



**Applicant/Program:**

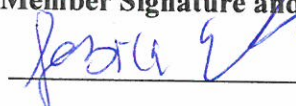
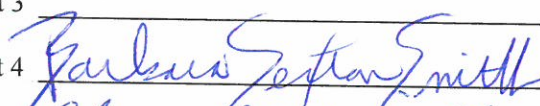
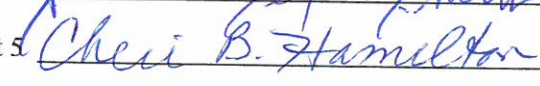
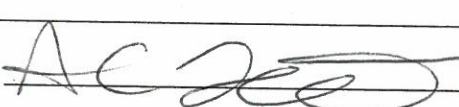

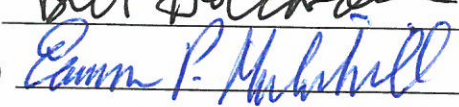
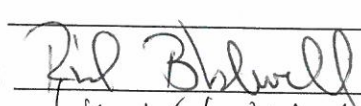
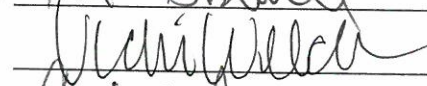
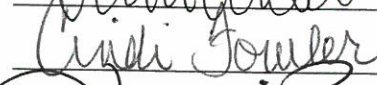
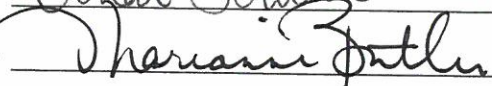
Kentucky Shakespeare/Shakespeare in the Parks

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1		\$ 2,000 -
District 2		\$ 2,000 -
District 3		\$
District 4		\$ 2,000 -
District 5		\$ 2,000 -
District 6		\$
District 7		\$ 1,000 -
District 8		\$ 500 -
District 9		\$ 1,000 -
District 10		\$ 2,000 -
District 11		\$
District 12		\$ 2,000 -
District 13		\$ 500 -
District 14		\$ 2,000 -
District 15		\$ 500 -

**Applicant/Program:**

Kentucky Shakespeare/Shakespeare in the Parks

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

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

District 17 *[Signature]* \_\_\_\_\_ \$ 2,000-

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

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 *Stuart Benson* \_\_\_\_\_ \$ 1,500-

District 21 *Witold Lawshin* \_\_\_\_\_ \$ 500-

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

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

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

District 25 *[Signature]* \_\_\_\_\_ \$ 500-

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## Helton, Jessamyn

---

**From:** Welch, Vicki A  
**Sent:** Tuesday, March 27, 2018 1:50 PM  
**To:** Alexander, Elizabeth  
**Cc:** Helton, Jessamyn  
**Subject:** Re: VITA and Shakespeare NDF

Yes you may sign for both.  
Thanks

Vicki Aubrey Welch  
Councilwoman District 13  
502-574-1113

Sent from my iPhone

Please disregard mistakes due to using iPhone. This account is confidential. If this email is sent to the wrong entity by mistake, please notify sender & delete. Thank you!

On Mar 27, 2018, at 1:39 PM, Alexander, Elizabeth <[Elizabeth.Alexander@louisvilleky.gov](mailto:Elizabeth.Alexander@louisvilleky.gov)> wrote:

May I have permission to sign for the VITA (\$1000) and Shakespeare (\$500) while you are out of town? THANKS

<image002.png>**Elizabeth Alexander** | Legislative Aide  
Office of Councilwoman Vicki Aubrey Welch  
601 W. Jefferson Street | Louisville, KY 40202  
p: (502) 574-1113 f: (502) 574-4422  
[www.louisvilleky.gov/district13](http://www.louisvilleky.gov/district13)



## Boles, Brian

---

**From:** Yates, David  
**Sent:** Friday, March 23, 2018 11:24 AM  
**To:** Boles, Brian  
**Subject:** KY Shakespeare NDF

Brian,

You have my permission to sign for the KY Shakespeare NDF for \$500.00.

Thank you,



**David Yates**

District 25 Councilman  
601 West Jefferson St, 3rd floor  
Louisville, KY 40202  
Email: [david.yates@louisvilleky.gov](mailto:david.yates@louisvilleky.gov)  
Office: (502) 574-1125

**Notice of Confidentiality: This e-mail, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply e-mail and destroy (delete) all forms of the original message.**

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

**Program Name and Request Amount** *Shakespeare in the Parks*

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

Prepared by: *Trunda Mitchell Smith* Date: *3-20-2018*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Kentucky Shakespeare, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 323 W. Broadway, Suite 401, Louisville, KY 40202			
<b>Website:</b> www.kyshakespeare.com			
<b>Applicant Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Director
<b>Phone:</b>	502.574.9900	<b>Email:</b>	matt@kyshakespeare.com
<b>Financial Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Director
<b>Phone:</b>	502.574.9900	<b>Email:</b>	matt@kyshakespeare.com
<b>Organization's Representative who attended NDF Training:</b> Amy Attaway, Associate Artistic Director			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	See Attached Sheet		
<b>Council District(s):</b>	See Attached Sheet	<b>Zip Code(s):</b>	See Attached Sheet
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Shakespeare in the Parks MIDSUMMER NIGHT'S DREAM tour			
<b>Total Request: (\$)</b>	26,500	<b>Total Metro Award (this program) in previous year: (\$)</b>	32,900
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
Source:	EAF - Libraries Tour	Amount: (\$)	4,000
Source:	EAF - Immigrants Prog.	Amount: (\$)	2,500
Source:	EAF - Central Park	Amount: (\$)	12,000
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## **SECTION 1 – ATTACHMENT**

### **Program Facility Locations:**

Baxter Square Park, Cox's Park, Emerson Park, Riverview Park, Chickasaw Park, Highview Park, Tyler Park, Russell Lee Park, Victory Park, Sun Valley Park, Hounz Lane Park, Petersburg Park, Broad Run Park, Story Avenue Park, Iroquois Park

### **Metro Council Districts:**

1, 2, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 17, 20, 23, 25

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

40201	40207	40219
40203	40207	40223
40204	40211	40258
40205	40214	40272
40206	40218	40291

(Audience members will also come from neighboring zip codes.)





