</u>	
<u>Sixty Day Notice Return</u>	7/20/2011	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Certificate of Assumed Name</u>	11/4/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/1/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/15/2009	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	9/15/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Organization (LLC)</u>	6/17/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/11/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/7/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/6/2006	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	7/14/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/30/2005	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/3/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	2/6/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/24/2002	1 page	<u>tiff</u>	<u>PDF</u>

Annual Report	9/11/2001	1 page	tiff	PDF
Annual Report	6/13/2000	1 page	tiff	PDF
Annual Report	8/13/1999	1 page	tiff	PDF
Annual Report	5/11/1998	4 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	5 pages	tiff	PDF
Annual Report	7/1/1995	6 pages	tiff	PDF
Annual Report	7/1/1994	6 pages	tiff	PDF
Statement of Change	5/5/1994	1 page	tiff	PDF
Annual Report	3/24/1993	2 pages	tiff	PDF
Annual Report	3/19/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Amendment	3/28/1991	4 pages	tiff	PDF
Statement of Change	3/28/1991	1 page	tiff	PDF
Annual Report	7/1/1990	4 pages	tiff	PDF
Statement of Change	10/2/1989	1 page	tiff	PDF
Annual Report	7/1/1989	4 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Reinstatement	4/28/1987	2 pages	tiff	PDF
Statement of Change	4/28/1987	1 page	tiff	PDF
Revocation of Certificate of Authority	3/15/1987	2 pages	tiff	PDF
Six Month Notice	9/1/1986	1 page	tiff	PDF
Certificate of Assumed Name	6/29/1984	1 page	tiff	PDF
Statement of Change	7/2/1969	2 pages	tiff	PDF
Annual Report	10/6/1965	13 pages	tiff	PDF
Statement of Change	10/6/1965	2 pages	tiff	PDF
Amendment	7/12/1965	5 pages	tiff	PDF
Articles of Incorporation	5/8/1963	4 pages	tiff	PDF

Assumed Names

KENTUCKY SHAKESPEARE	Active
SHAKESPEARE IN CENTRAL PARK, THE KENTUCKY SHAKESPEARE FESTIVAL	Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/18/2016 12:26:24 PM	2/18/2016 12:26:24 PM	
Amendment - Change name	12/14/2015 1:16:23 PM	12/14/2015	THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

Microfilmed Images