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

Applicant/Program: Kentucky Shakespeare Festival Inc. / KY Shakespeare C. Douglas Ramey Amphitheatre Benches					
Executive Summary of Request:					
Kentucky Shakespeare is the oldest free Shakespeare Company in the country and travels the state presenting education outreach programs for youth.					
Seating for performances in Central Park has been an issue for years. This \$10,000 NDF request is for the installation of 135 permanent, in ground, steel PVC coated benches.					
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No No					
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.					
6 District # Primary Sponsor Signature \$\line{D000}{\text{Amount}} \ \text{Date}					
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.					
Approved by:					
The state of the s					
Appropriations Committee Chairman Date					
Clerk's Office Only:					
Request Amount: Committee Amended Appropriation:					
Original Appropriation: Council Amended Appropriation:					

CHECE OF METERS COUNCIL CLERK
REVIEWED

DATE 7/16/15 TIME 10:000

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization: Kentucky Shakespeare Festival Inc.	
Program Name: KY Shakespeare Amphitheatre Benches Request Amount: 10, 000	Yes/No/N
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	n/a
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	n/a
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	Yes
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	n/a
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	n/a
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
Operating Budget: Is the organization's current fiscal year operating budget included?	Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	Yes
Board Members: Is the entity's board member list (with term length/term limits) included?	Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	n/a
Rent Requests: Is a copy of signed lease included?	n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Yes
IRS Form W-9: Is the IRS Form W-9 included?	Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	n/a
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a



	SECTION 1 - A	PPLICANT INFORMATIO	N
Legal Name of Appli	cant Organization: Kentu	cky Shakespeare I	Festival Inc
(as listed on: http://www	.sos.ky.gov/business/records)		
Main Office Street &	G	t Broadway, Suite	401, Louisville, KY 40202
Website: WWW.KyS	hakespeare.com		
Applicant Contact:	Matt Wallace	Title:	Producing Artistic Director
Phone:	502-574-9900	Email:	matt@kyshakespeare.com
Financial Contact:	Matt Wallace	Title:	Producing Artistic Director
Phone: 502-574-9900		Email:	matt@kyshakespeare.com
Organization's Repre	esentative who attended NDF 1	_{raining:} Hannah Pru	itt, Education Programs Mgr.
GEO	GRAPHICAL AREA(S) WHERE PI	ROGRAM ACTIVITIES ARI	E (WILL BE) PROVIDED
Program Facility Loca		old Louisville	
Council District(s):	6th District	Zip Code(s):	40208
	SECTION 2 - PROGRAM RI	EQUEST & FINANCIAL IN	FORMATION
PROGRAM/PROJECT	NAME: "Kentucky Shakes	speare C. Douglas	Ramey Amphitheatre Benches
Total Request: (\$)	10,000 Total Met	ro Award (this program)	in previous year: (\$) 4,950
Purpose of Request ((check all that apply):		
	Funds (generally cannot exceed	33% of agency's total or	perating budget)
	ng/services/events for direct be		- • •
	ject of the organization (equipn		
	equired Attachments:	, raminaming, wantaming	
IRS Exempt Status De		Signed lease if rea	nt costs are being requested
Current Year Project		IRS Form W9	and a sound in a sound
List of Board of Dire	ctors (include term & term limits	Evaluation forms	if used in the proposed program
Current financial sta	itement		equired by organization)
Most recent IRS For Articles of Incorpora		Faith Based Organ	nization Certification Form, if required
	rion proposed vendor if request is for	Staff Including th	e 3 highest paid staff
capital expense	proposed relidor in request is for		
For the current fiscal	year ending June 30, list all fur	nds appropriated and/or	received from Louisville Metro
Government for this	or any other program or expens	e, including funds receiv	ed through Metro Federal Grants,
sheet if necessary.	t or Metro Council Appropriatio	n (Neighborhood Develo	pment Funds). Attach additional
	Metro EAF Grant		\$13,300
Source:		/ anount: (4)	Ŧ. 0,000
Source:		Amount: (\$)	
	tacted the BBB Charity Review	for participation?	ne O No
	t the BBB Charity Review Stand		es No
rias are applicant IIIE	Frue DDD Charity Review 2fgU0:	ards? 🔛 Yes 🔲 No	_ 0 = 0



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 travels the state presenting education outreach programs for youth. Kentucky Shakespeare is the largest in-state touring arts provider in Kentucky.

It is our mission to present free activities and Shakespeare in Central Park, enriching the city and Old Louisville community.



SECTION 4 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.); Kentucky Shakespeare's 55th season of free Shakespeare in Central Park, runs June 3-August 9, 2015.

In addition to the three professional productions of MACBETH, THE TEMPEST, and THE TAMING OF THE SHREW, Kentucky Shakespeare will present a week of the annual student production from our Camp Shakespeare Globe Players students, and welcome three local theatre companies to present on the Festival stage.

Last season the festival broke company records, serving over 27,000 community members with Free Shakespeare.

Seating has long been an issue in Central Park and this Central Park improvement consists of the installation of 135 permanent, in-ground, steel PVC coated benches as a permanent park addition to the C. Douglas Ramey Amphitheatre and Central Park.

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

The total cost for the bench project are:

\$70,047 - Belson Benches

\$20,790 - Toadvine Bench installation

Kentucky Shakespeare would like to use \$10,000 in 6th District Metro Funding to assist with cost of the new, permanent, in-ground benches.



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, community event.
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances: Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment): Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
 □ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement: ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application. The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: Kentucky Shakespeare Festival's 10-week festival in Central Park encourages families throughout the city to experience the arts together throughout the summer. 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.

To measure attendance, gage participation and demographics, Kentucky Shakespeare will have a voluntarily sign in and survey for participants/attendees to assess the event and their experience. The data will be compiled and used to build Kentucky Shakespeare and improve future events and outreach activities.