## 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 108,000 people per year.

Kentucky Shakespeare travels the state presenting education outreach programs for youth serving 69,000+ students per year as the largest in-state touring arts provider in Kentucky.

Community programs include Shakespeare in the Libraries, Shakespeare in the Parks, Shakespeare With Veterans, Teaching Tolerance and Conflict Resolution, Cancer Survivorship Shakespeare at Norton Cancer Institute, and the flagship program, Kentucky Shakespeare Festival in Central Park.

Kentucky Shakespeare has been recognized by the Folger Library and the Kentucky Humanities Council for exemplary programming, was a finalist for the Excellence in Summer Learning Award at John Hopkins University, is a multi-year recipient of the National Endowment for the Arts Shakespeare in American Communities program, and is a past recipient of the Kentucky Governor's Award in the Arts. Kentucky Shakespeare has also been awarded multiple LEO Weekly Reader's Choice and Broadway World Louisville Regional Awards. In 2015, Kentucky Shakespeare received the Center for Nonprofit Excellence's Art of Vision Pyramid Award and in 2017 received the Louisville Awards in the Arts Bobby Petrino Family Foundation Arts Impact Award.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Kerry Wang, Chair - Humana	08/2013
Elizabeth Siebert, Treasurer - LG&E	08/2023
Liam Felsen, Secretary - Frost, Brown, Todd	08/2024
Diane Bailey-Boulet, Humana	08/2025
Merry Cossey Corlett, Community Liaison	08/2024
Rosie Felfle, Kindred	08/2025
Kevin Gibson, Humana	08/2024
Culver Halliday, Stoll, Keenon, Ogden	08/2022
Shannon Harris, UPS	08/2024
Lane Hettich, Neace Lukens	08/2024
David James, Louisville Metro	08/2022
Jeff Koleba, Churchill Downs	08/2025
Dr. Peter Tanguay, University of Louisville	08/2022
Brooke Zimmerman, White Clay	08/2023
Blake Counsell, Republic Bank	08/2033

**Describe the Board term limit policy:**

Three year terms and three-term limit.

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

Three Highest Paid Staff Names	Annual Salary
Matt Wallace, Producing Artistic Director	75,708
Robert Silverthorn, Dir. of Operations and Marketing	58,888
Kyle Ware, Dir. of Operations	41,637



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

This is the fifth year of our annual "Shakespeare in the Parks" tour. This year's production is our 90-minute, 6-actor production of Shakespeare's classic comedy A MIDSUMMER NIGHT'S DREAM. Flyer and photos of past attached.

4/7/18 - 1:00PM - Baxter Square Park - Councilwoman Barbara Sexton-Smith, D4 (\$2,000)

4/14/18 - 1:00PM - Cox's Park - CW Leet, D7 (\$1,000) & CM Hollander, D9 (\$1,000)

4/14/18 - 6:30PM - Emerson Park - Councilman Pat Mulvihill, D10 (\$2,000)

4/15/18 - 1:00PM - Riverview Park - Councilman Rick Blackwell, D12 (\$2,000)

4/15/18 - 6:30PM - Chickasaw - Councilwoman Cheri Bryant Hamilton, D5 (\$2,000)

4/20/18 - 6:30PM - Highview Park - Councilman James Peden, D23 (\$2,000)

4/22/18 - 6:30PM - Tyler Park - Councilman Brandon Coan, D8 (\$500) (Other \$1,500 paid by Neighborhood Assoc.)

4/27/18 - 10:00AM - Russell Lee Park - Councilwoman Jessica Green, D1 (\$2,000)

4/28/18 - 1:00PM - Victory Park - Councilman David James, D6 (\$2,000)

4/29/18 - 6:30PM - Sun Valley Park - Councilwoman Cindi Fowler, D14 (\$2,000)

5/6/18 - 6:30PM - Hounz Lane Park - Councilman Glen Stuckel, D17 (\$2,000)

5/12/18 - 6:30PM - Petersburg Park - Councilwoman Barbara Shanklin, D2 (\$2,000)

5/13/18 - 1:00PM - Broad Run Park - Councilman Stuart Benson, D20 (\$1,500. non-metro park)

5/19/17 - 6:30PM - Story Avenue Park - Councilman Bill Hollander, D9 (\$1,000. White Clay sponsoring other 1/2)

Date TBD - Iroquois Park - Councilwoman Vicky Aubrey Welch, D13 (\$500), Councilwoman Marianne Butler, D15 (\$500), Council President David Yates, D25 (\$500)

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

The cost is \$2,000 per park performance which covers the cost of the cast of professional actors, stage manager, sound/microphone engineer, costuming, director, education director, and partial rehearsal cost.

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

Explanations, please note:

- For the Story Avenue performance, White Clay Consulting is co-hosting and splitting the \$2,000 cost with Councilman Hollander.

- For Iroquois Park performance, Councilwoman Butler, Councilwoman Welch, and Council President Yates are contributing \$500 each. In the past four years, District 21 has also contributed. We will inquire about that 1/4 once that position has been filled.

- For the Cox's Park performance, Councilwoman Leet and Councilman Hollander are splitting the \$2,000 cost.

- For the Tyler Park performance, the Tyler Park Neighborhood Association is covering \$1,500 of the cost and Councilman Coan is sponsoring the remaining \$500.

- The cost of the Broad Run Park performance in the Parklands, sponsored by Councilman Benson is \$1,500. Because it's a non-Metro park and the Parklands are handling some of it, cost will be less.

## 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 the community.

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

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

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

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

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

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

Kentucky Shakespeare has been working with Louisville Metro Parks to take this historic step and branch out into multiple area Parks - 23 total parks this spring (including non-Metro/non-NDF performances.)