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 event in Central Park.

With the permanent addition, community members will utilize the park benches year-round.

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.

The bench project has been developed in collaboration with Olmstead Parks Conservancy and Metro Parks. Neither organization is able to assist with financial contribution thus we are seeking assistance from Metro Louisville. Kentucky Shakespeare raised the remainder of the budget through individual patron donations.



SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts		20,790	20,790
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment	10,000	60,047	70,047
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	10,000	80,837	90,837
That Program Budget	11 %	88 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	Individuals - \$80,837
Fees Collected from Program Participants	
Other (please specify)	
Fotal Revenue for Columns 2 Expenses **	\$80,837

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



^{**}Must equal or exceed total in column 2.



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

	onor*/Type of Contribution	Value of Contribution	Method of Valuation
	Total Value of In-Kind		
	eer Contribution &Other in Kind)		
y Fiscal	Year Start Date: 09/1		vi 3 min
your Age	ency anticipate a significant increas	se or decrease in your budget fr	om the current fiscal year t
your Age et projec	ency anticipate a significant increas ted for next fiscal year? NO	se or decrease in your budget fr	om the current fiscal year t
your Age et projec	ency anticipate a significant increas ted for next fiscal year? NO	se or decrease in your budget fr YES	om the current fiscal year t
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your Age	ency anticipate a significant increas ted for next fiscal year? NO	e or decrease in your budget fr	om the current fiscal year t



SECTION 6 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- 1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- 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.
- 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).
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
 year end
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 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.

Councilman David James is a member of the KY Shakespeare Board of Directors

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	WWW		Date:	7/7/15
Legal Signatory: (please print):	Matt Wallace		Title:	Producing Artistic D
Phone: 502-574-9900	Extension:	Email:	matt@kys	shakespeare.com

Page 8
Effective April 2014

Invoice # WQ 139694



111 North River Road North Aurora, IL. 60542 sales@belson.com Toll Free: 1-800-323-5664 Phone: 1-630-897-8489 Fax: 1-630-897-0573 Invoice # WQ 139694

	SEICE GENERALITY I AX.	1-030-0	91-05/3		
Model #	Description	LES	Comple	LIMPROS	Unit Total
4030-08	8' Bench With Back, PVC Coated Back/Seat & Frame - In-ground Mount Green Back/Seat Color Black Frame Color	138	97	\$535.00	\$51,895.00
4030-06	6' Bench With Back, PVC Coated Back/Seat & Frame - In-ground Mount Green Back/Seat Color Black Frame Color	110	38	\$448.00	\$17,024.00
	Subtotal	17,566		Subtotal	\$68,919.00
			☐ (Illino	is Only) Tax	\$0.00
				Shipping	\$1,128.00
				Grand Total	\$70,047.00

Bill To:	The state of the	Ship To:	
First Name*	Matt	First Name	Matt
Last Name*	Wallace	Last Name	Wallace
Company	KY Shakespeare Theater	Company	KY Shakespeare Theater
Address*	323 West Broadway	Address*	323 West Broadway
Address		Address	
City*	Louisville	City*	Louisville
State*	KY	State*	KY
Zip Code	40202	Zip Code*	40202
Country		Country	
Phone*	502-419-6964	Phone	502-419-6964
Fax		Fax	
Email	rob@kyshakespeare.com	Email	matt@kyshakespeare com
Email	rob@kyshakespeare.com	Email	matt@kyshakespeare.com

 MODANIN GRADI GIANGGA TANG
Phone Call 24 Hours Prior to Delivery≎

Additional Delivery Services



(LOUISVILLE) P.O. BOX 630900 CINCINNATI OH 45263-0900

KENTUCKY SHAKESPEARE FESTIVAL INC 323 W BROADWAY SUITE 401 LOUISVILLE KY 40202-2476 0

431

Statement Period Date: 4/1/2015 - 4/30/2015 Account Type: Bus Basics Checking Account Number: 7140561965

Banking Center: Downtown Louisville Banking Center Phone: 502-562-5215 Business Banking Support: 877-534-2264

/20/2015 33887 \$1,267.25 33889 3/31/2015 Balton Cuttinors, Inc. # **35,023.50 Thirty-Five Thousand Twenty-Three and 50/100 Beleon Outdoors, Inc 111 North River Road North Autors, IL 60642 THE STATE OF PER ENV 4/10/2015 33889 \$35,023.50 33893



In reply refer to: 0752857510 Nov 17 2014 LTR 4168C 0 201312 67 00021617 BODC: TE

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



014000

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

Dear Taxpayer:

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

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

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

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

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

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 2014-2015 Approved Budget

TOTAL

INCOME

EARNED INCO	MI	Ξ
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Proc	rams

4001 - Shakespeare Alive! 4002 - Touring Shows 190,427 4003 - Outreach

4003 - Professional Training 2 **Youth Tultion** 32,000

4005 - Advertising & Sponsorship

Total Programs Fees 222,427

420 · Productions

4201 - Ticket Sales 4202 - Concessions 7,500 4202-a- Bar 20,000 4203 - Merchandise 20,000 4204 - Vendors

4205 - Advertising & Sponsorship 30,000

Production 77,800

500 · OTHER EARNED INCOME

Board

5000 · Rental 1,500 5001 · Charitable Gaming 5002 - Special Events 17,000 5011 · Miscellaneous Income .