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	26500	15805	42305
<b>B: Rent/Utilities</b>		4500	4500
<b>C: Office Supplies</b>		500	500
<b>D: Telephone</b>			
<b>E: In-town Travel</b>		6000	6000
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>		2000	2000
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>		700	700
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	26500	29505	56005
<b>% of Program Budget</b>	47 %	53 %	<b>100%</b>

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

Other State, Federal or Local Government	25000
United Way	
Private Contributions (do not include individual donor names)	4505
Fees Collected from Program Participants	
Other (please specify)	
<b>Total</b>	<b>29505</b>

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteer ushers - 100 hours	\$825	minimum wage
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$825	

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

**Agency Fiscal Year Start Date:** 9/1

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

**If YES, please explain:**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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


#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	Dec 8, 2017
<b>Legal Signatory: (please print):</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Dir.
<b>Phone:</b>	502-574-9900	<b>Extension:</b>	12
<b>Email:</b>	matt@kyshakespeare.com		



**KENTUCKY  
SHAKESPEARE**

# SHAKESPEARE IN THE PARKS

# A Midsummer Night's Dream

For 57 seasons, Kentucky Shakespeare—a not-for-profit charitable organization, professional theatre company and the oldest free Shakespeare Festival in the United States—has offered Shakespeare in Central Park to all members of the Louisville community with no cost for admission.

For the past four years Kentucky Shakespeare has been touring the “Shakespeare in the Parks” program to multiple parks outside of Central Park to over 20 area parks annually. This spring, we’re hitting the road once more!

Late March through early May 2018, you’ll have the opportunity to bring **A MIDSUMMER NIGHT’S DREAM** to your neighborhood once more, with this brand new six-actor, ninety-minute adaptation of Shakespeare’s classic comedy.

## **Technical Needs:**

None.

The production is self-contained and performed by a cast of professional actors with set, costumes, and microphones/sound system.

Availability is limited and performances filled on a first come, first serve basis.

In case of inclement weather, Kentucky Shakespeare will secure rain space for each location.

## **Scheduling:**

Contact Producing Artistic Director

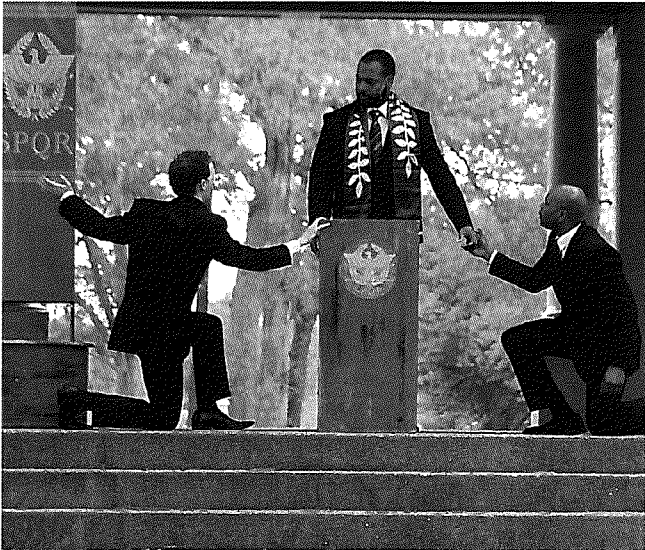
Matt Wallace:

[matt@kyshakespeare.com](mailto:matt@kyshakespeare.com);

502.574.9900



**Kentucky Shakespeare**  
**Shakespeare in the Parks Tour – Past Performances**



RECOGNIZED SUPPORTING MATERIAL



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

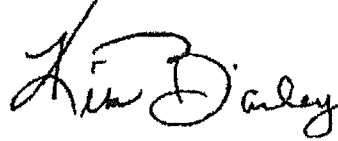


0752857510  
Nov. 17, 2014 LTR 4168C 0  
[REDACTED] 201312 67  
00021618

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 2017-2018 Budget

<b>INCOME</b>	<b>2017-2018 BUDGET</b>
<b>CONTRIBUTED INCOME</b>	
Corporate	\$50,000
Foundation	\$235,000
Government	\$55,000
Individuals	\$189,000
<b>Total Contributed Income</b>	<b>\$529,000</b>
<b>EARNED INCOME</b>	
Production	\$131,500
Programs Fees	\$380,000
Other Earned Income	\$44,000
<b>Total Earned Income</b>	<b>\$531,500</b>
<b>TOTAL INCOME</b>	<b>\$1,060,500</b>
<b>EXPENSE</b>	
Administration	\$333,273
Development	\$16,700
Education	\$160,068
Other Types of Expenses	\$100,609
Payroll Expense	\$125,000
Production - Summer	\$262,599
Production - Fall	\$33,310
<b>Total Expense</b>	<b>\$1,031,559</b>
<b>Net Income</b>	<b>\$28,941</b>

**Kentucky Shakespeare**  
**Balance Sheet**  
 As of August 31, 2018

	Aug 31, 18
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Fifth Third	11,124.83
Fifth Third - Savings	15.06
Republic Bank	11,691.12
Republic Bank - Savings	224.23
<b>Total Checking/Savings</b>	<b>23,055.24</b>
Accounts Receivable	
Accounts Receivable	176,662.70
<b>Total Accounts Receivable</b>	<b>176,662.70</b>
Other Current Assets	
Undeposited Funds	251.86
<b>Total Other Current Assets</b>	<b>251.86</b>
<b>Total Current Assets</b>	<b>199,969.80</b>
<b>Fixed Assets</b>	
Furniture and Equipment	
1400 Property & Equipment	20,590.62
1410 KSF Equipment	128,313.12
1411 Vehicles	37,471.50
1412 Accum Deprec Vehicles	-32,546.41
1413 Lighting & Sound Equipment	55,754.00
1420 Accum Deprec Equipment	-120,682.18
1421 Accum Deprec Furn/Fix	-912.10
1430 Leasehold Improvements	321,237.87
1440 Accum Deprec Leaseholds	-277,452.18
1450 Furniture & Fixtures	2,801.95
<b>Total Furniture and Equipment</b>	<b>134,576.19</b>
<b>Total Fixed Assets</b>	<b>134,576.19</b>
<b>TOTAL ASSETS</b>	<b>334,545.99</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	
Accounts Payable	48,959.26
<b>Total Accounts Payable</b>	<b>48,959.26</b>
<b>Other Current Liabilities</b>	
Payroll Liabilities	
Federal Income Tax/941	52,375.99
KY State Income Tax/K-1	13,112.74
Local Income Tax/W1	6,066.37
Medicare	
Company	-1,516.32
Employee	8,158.03
Medicare - Other	159.50
<b>Total Medicare</b>	<b>6,801.21</b>
Social Security	
Company	-5,645.03
Employee	33,663.19
Social Security - Other	-156.42
<b>Total Social Security</b>	<b>27,861.74</b>
Payroll Liabilities - Other	987.45
<b>Total Payroll Liabilities</b>	<b>107,205.50</b>