Other Earned Income 18,500 **Total Earned Income** 318,427

CONTRIBUTED INCOME

670 · INDIVIDUALS

Individuala

21,896 Stratford 42,520 6702 · Patrons Tx - Restricted 6703 · Patron Tx - Unrestricted 40,000 6704 - Barreling 41,000 145,416 **680 · CORPORATE INCOME**

6800 · Restricted 30,000 6801 · Unrestricted

75,000 Corporate 105,000

690 · FOUNDATION INCOME

6900 · Restricted 70,000 6901 · Unrestricted 120,000

Foundation 190,000

55 · GOVERNMENT

5501 - Restricted 42,500

	5500 Unrestricted	7,200
Government		49,700
Total Contributed Inc	ome	490,116
TOTAL INCOME		808,543
EXPENSES		
ADMINISTRATION		
750 · SALAR	IES	
	7500 · Regular Earnings-Salary	174,268
	7504 · Employee Insurance	14,400
	7505 · 403B/Adm	8,736
	7507 · Unemployment Expense	5,916
	7508 · Payroll Tax Expense	54,098
Salaries 751 - Rents		287,418
751 · Rents	7511 - Office	
		6,000
	7512 - Warehouse / Shop 7513 - Parking	18,000
Rent	7515 - Faiking	6,480
Utilities		22,660
753 · Commu	nications	
	7531 - Telephone, Internet & Hosting	1,200
	7533 - Wireless	•
Communicat	ons	1,200
754 · OFFICE	SUPPLIES	11440
	7540 · Printing	4,500
	7541 · Postage	5,100
	7543 · Supplies	3,100
	7544 - Misc	448
Office Suppli		13,148
Equipment Lo	2859	
756 · Profess	Ional Fees	
	7561 · Accounting Fees	4,452
	7562 - Audit Fees	6,000
	7563 - Legal	
	IT/Computer	1,800
	7564 · Other	
Professional		12,282
	& Staff Development	2,000
Memberships		3,600
Permits/Licer		1,950
Subscriptions		*
General Liabi	•	10,956
Workers Com Interest Expe	•	4,800
Bank Charges		9.400
Janitorial	-	2,400
Mania		

Meals

Travel		*
Miscellar	neous	300
Total Administration		332.704
Education Expense		
851 · Sea	sonal Labor	
	8511 - Salary	62,100
	8612 - Payroll Taxes	
Seandhai	Labor	62,100
852 · Gue	st Artists (1099)	
	8521 · Director/ Instructor	2,400
	8522 · Actors	*
	8520 · Designers	4,000
	8521 - Crew	*
	Union Pension & Health	8
	852 · GUEST ARTISTS - Other	-
Guest Art	ists	6,400
Program Operations		
853 - Hou	sing	-
Hotels		2,400
854 - Per	Diem	900
	rel & Mileage	4,700
	& Maintained	4,000
855 - Sup		2,000
856 - Pos	tage	4,200
857 - Cos	tumes	1,000
858 - Sou	nd	500
859 - Ligh		50
860 - Prop	perties	500
861 - Set		1,000
Printing		5,000
	ertising & PR	4,340
	ning & Development	1,000
Discounts		34,277
Total Program Operation	ne .	66,317
Total Education		134,817
Dundardian Francis		
Production Expense		
ari Produ	ction Labor	
	8521 - Director	4,000
	Production Manager	6,400
	Technical Director Asst. Tech Director	8,000
	Asst. lech Director Master Electrician	4,200
		5,600
	Master Carpenter House Manager	4,800
	_	4,800
	Stage Manager	5,600
	Asst. Stage Manager	4,800
	Designers	16,000

	Choreographers	4.500
	8522 · Crew	1,500
	FOH Labor	18,000
	Crew - Other	2,800
	Actors (Union & Non)	-
Production		72,000
	ction Materials	158,500
012 F100U	Set	
		9,000
	Scenic / Dressing	1.55
	Properties	2,000
	Lighting	2,000
	Sound	4,000
ma . B At .	Costuming	10,000
-	Materials	27,000
873 Produ	ction Operations	
	Rights & Royality	
	8545 · Housing	6,800
	Travel	1,500
	Supplies	(*)
	8546 · Mileage	500
	8547 · Equipment Rental	500
	8548 · Maintenance	500
	Merchandise	4,000
	Concessions	5,000
Advertisin	ig & PR	10,000
Promotion	al Events	2,000
Gifts & Ent	tertainment	(a)
Printing		2,000
Training &	Development	520
	8549 · Facilities	40,000
Production	n Operations	74,800
Total Production		260,300
95 · FUND RAISING		
951 · Spec	ial Event	11,000.00
952 · PAYO	DUTS	
955 · Fund	raising / Board Development	
Total Fund Raising		11,000
8750 · SALES & USE TA)	(
8750-10 · S	iales & Use Tax-Admin	0.00
Sales & Use Tax		3.55
Total Expense		738,820
Net Income		69,722

Kentucky Shakespeare Board of Directors (2 YEAR TERM, 10 (4 SFMZ)

President

Karen H. Taylor-Richardson,
President, KH Richardson & Co, LLC
4001 Hurstbourne Woods Drive, Louisville, KY 40299
Karen@khrichardson.com
(502) 296-7634

Vice President

Phillip Allen, General Counsel 21C Hotels 700 W. Main Street, Louisville, KY 40202 pallen@21chotels.com (502) 582-6300

Treasurer

Andy Parker, Senior Vice President Wilson & Muir Bank & Trust Co. 130 St. Matthews Ave., Louisville, KY 40207 aparker@wisonmuirbank.com (502) 762-5149

Secretary

Amanda Gregory, Assistant United State Attorney, U.S. Dept. of Justice United States Attorney's Office 717 W. Broadway, Louisville, KY 40202

(310) 869-7503

Amanda Bledsoe, Senior Analyst Internal Communications & Engagement, Yuml Brands 4305 Winchester Rd, Louisville KY 40207

amanda.bledsoe@yum.com (502) 693-6281

Mera Corlett, Community Liaison

John Darr, President John Darr Public Relations 1503 Shelby PI, New Albany, IN 47150 johnd@jd-pr.com

Amy Eisenback, Education Liaison

(502) 475-9637

Culver Halliday, Attorney Stoll Keenon Ogden 500 West Jefferson Street, 2000, PNC Plaza, Louisville, KY 40202 culver.halliday@skofirm.com (502) 568-5707

Thaddeus Hoover, Developer White Clay 1515 Story Avenue, Louisville, KY 40206 ted@whiteclay.com (502) 417-9860

David James, Councilman
Metro Council District 6
601 West Jefferson Street, Louisville, KY 40202
djamesmetro6@aol.com
(502) 751-8484

Emily Pagorski, Attorney, Stoll Keenon Ogden 500 West Jefferson Street, 2000, PNC Plaza, Louisville, KY 40202 emily.pagorski@skofirm.com (502) 568-5763

Elizabeth Cherry Siebert, Sr. Communications Specialist, Corporate Communications
LG&E and KU Energy LLC
220 West Main Street, Louisville, KY 40232
Elizabeth.siebert@lge-ku.com
(502) 262-7111

Dr. Peter Tanguay, Member Emeritus

Kerry Wang, Technology Director Humana 43 Worthing Court, Louisville, KY 40245 kwang@humana.com (502) 500-1803

Kentucky Shakespeare Profit & Loss

	Sep '14 - Lun 15
Ordinary Income/Expense Income Contributed Income	
Corporate Income Corporate-Restricted Corporate-Unrestricted	4 000.00 22 563.01
Total Corporate Income	26,563.01
Foundation Income Foundation-Restricted Foundation-Unrestricted	72 360.00 42.230.91
Total Foundation Income	114,590.91
Government-income Government-Restricted Government-Unrestricted	6 700.00 543.00
Total Government-Income	7,243.00
Individuals Barreling Board Patrons-Restricted Patrons-Unrestricted Stratford	17 642.75 4 628.00 108 400.32 36 155.00 11 256.00
Total Individuals	178,082.07
Total Contributed Income	326,478.99
Discount Earned Income Productions Bar Concessions Merchandise Sponsorships	-24,759.00 15 924.80 2 930.31 3 904.00 15 000.00
Total Productions	37,759.11
Programs Touring Shows Bard Buddies Faerie Tales Living History 1 Living History 2 Living History 3 Residency Spring Tour Staging Shakespeare Two Person Touring Shows - Other	33,435.00 6,595.00 16,650.00 27,740.00 2,040.00 30,940.00 32,850.00 2,755.00 31,500.00 31,043.00
Total Touring Shows	245 548.00
Youth Tuition	36 661.50
Total Programs	282,209.50
Earned Income - Other	680.00
Total Earned Income	320,648.61
Other Earned Income Miscellaneous Income Power2Give	3,979.70 5,645.61

Kentucky Shakespeare Profit & Loss

	Sep '14 - Jun 15
Special Events Bar Concessions Events Merchandise Sponsorships Ticket Sales	634.40 332.39 6 100.00 1 604.94 6 450.00 15 390.00
Total Special Events	30,511.73
Total Other Earned Income	40,137.04
Total Income	662,465.64
Expense Administration Communications Telephone, Internet & Hosting	3 073.34
Total Communications	3,073.34
Conferences/Staff Development Lodging Meals Mileage Per Diem Registration Travel Conferences/Staff Development - Other	411.12 · 38.00 457.60 1 026.31 1 749.00 541.94 7 102.58
Total Conferences/Staff Development	11,426.55
Equipment Leases Marketing Merchandise Printing-Collateral Mater als	756.00 2 959.98 1 010.00
Total Marketing	3,969.98
Memberships & Dues Miscellaneous Office Supplies Miscellaneous Postage	3,143.38 831.00 847.67 600.00
Supplies Copier Paper Copier Toner General Water Supplies - Other	91.9E 637.97 334.54 433.25 1,884.05
Total Supplies	3 381.81
Office Supplies - Other	210.93
Total Office Supplies	5,040.41
Permits & Licenses Prior Year Tax Professional Fees Accountant Auditor IT/Computer Legal Other Total Professional Fees	2,973.33 770.26 470.00 8 000.00 2 772.67 2 500.00 253.50
, (10)0001011011 669	13,996.17

Kentucky Shakespeare Profit & Loss

	Sep '14 - Jun 15
Rents Parking Warehouse Rents - Other	5 946.00 11 435.00 2 970.00
Total Rents	20,351.00
Salaries 403B Company Match 403B Employee Contributions Bonus Employee Benefit 403-b Payroll Tax Regular Earnings Reimbursement Total Salaries	77.22 2 574.42 3 896.00 46.34 1 702.67 128 598.29 3 301.37
	140,196.31
Service Fees & Charges Bank International Converversion Fee Intuit-Payroll PayPal Software Square Service Fees & Charges - Other	202.72 48.44 749.32 430.50 370.90 1 494.86 1 371.55
Total Service Fees & Charges	4,668.29
Sponsorships Subscriptions & Publications Administration - Other	50.00 249.33 809.73
Total Administration	212,305.08
Contract Services Outside Contract Services	1,296.87
Total Contract Services	1,296.87
Depreciation Expense Development Marketing Broadcast-Radio\TV Digital Miscellaneous Printing-Collateral Mater als	42,006.34 340.00 784.08 75.00 226.23
Total Marketing	2,425.31
Postage Special Event Audio\Visual Equipment Event Rentals Amusement Attractions Linens\Staging	1,565.10 :78.40 500.00 16.17
Total Event Rentals	516.17
Food & Catering Beverages Meals Utensits	272.12 230.00 58.94
Total Food & Catering	561.06
Labor Performers\Entertainers Meal Allowance Performers\Entertainers - Other Total Performers\Entertainers	209.92 13.180.00
Total Follomers Emerainers	13,389.92