**Kentucky Shakespeare**  
**Balance Sheet**  
As of August 31, 2018

	<u>Aug 31, 18</u>
Retirement Account	
403B Company Match	-184.14
403B Employee Contribution	-863.21
<b>Total Retirement Account</b>	<u>-1,047.35</u>
<b>Total Other Current Liabilities</b>	<u>106,158.15</u>
<b>Total Current Liabilities</b>	155,117.41
Long Term Liabilities	
Other Liabilities	
Prior Years - Federal	88,048.36
Prior Years - KY Unemployment	12,330.53
<b>Total Other Liabilities</b>	<u>100,378.89</u>
<b>Total Long Term Liabilities</b>	<u>100,378.89</u>
<b>Total Liabilities</b>	255,496.30
Equity	
Opening Balance Equity	73,828.08
Unrestricted Net Assets	-45,132.60
Net Income	50,354.21
<b>Total Equity</b>	<u>79,049.69</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>334,545.99</u></u>

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning SEP 1, 2015 and ending AUG 31, 2016

B Check if applicable: C Name of organization: KENTUCKY SHAKESPEARE, INC. D Employer identification number: E Telephone number: (502) 574-9900 G Gross receipts \$: 875,021. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.KYSHAKESPEARE.COM K Form of organization: L Year of formation: 1960 M State of legal domicile: KY

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer MATT WALLACE. Date. Paid Preparer: CHRISTINE N KOENIG. Preparer's signature, Date, PTIN, Firm's name: DEMING MALONE LIVESAY & OSTROFF PSC, Firm's address: 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187, Phone no. (502) 426-9660.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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:

GROUNDING IN THE WORKS OF SHAKESPEARE, WE ENRICH OUR COMMUNITY BY PRESENTING ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE, INSPIRE AND ENTERTAIN PEOPLE OF ALL AGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 456,922. including grants of \$ ) (Revenue \$ 124,391.)

KENTUCKY SHAKESPEARE, INC. PRODUCES A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE PUBLIC.

4b (Code: ) (Expenses \$ 248,904. including grants of \$ ) (Revenue \$ 300,765.)

THE ORGANIZATION OPERATES AN EDUCATIONAL OUTREACH PROGRAM THAT IS OFFERED THROUGHOUT THE KENTUCKIANA AREA.

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

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 705,826.

**Part IV Checklist of Required Schedules**

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



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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Main form table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KENTUCKY SHAKESPEARE, INC. - (502) 574-9900 323 W. BROADWAY, SUITE 401, LOUISVILLE, KY 40202

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILLIP ALLEN CHAIR	1.00	X		X				0.	0.	0.
(2) KERRY WANG TREASURER	1.00	X		X				0.	0.	0.
(3) AMANDA GREGORY SECRETARY	1.00	X		X				0.	0.	0.
(4) MERA COSSEY CORLETT BOARD MEMBER	1.00	X						0.	0.	0.
(5) AMY EISENBACK BOARD MEMBER	1.00	X						0.	0.	0.
(6) ROSIE FELFE BOARD MEMBER	1.00	X						0.	0.	0.
(7) KEVIN GIBSON BOARD MEMBER	1.00	X						0.	0.	0.
(8) CULVER HALLIDAY BOARD MEMBER	1.00	X						0.	0.	0.
(9) SHANNON HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(10) LANE DENALI HETTICH BOARD MEMBER	1.00	X						0.	0.	0.
(11) THADDEUS HOOVER BOARD MEMBER	1.00	X						0.	0.	0.
(12) DAVID JAMES BOARD MEMBER	1.00	X						0.	0.	0.
(13) JEFF KOLEBA BOARD MEMBER	1.00	X						0.	0.	0.
(14) EMILY PAGORSKI BOARD MEMBER	1.00	X						0.	0.	0.
(15) ELIZABETH CHERRY SIEBERT BOARD MEMBER	1.00	X						0.	0.	0.
(16) MATT WALLACE PRODUCING ARTISTIC DIRECTOR	40.00			X				66,771.	0.	4,304.
(17) DR. PETER TANGUAY BOARD MEMBER	1.00							0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	7,866.					
	d	Related organizations						
	e	Government grants (contributions)	45,820.					
	f	All other contributions, gifts, grants, and similar amounts not included above	390,110.					
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f		443,796.				
	Program Service Revenue	2 a	<b>EDUCATIONAL PROGRAMS</b>	Business Code 711190	291,017.	291,017.		
b		<b>PRODUCTIONS</b>	711190	120,360.	120,360.			
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		411,377.				
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 \$ 7,866. of contributions reported on line 1c). See Part IV, line 18	a	6,069.				
	b	Less: direct expenses	b	16,673.				
c	Net income or (loss) from fundraising events		<10,604.>		<10,604.>			
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	<b>OTHER INCOME</b>	711190	13,779.	13,779.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		13,779.					
12	<b>Total revenue.</b> See instructions.		858,348.	425,156.	0.	<10,604.>		