Kentucky Shakespeare Profit & Loss

	Sep 114 - Jun 15
Labor - Other	500.00
Total Labor	13 889.92
Photography Properties Third Party Vendor Decorations	250.00 330.40 267.00
Total Third Party Vendor	267.00
Venue Rental	4,455.23
Total Venue	4 455.23
Special Event - Other	90.47
Total Special Event	20,538.65
Total Development	24,529.06
Education Administration Housing Postage	7 600.00 2 412.90
Total Administration	10,012.90
Camp Supplies Conferences/Staff Development	482.05
Lodging	:34.47
Total Conferences/Staff Development	134.47
Labor Administrator Artist-Educator Artistic Associate Camp Assistant Camp Instructor Choreographers Crew Designer Performers Play Writing Seasonal-Actor	1 721.23 38 682.85 27 225.00 280.00 1 920.00 500.00 1 670.00 3 495.00 3 160.00 700.00 4 440.00
Total Labor	83,794.08
Marketing Digital Miscellaneous Printing-Collateral Mater als Publications	2 725.00 553.87 2 414.36 3 253.00
Total Marketing	8,946.23
Production Materials Costumes Properties Set Sound	2 141.74 1 626.59 579.25 286.20
Total Production Materials	4,633.78
Refund Touring Expense Fuel & Maintenance Lodging Meal Allowance Mileage	1,057.50 4,761.43 3,356.35 1,515.00 242.44
Touring Expense - Other	5 523.69
Total Touring Expense	15,398.91

Kentucky Shakespeare Profit & Loss

	Sap '14 - Jun 15
Education - Other	0.00
Total Education	124,459.92
General Liability Insurance Merchandise Other Types of Expenses	8,485.38 940.40
Employee Insurance Insurance - D&O Liability Insurance - Liability, D and D KESA	16.952.76 2,092.00 5.259.00
Total Insurance - Liability, D and Q	5,259,00
Other Types of Expenses - Other	0.00
Total Other Types of Expenses	24,303.76
Printing	398.04
Production Administration Equipment Rental Facility Improvements Senches Truss	46.06 949.09 36.371.05 59.912.00
Total Facility Improvements	96,283.05
FOH Expense Bar Merchandise FOH Expense - Other	7 320.81 1.566.32 589.00
Total FOH Expense	9,476.13
Fuel & Maintenance Labor Actor Choreographers Content Development Crew Designer Director FOH	93.37 42 109.00
Total Labor	97,796.40
Marketing Broadcast-Radio\TV Digital Miscellaneous Postage Printing-Collateral Materials Publications	1 720.00 220.00 295.00 1 685.60 454.19 999.00
Total Marketing	5,373.79
Production Materials Costumes Lighting Production Management Properties Set Sound Stage Management Production Materials - Other	9 358.56 1 589.22 361.90 640.01 14 526.08 871.76 250.00 21.51
Total Production Materials	27,619.04

1:44 PM 07/02/15 Accrual Basis

Kentucky Shakespeare Profit & Loss

	Sep '14 - Jun 15
Production - Other	1,466.12
Total Production	239,103.05
Total Expense	677,827.90
Net Ordinary Income	-15,362.26
Other Income/Expense Other Expense Ask My Accountant	26,207.40
Total Other Expense	26,207.40
Net Other Income	-26,207.40
Net Income	-41,569.66

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 601(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 900 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning. SED 1 2012 and or day. 3773 21

Open to Public Inspection

OMB No. 1645-0047

=			ng A		2014			
В	Check if applicab	C Name of organization		D Employer	identif	icatio	n number	
	Addre	KENTUCKY SHAKESPEARE FESTIVAL, INC.						
	Name							
	Initial		n/suite				=	
F	Terrol	323 W. BROADWAY		E Telephone			17.4 000	
	Amen	City or town, state or province, country, and ZIP or foreign postal code				1) 5	74-990	
F	Appli	LOUISVILLE, KY 40202		G Gross receipt			726,	<u> 485.</u>
	pandi	F Name and address of principal officer.MATT WALLACE		H(a) is this a				
		323 W. BROADWAY, SUITE 401, LOUISVILLE, I	P92	for subc				
$\overline{\mathbf{T}}$	Tay.ay			H(b) Are all aub				j No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or the: WWW - KYSHAKESPEARE - COM	527				Bee Instruction	ns)
				H(c) Group e				
	art I	Summary	L Year	of formation: 1	960	M_State	a of legal domic	ile: KY
-0	1	Briefly describe the organization's mission or most significant activities: THE KEN	PTUC	KY SHAK	ESPE	ARE		
Activities & Governance		FESTIVAL PRODUCES A SEASON OF WILLIAM SHAKE	SPE	ARE PLA	YS F	ACE	SUMMER	
Ĕ	2	Check this box I if the organization discontinued its operations or disposed of	of more	than 25% of	ts net a	naete	. Outmin	
8	3	Number of voting members of the governing body (Part VI, line 1a)						19
Ó		Number of independent voting members of the governing body (Part VI, line 1b)		***************	4			19
8	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		********	<u>3</u>			19
Ě	6	Total number of volunteers (estimate if necessary)			6	-		20
뒹	78	Total unrelated business revenue from Part VIII, column (C), line 12			7a			
•	ь	Net unrelated business taxable income from Form 990-T, line 34		******************	7b			0.
				Prior Yes		+-	O	0.
	8	Contributions and grants (Part VIII, line 1h)		593,		+	Current Yea	
Revenue	9	Program service revenue (Part VIII, line 2g)	" 	195,		\rightarrow	372,4	
ş	10	Investment income (Part Vill, column (A), lines 3, 4, and 7d)	" 	133,	0.00.	_	243,4	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	"	9.6	853.		101 /	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	" 	885,			101,8	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	" 	003,	0.01		717,	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	·		0.	_		<u>0.</u>
80	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	" 	369,		_	240 4	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	··	303,	0.0	_	240,6	
ā	b	Total fundraising expenses (Part IX, column (D), line 25) 4,529	·	_	<u> </u>	-		<u> </u>
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>-</u>	462,	241	 	222	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·-	831,			333,8	
	119	Revenue less expenses. Subtract line 18 from line 12	··		192.		574.4	
5%		TO THE RESIDENCE OF THE PARTY O	Ba			┼—	143,2	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		planing of Com		├—	End of Year	
SEE	21	W S & D. Steat		<u>261,</u>		+	290,3	
Z S	22	Net assets or fund balances. Subtract line 21 from line 20		<u>293.</u>			179.7	
P	art II	Signature Block	-	<32.	004.	<u> </u>	110,6	514,
		lities of perjury, I declare that I have examined this return, including accompanying schedules and						
true	COTTRA	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	SCALEITH	enes, and to the	Dest of I	ту кпоч	Medge and belie	it, it is
	, 001100	A way completed processed on the property (or and mean officer) as passed on the information of which is	reparer	nas any knowie	age.			
Sig	В	Signature of officer		Date				
Hei		MATT WALLACE, PRODUCING ARTISTIC DIRECTO	NTO.	Date				
. (01		Type or print name and title	MK					
		Print/Typa preparer's name Preparer's signature	l r	ate	Check		PTIN	
Pak	d	CHRISTINE N. KOENIG			ir '		FIM	
	19180	Firm's name DEMING MALONE LIVESAY & OSTROFF PS	IC.	Flore to	salf-emplo	/64		
Use Only Firm's address 9300 SHELBYVILLE RD STE 1100								
	LOUISVILLE, KY 40222-5187 Phone no. (502) 426-9660							
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)		PHON	10. (5	<u>U4)</u>	426-966	
	01 10-2		*******	***************************************	*******	<u></u>	X Yes	No
		The second secon					Form 990	(2013)