**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 .....	84,225.	36,217.	14,319.	33,689.
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 .....	186,153.	145,665.	38,546.	1,942.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	16,120.	12,981.	2,659.	480.
10 Payroll taxes .....	29,955.	21,754.	4,973.	3,228.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	6,225.		6,225.	
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.)	300.		300.	
12 Advertising and promotion .....	37,568.	36,961.	300.	307.
13 Office expenses .....	20,610.	2,135.	15,275.	3,200.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	22,431.	16,947.	5,437.	47.
17 Travel .....	25,870.	17,285.	8,585.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	6,323.		6,323.	
20 Interest .....	4,868.		4,868.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	49,730.	47,244.	2,486.	
23 Insurance .....	19,338.	17,404.	1,934.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>ACTORS CONTRACTS</b>	186,363.	186,363.		
b <b>PRODUCTION EXPENSE</b>	109,811.	109,811.		
c <b>EDUCATION EXPENSE</b>	55,059.	55,059.		
d <b>MISCELLANEOUS</b>	5,603.		5,603.	
e All other expenses	11,189.		11,189.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	877,741.	705,826.	129,022.	42,893.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	10,961.	1	201.
	<b>2</b> Savings and temporary cash investments .....		2	
	<b>3</b> Pledges and grants receivable, net .....	102,928.	3	131,732.
	<b>4</b> Accounts receivable, net .....	1,975.	4	4,217.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....	3,611.	9	1,545.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 743,586.		
	<b>b</b> Less: accumulated depreciation .....	10b 485,398.	10c 302,309.	258,188.
	<b>11</b> Investments - publicly traded securities .....		11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
	<b>15</b> Other assets. See Part IV, line 11 .....		15	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	421,784.	16	395,883.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	182,170.	17	180,191.
	<b>18</b> Grants payable .....		18	
	<b>19</b> Deferred revenue .....		19	
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> 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	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<b>25</b> 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 .....	6,531.	25	2,002.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	188,701.	26	182,193.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	193,264.	27	189,440.
	<b>28</b> Temporarily restricted net assets .....	39,819.	28	24,250.
	<b>29</b> Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32	
<b>33</b> <b>Total net assets or fund balances</b> .....	233,083.	33	213,690.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	421,784.	34	395,883.	

**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	858,348.
2	Total expenses (must equal Part IX, column (A), line 25)	2	877,741.
3	Revenue less expenses. Subtract line 2 from line 1	3	<19,393.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233,083.
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	213,690.

**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		

Form 990 (2015)



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	491,562.	593,142.	372,490.	577,985.	443,796.	2478975.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	491,562.	593,142.	372,490.	577,985.	443,796.	2478975.
<b>5</b> 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) .....						318,604.
<b>6 Public support.</b> Subtract line 5 from line 4.						2160371.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	491,562.	593,142.	372,490.	577,985.	443,796.	2478975.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	9,730.	50,542.	104,753.	47,190.	13,779.	225,994.
<b>11 Total support.</b> Add lines 7 through 10 .....						2704969.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,254,357.
<b>13 First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	79.87 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	79.73 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>	

Schedule A (Form 990 or 990-EZ) 2015

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	15	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	16	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on 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**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>4a</b> 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>b</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.		
<b>c</b> 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.		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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.		
<b>2</b> 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
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



**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](http://www.irs.gov/form990).

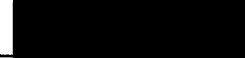
OMB No. 1545-0047

**2015**

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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) (2015)

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**



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

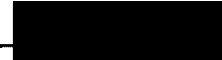
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>17,832.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>19,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>54,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**



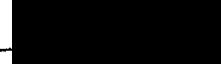
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization

Employer identification number

**KENTUCKY SHAKESPEARE, INC.**



**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
13		\$ 12,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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 <b>KENTUCKY SHAKESPEARE, INC.</b>	Employer identification number <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		496,551.	303,032.	193,519.
d Equipment		247,035.	182,366.	64,669.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				258,188.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	2,002.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	886,784.
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	10,604.	
e	Add lines 2a through 2d	2e		28,436.
3	Subtract line 2e from line 1		3	858,348.
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	858,348.

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

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

1	Total expenses and losses per audited financial statements		1	906,177.
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	10,604.	
e	Add lines 2a through 2d	2e		28,436.
3	Subtract line 2e from line 1		3	877,741.
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	877,741.

**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 XIII** Supplemental information (continued)



Multiple horizontal lines for supplemental information.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2015**

▶ Attach to Form 990 or 990-EZ.

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number

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

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 A, LINE 4:

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

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.

Name of the organization

KENTUCKY SHAKESPEARE, INC.

Employer identification number



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](http://www.irs.gov/form8868) .**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- 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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>KENTUCKY SHAKESPEARE, INC.</b>	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. <b>323 W. BROADWAY, NO. 401</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40202</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (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

• 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, 2017**, 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, 2015**, and ending **AUG 31, 2016**

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 <b>Balance due.</b> 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.

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

\* \* \* \* \*

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

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

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

**ARTICLE I**

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



## ARTICLE II

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

## ARTICLE III

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

## ARTICLE IV

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

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

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

#### ARTICLE V

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

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

#### ARTICLE VI

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

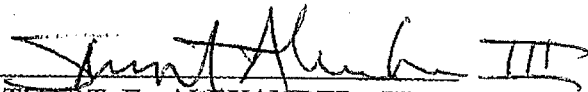
#### ARTICLE VII

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

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

**ARTICLE VIII**

The corporation shall be governed by its By-laws.

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

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

**Kentucky Shakespeare, Inc.**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....

Exempt payee

Other (see instructions) ▶ **not-for-profit charitable organization**

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

**323 West Broadway, Suite 401**

Requester's name and address (optional)

City, state, and ZIP code

**Louisville, KY 40202**

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

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

Social security number

or

Employer identification number

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

### Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**

Signature of U.S. person ▶



Date ▶

**11/21/17**

### General Instructions

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

#### Purpose of Form

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

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

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

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

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

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

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

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

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

**KENTUCKY SHAKESPEARE, INC.**

**FINANCIAL STATEMENTS**

**Years Ended August 31, 2016 and 2015**

## Table of Contents

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Statements of activities	4
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Statements of cash flows	6
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## **Independent Auditors' Report**

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

We have audited the accompanying financial statements of Kentucky Shakespeare, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2016 and 2015, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

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

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

### **Auditors' Responsibility**

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

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



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

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kentucky Shakespeare, Inc. as of August 31, 2016 and 2015, 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, Linsay & Petroff*

Louisville, Kentucky  
March 30, 2017

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF FINANCIAL POSITION**

August 31, 2016 and 2015

<b>Assets</b>	<u>2016</u>	<u>2015</u>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 201	\$ 10,961
Grants receivable	131,732	102,928
Other receivables	4,217	1,975
Prepaid expenses	<u>1,545</u>	<u>3,611</u>
<b>Total current assets</b>	<u>137,695</u>	<u>119,475</u>
 <b>Property and Equipment</b>		
Leasehold improvements	496,551	495,442
Vehicles	37,472	37,472
Equipment	207,283	202,783
Furniture and fixtures	<u>2,280</u>	<u>2,280</u>
	743,586	737,977
Less accumulated depreciation	<u>485,398</u>	<u>435,668</u>
	<u>258,188</u>	<u>302,309</u>
<b>Total assets</b>	<u>\$ 395,883</u>	<u>\$ 421,784</u>

See Notes to Financial Statements.