1	m 990 (2013) KENTUCKY SHAKESPRARE FESTIVAL, INC. art III Statement of Program Service Accomplishments	ige 2
-	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u> </u>
	GROUNDED IN THE WORKS OF SHAKESPEARE, WE ENRICH OUR COMMUNITED BY	
	PRESENTING ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES THAT EDUCATE	
	INSPIRE AND ENTERTAIN PEOPLE OF ALL AGES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	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?	No
4	If "Yes," describe these changes on Schedule O.	
-0-	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	000 040	
	THE KENTUCKY SHAKESPEARE FESTIVAL PRODUCES A SEASON OF WILLIAM	<u>1.</u>)
	SHAKESPEARE PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY	
	PROFESSIONAL ACTORS AND IS FREE TO THE PUBLIC.	
4b	(Code:) (Expenses \$ 216,079 • Including grants of \$) (Revenue \$ 217,94	
700	THE ORGANIZATION ALSO OPERATES AN EDUCATIONAL OUTREACH PROGRAM THAT IS	<u>.</u> .)
	OFFERED THROUGHOUT THE KENTUCKIANA AREA.	3
40	(Code:) (Expenses \$ including graphs of \$ } for	
40	(Code:) (Expenses \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)	
Ac	(Expenses including grants of \$) (Revenue \$)	
-98	Total program service expenses ► 496,327.	