<b>Liabilities and Net Assets</b>	<u>2016</u>	<u>2015</u>
<b>Current Liabilities</b>		
Current maturities of capital leases	\$ 2,002	\$ 4,529
Accounts payable	46,759	55,022
Accrued expenses	<u>133,432</u>	<u>127,148</u>
<b>Total current liabilities</b>	182,193	186,699
<b>Long-Term Liabilities</b>		
Capital leases, less current maturities	<u>                    </u>	<u>2,002</u>
<b>Total liabilities</b>	<u>182,193</u>	<u>188,701</u>
<b>Net Assets</b>		
Unrestricted	189,440	193,264
Temporarily restricted	<u>24,250</u>	<u>39,819</u>
<b>Total net assets</b>	<u>213,690</u>	<u>233,083</u>
<b>Total liabilities and net assets</b>	<u><u>\$ 395,883</u></u>	<u><u>\$ 421,784</u></u>

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF ACTIVITIES**  
Years Ended August 31, 2016 and 2015

	2016		
	Unrestricted	Temporarily Restricted	Total
<b>Revenues and Other Support</b>			
Grants	\$ 92,498	\$ 190,290	\$ 282,788
Contributions	140,216	12,926	153,142
Gifts in-kind and contributed services	17,832		17,832
Education programs	291,017		291,017
Productions	120,360		120,360
Special events (net of cost of direct benefits to donors of \$6,069 in 2016 and \$5,955 in 2015)	7,866		7,866
Forgiveness of debt			.
Other income	13,779		13,779
	683,568	203,216	886,784
Net assets released from restrictions	218,785	(218,785)	
<b>Total revenues and other support</b>	<b>902,353</b>	<b>(15,569)</b>	<b>886,784</b>
<b>Expenses</b>			
Program services	714,742		714,742
Management and general	137,760		137,760
Fund-raising	53,675		53,675
<b>Total expenses</b>	<b>906,177</b>		<b>906,177</b>
<b>Net (decrease) increase in total net assets</b>	<b>(3,824)</b>	<b>(15,569)</b>	<b>(19,393)</b>
Net assets, beginning of year	193,264	39,819	233,083
Net assets, end of year	<b>\$ 189,440</b>	<b>\$ 24,250</b>	<b>\$ 213,690</b>

See Notes to Financial Statements.

2015

<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
\$ 152,327	\$ 184,960	\$ 337,287
110,064	96,472	206,536
26,832		26,832
241,483		241,483
59,259		59,259
25,162		25,162
40,120		40,120
7,070		7,070
<u>662,317</u>	<u>281,432</u>	<u>943,749</u>
<u>251,360</u>	<u>(251,360)</u>	
<u>913,677</u>	<u>30,072</u>	<u>943,749</u>
662,442		662,442
134,521		134,521
<u>24,317</u>		<u>24,317</u>
<u>821,280</u>		<u>821,280</u>
92,397	30,072	122,469
<u>100,867</u>	<u>9,747</u>	<u>110,614</u>
<u>\$ 193,264</u>	<u>\$ 39,819</u>	<u>\$ 233,083</u>

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF FUNCTIONAL EXPENSES**

Years Ended August 31, 2016 and 2015

	2016					
	Productions	Education	Total Program Services	Management and General	Fund- Raising	Total
Salaries	\$ 57,952	\$ 122,079	\$ 180,031	\$ 52,133	\$ 33,910	\$ 266,074
Actors contracts	186,363		186,363			186,363
Education contract labor		45,630	45,630			45,630
Production expense	70,478		70,478			70,478
Rent	11,689	14,174	25,863	14,175	225	40,263
Advertising	28,324	8,637	36,961	300	307	37,568
Payroll taxes	5,554	16,200	21,754	4,973	3,228	29,955
Travel	166	17,119	17,285	8,585		25,870
Merchandise and concessions	21,380		21,380			21,380
Employee benefits	3,787	11,045	14,832	3,391	2,201	20,424
Insurance	13,536	3,868	17,404	1,934		19,338
Equipment rental and expense	13,533	1,791	15,324	641		15,965
Development					10,604	10,604
Office supplies				5,925	3,067	8,992
Dues and subscriptions				8,309		8,309
Housing	4,420	2,210	6,630			6,630
Professional fees				6,525		6,525
Conference expense				6,323		6,323
Miscellaneous expense				5,603		5,603
Education expense		5,428	5,428			5,428
Interest expense				4,868		4,868
Bank charges				4,819		4,819
Payroll tax penalties				3,227		3,227
Meals and entertainment				3,143		3,143
Telephone	134	2,001	2,135	400	133	2,668
Total expenses before depreciation	417,316	250,182	667,498	135,274	53,675	856,447
Depreciation	39,784	7,460	47,244	2,486		49,730
<b>Total</b>	<b>\$ 457,100</b>	<b>\$ 257,642</b>	<b>\$ 714,742</b>	<b>\$ 137,760</b>	<b>\$ 53,675</b>	<b>\$ 906,177</b>

See Notes to Financial Statements.