to the organization described in section SDI(SI) or 4947(VII) (other than a private foundation)? If "Yes," complete Schedule S, Schedule of Contributors? In the organization regulated to complete Schedule S, Schedule of Contributors? In the organization organization of refer to inclinate optical companies and the organization of refer to inclinate optical companies and the organization organization organization and the organization and the organization organization organization and the organization organization. But the organization of the organization or				Yes	No
Did the organization imaging in disect or indirect political consequent activities on behalf of or in opposition to candidates for public office? **P 'res, 'complete Schedule C, Part II ** Searchine Ofci(SQ) carganizations. Did the organization engage in jobbying activities, or have a section 501(h) election in effect during the tax year? **If 'res, 'complete Schedule C, Part II ** Is the organization according folial (SQ) (SQ) (SQ) organization trust receives membership duse, assessments, or similar amounts as defined in Revenue Procedure 99.197 **If 'ves, 'complete Schedule C, Part II ** Did the organization metatrian any donor advised fundar or are yarinian fundor or accounts for which donors have the right to provide activice on the distribution or investment of amounts in such fundor or accounts for 'Whis, 'for Schedule D, Part II ** Did the organization metatrian collections of works of art, historical treasures, or other administrations the environment, historical ferales, or interest in the second of the distribution of works of art, historical treasures, or other administrations are occased. ** Schedulo D, Part II ** Did the organization report an amount in Part X, line 21, for section or custodial account liability; serve as a custodian for amounts and liability of the organization services? ** If 'ves, 'complete Schedulo D, Part IV ** Did the organization report an amount for investments organization, historical treasures, or other acquisitions neurology? ** If the organization report an amount for investments organization in Part X, line 10? If 'ves, 'complete Schedulo D, Part VIII ** Did the organization report an amount for investments organization in Part X, line 10? If 'ves, 'complete Schedulo D, Part VIII ** Did the organization report an	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	140
Did the organization imaging in disect or indirect political consequent activities on behalf of or in opposition to candidates for public office? **P 'res, 'complete Schedule C, Part II ** Searchine Ofci(SQ) carganizations. Did the organization engage in jobbying activities, or have a section 501(h) election in effect during the tax year? **If 'res, 'complete Schedule C, Part II ** Is the organization according folial (SQ) (SQ) (SQ) organization trust receives membership duse, assessments, or similar amounts as defined in Revenue Procedure 99.197 **If 'ves, 'complete Schedule C, Part II ** Did the organization metatrian any donor advised fundar or are yarinian fundor or accounts for which donors have the right to provide activice on the distribution or investment of amounts in such fundor or accounts for 'Whis, 'for Schedule D, Part II ** Did the organization metatrian collections of works of art, historical treasures, or other administrations the environment, historical ferales, or interest in the second of the distribution of works of art, historical treasures, or other administrations are occased. ** Schedulo D, Part II ** Did the organization report an amount in Part X, line 21, for section or custodial account liability; serve as a custodian for amounts and liability of the organization services? ** If 'ves, 'complete Schedulo D, Part IV ** Did the organization report an amount for investments organization, historical treasures, or other acquisitions neurology? ** If the organization report an amount for investments organization in Part X, line 10? If 'ves, 'complete Schedulo D, Part VIII ** Did the organization report an amount for investments organization in Part X, line 10? If 'ves, 'complete Schedulo D, Part VIII ** Did the organization report an		If "Yes," complete Schedule A	1	x	
Dublic ordinary in "res," complete Schedule C, Pet II Section 60 (fe(S) caracitation. Did the organization engage in lobbying activities, or have a section 50 (fr) election in effect during the tax year? II "res," complete Schedule C, Pet II Is the organization escellant in Revenue Procedules C, Pet II II Is the organization maintain any donor advised funds or any eliminar funds or accounts for which donors have the right to provide advisor on the latest funds or any eliminar funds or accounts for which donors have the right to provide advisor on the elitability or internation experiment of anomalism in such funds or accounts for which donors have the right to provide advisor on the elitability or experiment of anomalism in such funds or accounts for which donors have the right to provide advisor on the elitability or experiment of anomalism in such funds or accounts for which donors have the right to provide advisor on the elitability or experiment of the environment, intentior land areas, or heteroid structures III "Yes," complete Schedule D, Pet II Did the organization reports an amount in Pet X, line 21, for escrive or custodial account labelity; serve as a custodian for amounts in latest in Pet X, v. provides condit counseling, doct management, coedit repair, or debt negotiation services? If "Yes," complete Schedule D, Pet IV Did the organization report an amount in Pet X, line 21, for escrive or custodial account labelity; serve as a custodian for amounts in Pet X, in provides Schedule D, Pet V VIII, VIII, IV, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Pet X, line 107 II "Yes," complete Schedule D, Pet V VIII III III or organization report an amount for land, buildings, and equipment in Pet X, line 107 II "Yes," complete Schedule D, Pet VIII III III III III III III III III I	_	to the organization required to complete scriedule B, scriedule of Contributors	2		_
Section 60 (1)(5)(a) arganization and the surprise Schedule C, Part II Section 60 (1)(5)(a) arganizations are life to surprise Schedule C, Part II I the organization as ection 60 (1)(4), 50 (1)(6), 50 (1)(6)(6), 50 (1)(6)(6) Did the organization revolve or hold a conservation examination and the provided advice on the distribution or investment or amounts in such thanks or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thanks or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thanks or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thanks or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thanks or accounts of the virich donors have the right to provide advice on the distribution or investment of amounts in such thanks or accounts of the right of the right of the properties of the distribution or investment of the right of the properties of the distribution of the right of th	3	Dru the organization engage in direct or indirect political campaign activities on behalf of or in opposition to condition to			
is the organization report an amount in Part X, line 21, for section 8 in Year, complete Schedule C, Part III bit the organization report an amount for investments in Year, complete Schedule D, Part V, III Pot the organization report an amount for investments in Year, then 12 that is 5% or more of its total assets aspeciated in Part X, line 167 if Year, complete Schedule D, Part VIII bit the organization report an amount for investments in Year, then 12 that is 5% or more of its total assets assets aspeciated in Part X, line 167 if Year, complete Schedule D, Part VIII bit the organization report an amount for investments in Year, then 12 that is 5% or more of its total assets aspeciately. Just the organization report an amount for land, buildings, and equipment in Part X, line 107 if Year, complete Schedule D, Part VIII Pot Ot the organization report an amount for land, buildings, and equipment in Part X, line 107 if Year, complete Schedule D, Part VIII Pot Ot the organization report an amount for land, buildings, and equipment in Part X, line 107 if Year, complete Schedule D, Part VIII Pot Ot the organization report an amount for land, buildings, and equipment in Part X, line 107 if Year, complete Schedule D, Part VIII Pot Ot the organization report an amount for land, buildings, and equipment in Part X, line 107 if Year, complete Schedule D, Part VIII Pot Ot the organization report an amount for land, buildings, and equipment in Part X, line 107 if Year, complete Schedule D, Part VIII Pot Ot the organization report an amount for land, buildings, and equipment in Part X, line 107 if Year, complete Schedule D, Part VIII Pot Ot the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if Year, complete Schedule D, Part VIII Pot X, complete Schedule D, Part VIII Pot X, complete Schedule D, Part VIII Pot X, complete Schedule D, Part X III Pot X, complete Schedule D, Part X III Pot X, complete Schedule D, Part X II	_	public office? If "Yes," complete Schedule C, Part I	3		x
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assets reported in Part X, line 187 if "Yes," complete Schedule D, Part VIII d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of lits total assets reported in Part X, line 187 if "Yes," complete Schedule D, Part X line 15 that is 5% or more of lits total assets reported in Part X, line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line 187 if "Yes," complete Schedule D, Part X line X line organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X line X line organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Part X and X line organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E line X line Vers," and if the organization and least in an office, employees, or agents outside of the United States? line X line Vers," complete Schedule F, Parts I and IV line States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV line 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 line organization report at total of more than \$15,000 of expenses for professional fundraising services 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 G, Part II line organization report more than \$15,000 of gros		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	14h i		v
assets reported in Part X, line 187 if "Yes," complete Schedule D, Part VIII 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 167 if "Yes," complete Schedule D, Part IX e) Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X 110 X 111 X 120 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 112 Did the organization obtain separate, independent audited financial statements for the tax year? if "Yes," complete Schedule D, Part X and XII b) Was the organization included in consolidated, independent audited financial statements for the tax year? if "Yes," complete Schedule D, Parts XI and XII is optional 120 X 121 Is the organization included in consolidated, independent audited financial statements for the tax year? if "Yes," complete Schedule D, Parts XI and XII is optional 120 Is the organization a school described in section 170(b)(1)A(II)? if "Yes," complete Schedule E 130 X 141 Did the organization ashool described in section 170(b)(1)A(III)? if "Yes," complete Schedule E 142 Did the organization maintain an office, employees, or agents outside of the United States? 143 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 II and IV 144 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign individuals? if "Yes," complete Schedule F, Parts III and IV 16 Did the organization report at total of more than \$15,000 of expenses for professional	C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1100		-0-
Part X, line 187 if "Yes," complete Schedule D, Part IX Did the organization report an amount for other assets in Part X, line 257 if "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? if "Yes," complete Schedule D, Part X 111		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		¥
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13		if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h	- 1	x
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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	b	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundmising, business		-+	41
or more? If "Yes," complete Schedule F, Parts I and IV		investment, and program service activities outside the United States, or agomegate foreign investments yet and at \$100,000		-	
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complete Schedule G, Part III 20a Dld the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18	End the organization report more trian \$15,000 total of fundraising event gross income and contributions on Doct Vill Visco			44
complete Schedule G, Part III 20a Dld the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		1c and 8a? If "Yes," complete Schedule G, Part II	18	\mathbf{x}	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	19	and the organization report files that \$10,000 or gross income from darring activities on Part Vill line da? If "Ver "			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		complete Schedule G, Part III	19		х
p it Yes to tine 20a, did the organization attach a copy of its audited financial statements to this return?		The displacement operate one of more mospinal recisions? If "yes," complete Schedule H		-+	
	b	ir "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
				990 (2	(013)