2015

<u>Productions</u>	<u>Education</u>	<u>Total Program Services</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total</u>
\$ 48,895	\$ 94,798	\$ 143,693	\$ 36,277	\$ 1,750	\$ 181,720
158,438		158,438			158,438
	89,673	89,673			89,673
49,377		49,377			49,377
16,822	11,374	28,196	14,524	225	42,945
13,868	11,950	25,818	5,325	1,408	32,551
4,210	12,803	17,013	3,123	151	20,287
228	10,713	10,941	9,532		20,473
22,499		22,499			22,499
4,062	15,088	19,150	3,013	145	22,308
13,506	3,859	17,365	1,929		19,294
8,343	500	8,843	703		9,546
				17,077	17,077
			7,279	3,335	10,614
			7,021		7,021
4,455	13,091	17,546			17,546
			18,245		18,245
			8,851		8,851
			3,134		3,134
	6,044	6,044			6,044
			3,243		3,243
			4,722		4,722
			3,454		3,454
	450	450	1,164		1,614
905	2,714	3,619	678	226	4,523
345,608	273,057	618,665	132,217	24,317	775,199
36,865	6,912	43,777	2,304		46,081
<u>\$ 382,473</u>	<u>\$ 279,969</u>	<u>\$ 662,442</u>	<u>\$ 134,521</u>	<u>\$ 24,317</u>	<u>\$ 821,280</u>



**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF CASH FLOWS**  
Years Ended August 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<b>Cash Flows from Operating Activities</b>		
Cash received from grants and contributions	\$ 404,884	\$ 527,223
Cash received from productions, education and other sources	439,091	338,929
Cash paid to suppliers and employees	(792,706)	(758,600)
Interest paid	<u>(4,868)</u>	<u>(3,243)</u>
<b>Net cash provided by operating activities</b>	<u>46,401</u>	<u>104,309</u>
<b>Cash Flows Used in Investing Activities</b>		
Expenditures for property and equipment	<u>(52,632)</u>	<u>(131,912)</u>
<b>Cash Flows Used in Financing Activities</b>		
Principal payments under capital leases	<u>(4,529)</u>	<u>(4,165)</u>
<b>Net decrease in cash and cash equivalents</b>	(10,760)	(31,768)
Cash and cash equivalents, beginning of year	<u>10,961</u>	<u>42,729</u>
Cash and cash equivalents, end of year	<u>\$ 201</u>	<u>\$ 10,961</u>

See Notes to Financial Statements.

	<u>2016</u>	<u>2015</u>
<b>Reconciliation of Net (Decrease) Increase in Total Net Assets to Net Cash Provided by Operating Activities</b>		
<b>Net (decrease) increase in total net assets</b>	<u>\$ (19,393)</u>	<u>\$ 122,469</u>
Adjustments to reconcile net (decrease) increase in total net assets to net cash provided by operating activities:		
Depreciation	49,730	46,081
In-kind contribution of equipment		(9,000)
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	(28,804)	(19,053)
Other receivables	(2,242)	2,453
Prepaid expenses	2,066	(3,611)
Increase (decrease) in:		
Accounts payable	38,760	(33,230)
Accrued expenses	<u>6,284</u>	<u>(1,800)</u>
Total adjustments	<u>65,794</u>	<u>(18,160)</u>
<b>Net cash provided by operating activities</b>	<u>\$ 46,401</u>	<u>\$ 104,309</u>
<b>Supplemental Schedule of Non-Cash Investing Activities</b>		
Purchases of property and equipment in accounts payable	<u>\$ 1,109</u>	<u>\$ 48,132</u>

## KENTUCKY SHAKESPEARE, INC.

### NOTES TO FINANCIAL STATEMENTS

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

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

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

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

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

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

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

## NOTES TO FINANCIAL STATEMENTS

### Use of estimates:

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

### Cash and cash equivalents:

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

### Grants receivable:

The valuation of grants receivable is based upon historical experience and management's evaluation of the current status of receivables. Receivables are considered uncollectible if payment is not received in accordance with the contractual terms. The allowance account is maintained equal to the estimated uncollectible portion of receivables. It is the Organization's policy to charge off uncollectible receivables to the allowance account when management determines they will not be collected. As of August 31, 2016 and 2015, there is no allowance recorded as balances are considered fully collectible.

### Property, equipment and depreciation:

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

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

## NOTES TO FINANCIAL STATEMENTS

### Contributions:

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

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

A summary of in-kind donations and contributed equipment for the years ended August 31, 2016 and 2015 is as follows:

	<u>2016</u>	<u>2015</u>
Rent	\$17,832	\$17,832
Equipment	<u>          </u>	<u>9,000</u>
	<u>\$17,832</u>	<u>\$26,832</u>

A portion of the rent expense for the administrative office building was donated. The in-kind donations are reported at fair market value and are included in the financial statements as gifts in kind and corresponding equipment and rent expense of \$17,832 and \$26,832 for the years ended August 31, 2016 and 2015, respectively.

### Advertising:

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2016 and 2015 was \$37,568 and \$32,551, respectively.

## NOTES TO FINANCIAL STATEMENTS

### **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, 2016, and 2015, 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 March 30, 2017, which is the date the financial statements were available to be issued.

### **Newly issued standards not yet effective:**

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

### **Change in accounting principle:**

In 2016, the Organization changed the accounting policy related to the reporting of restricted contributions to present additional contribution detail. Previously, restricted contributions were reported as increases in unrestricted net assets if the restriction expired in the reporting period in which the revenue was recognized. Restricted contributions are now reported as temporarily or permanently restricted based upon the nature of the restriction. The change has been applied on a retrospective basis. Prior year temporarily restricted grants and contributions were increased by \$238,132 with a corresponding increase to net assets released from restrictions of \$238,132. There was no change to the net increase in total net assets or end of year net assets.

**NOTES TO FINANCIAL STATEMENTS**

**Note 2. Grants Receivable**

Grants receivable are due within one year and consist of the following as of August 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Fund for the Arts	\$ 83,332	\$ 54,024
Kentucky Tourism, Arts and Heritage Cabinet	19,500	
Kentucky Arts Council		604
National Endowment for the Arts		25,000
Louisville/Jefferson County Metro Government	<u>28,900</u>	<u>23,300</u>
 Total grants receivable	 <u>\$131,732</u>	 <u>\$102,928</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, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Vehicle	\$ 19,975	\$ 19,975
Less accumulated depreciation	<u>(18,310)</u>	<u>(14,315)</u>
	<u>\$ 1,665</u>	<u>\$ 5,660</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
2017	\$ 2,044	\$ 42	\$ 2,002

## NOTES TO FINANCIAL STATEMENTS

### Note 4. Changes in Temporarily Restricted Net Assets

Changes in temporarily restricted net assets for the years ended August 31, 2016 and 2015 were as follows:

<u>Purpose</u>	<u>Balance 8-31-15</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-16</u>
Property and equipment		\$ 5,350		\$ 5,350
Programs	\$25,000	150,790	\$(156,890)	18,900
Visits to Shakespeare Festivals	1,519		(1,519)	
Salaries	13,300		(13,300)	
Marketing and Promotion		39,500	(39,500)	
Travel to Stratford		10,000	(10,000)	
Scholarships		<u>2,576</u>	<u>(2,576)</u>	
	<u>\$39,819</u>	<u>\$203,216</u>	<u>\$(218,785)</u>	<u>\$24,250</u>

<u>Purpose</u>	<u>Balance 8-31-14</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-15</u>
Property and equipment		\$149,932	\$(149,932)	
Programs		87,000	(62,000)	\$25,000
Visits to Shakespeare Festivals		5,000	(3,481)	1,519
Salaries		20,000	(6,700)	13,300
Marketing and Promotion	<u>\$ 9,747</u>	<u>19,500</u>	<u>(29,247)</u>	
	<u>\$ 9,747</u>	<u>\$281,432</u>	<u>\$(251,360)</u>	<u>\$39,819</u>

As of August 31, 2016, the total temporarily restricted net assets of \$24,250 were in excess of the total available restricted grants receivable and cash of \$19,101 by \$5,149. The Organization plans to replenish the funds out of operations during the next fiscal year. The Organization anticipates that the donors will not require the contributions to be returned to the donors, and accordingly, no provision has been made for any liabilities that might arise from this noncompliance.

### Note 5. Employee Benefit Plan

Effective September 1, 2015, the Organization adopted a 401(k) Profit Sharing Plan covering all eligible employees. Employees may contribute an amount of their gross pay subject to certain limitations, and are eligible to receive employer discretionary matching contributions each year. For the year ended August 31, 2016, the Organization elected to make a matching contribution equal to 100% of the first 5% of compensation contributed by an employee. The organization contributed \$1,962 to the plan for the year ended August 31, 2016.



## NOTES TO FINANCIAL STATEMENTS

Effective September 1, 2014, the Organization adopted a SIMPLE IRA Retirement Plan covering all eligible employees. Employees may contribute an amount of their gross pay subject to certain limitations, and are eligible to receive employer discretionary matching contributions each year. For the year ended August 31, 2015, the Organization elected to make a matching contribution equal to 100% of the first 3% of compensation contributed by the employee. The organization contributed \$3,814 to the plan for the year ended August 31, 2015.

### **Note 6. Concentrations and Contingencies**

The Organization receives a significant portion of its revenues from Fund for the Arts. Revenues from Fund for the Arts represented 13% and 15% of net revenues during the years ended August 31, 2016 and 2015, respectively. The receivable due from Fund for the Arts as of August 31, 2016 and 2015 was \$83,332 and \$54,024, 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 defendant in a lawsuit filed by a former employee for breach of contract. The suit seeks compensatory damages plus attorney's fees, costs, and interest. Outside counsel for the Organization has advised that they cannot offer an opinion as to the probable outcome. In management's opinion, the Organization has sufficient contract rights and/or adequate legal defenses respecting these actions and does not believe that they will materially affect the Organization's operations or financial position.

### **Note 7. Reclassifications**

Certain amounts on the 2015 financial statements were reclassified to correspond with 2016 classifications, with no effect on previously reported net assets or changes in net assets.

## NOTES TO FINANCIAL STATEMENTS

### Note 8. Operations

As of August 31, 2016, the Organization's current liabilities exceeded its current assets by \$44,498. 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 from a previous administration of approximately \$103,000 by making \$350 monthly payments. The Organization is also monitoring cash flow weekly to meet current cash flow needs. The budget is being monitored to ensure expenses are in line with revenues. The current and budgeted cash flow will be utilized to support operations through the year ending August 31, 2017.

## KENTUCKY SHAKESPEARE INC.

### General Information

<b>Organization Number</b>	0010680
<b>Name</b>	KENTUCKY SHAKESPEARE INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/8/1963
<b>Organization Date</b>	5/8/1963
<b>Last Annual Report</b>	3/5/2018
<b>Principal Office</b>	323 WEST BROADWAY STE. 401 LOUISVILLE, KY 40202
<b>Registered Agent</b>	MATT WALLACE 323 WEST BROADWAY SUITE 401 LOUISVILLE, KY 40202

### Current Officers

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

### Individuals / Entities listed at time of formation

<b>Director</b>	<a href="#">STUART R PAINE</a>
<b>Director</b>	<a href="#">MARTIN R AYERS</a>
<b>Director</b>	<a href="#">C DOUGLAS RAMEY</a>

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

## Images available online

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

<a href="#">Annual Report</a>	3/5/2018	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/15/2017	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/18/2016	1 page	<a href="#">PDF</a>	
<a href="#">Amendment</a>	12/14/2015	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Name Renewal</a>	6/2/2015 9:05:29 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/5/2015	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	2/10/2014 11:16:28 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/10/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/5/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/28/2012	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	11/10/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	11/10/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement Certificate of Existence</a>	10/7/2011 12:49:58 PM	2 pages	<a href="#">PDF</a>	
<a href="#">Reinstatement</a>	10/7/2011 12:47:11 PM	4 pages	<a href="#">PDF</a>	
<a href="#">Administrative Dissolution Return</a>	9/28/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	9/10/2011	1 page	<a href="#">PDF</a>	
<a href="#">Sixty Day Notice Return</a>	7/20/2011	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Certificate of Assumed Name</a>	11/4/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/1/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/15/2009	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Articles of Organization (LLC)</a>	6/17/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/11/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Amendment</a>	3/28/1991	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Statement of Change</a>	4/28/1987	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Revocation of Certificate of Authority</a>	3/15/1987	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Six Month Notice</a>	9/1/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Certificate of Assumed Name</a>	6/29/1984	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/2/1969	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Statement of Change</a>	10/6/1965	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	7/12/1965	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	5/8/1963	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

<a href="#">KENTUCKY SHAKESPEARE</a>	Active
<a href="#">SHAKESPEARE IN CENTRAL PARK, THE KENTUCKY SHAKESPEARE FESTIVAL</a>	Inactive

## Activity History

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

## Microfilmed Images