Form 990 (2013) KENTUCKY SHAKESPEA
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part of			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete	l		
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
G	Did the organization maintain an escrow account other than a refunding escrowat any time during the year to defease	ETU		
	any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I			100
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule I Pert II			
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u>X</u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes a complete Schoolste L. Dark III			1
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
20	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):	li	- 4	
a				
_	The state of the s	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ <u>X</u>
G	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		-	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yas," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.1	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part !	31		X
32	the organization sell, exchange, dispose or, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	by the organization own 100% of arrentity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Ì	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	and 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? If "Yes," complete Schedule R, Part VI	37	Ţ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990 (2	2013)

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			
		*********	Von	No.
1a		7	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5		100
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable coming	1		., .
	(gambling) winnings to prize winners?	10	x	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements	10	-	
	filed for the calendar year ending with or within the year covered by this return	a -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	120	-	1
3a	Liid the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
D	it "Yes," has it fied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	-	A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a			-
	financial account in a foreign country (such as a bank account, securities account, or other financial account?	4a		X
b	If "Yes," enter the name of the foreign country: -			
	See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
G	If "Yes," to line 5a or 5b, did the organization file Form 8886-17	5c	-	-0-
вa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	OC.		
	any contributions that were not tax deductible as charitable contributions?			w
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>
	were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_	w	
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	/0		
	to file Form 8282?	7c		v
ď	If "Yes," indicate the number of Forms 8282 filed during the year	76		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
- 1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
9	if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	\vdash	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(8) apporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds,	-		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(o)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	- 1	
b	Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities		- 1	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			
(3	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note, See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1. 1	}	
	organization is licensed to issue qualified health plans			
C Ide	Enter the amount of reserves on hand		_ 1	
imël fa	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2013)

Form 990 (2013) KENTUCKY SHAKESPEARE FESTIVAL, INC.

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
Sec	tion A. Governing Body and Management	Learning		
			V	
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ľ		
b].		
2	Enter the number of voting members included in line 1a, above, who are independent	4		
_	officer director, trustee, or key employee (1846 & 1811ii) resentants or a pusiness resources with any other			
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
.0	The governing body?		х	
b	Each committee with authority to act on behalf of the governing body?	_8a		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X	_
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	This deciron a requests information about policies not required by the internal Hevenue Code.)			
40a	Did the expeniention have less shorters broaders on ARIL 1-10		Yes	No
IUM	Did the organization have local chapters, branches, or affiliates?	10a		X
IJ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
Ь	Protection of the property of the country of the co			
1 2 a	Did the organization have a written conflict of Interest policy? If "No," go to line 13	12a		X
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
G	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	45-	x	
b	Other officers or key employees of the organization	15a	_	7.0
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	assessment which we will be a second to second		ļ	
Sec	tion C. Disclosure	16b		
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) and 1024 if applicable (Section 501(c)(3)s only) are section 1024 if applicable (Section 501(c)	wallab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion:	,	
	KENTUCKY SHAKESPEARE FESTIVAL, INC (502) 574-9900			
	323 W. BROADWAY, SUITE 401, LOUISVILLE, KY 40202			
332006	0 10-29-13	Form	990 (2013)
				141

Form 990 (2013)	TO ENGINEER PROPERTY.		
- OIIII 999 (2013)	VENIOCKA	SHAKESPEARE	FROTTIAT.
Part VII Compensation	of Office		TATIO T T AND TO
Carl viii Cumbansanar	intinticere i	limbakan. Terrete	1/

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp

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.
- Dist 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;

(A) Name and Title	(B) Average hours per week	bo	o not o x, unte	iga pe	mon	then is but	th an	(D) Reportable compansation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual	E	Officer	Key employee	Highert comparented	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PETER TANGUAY BOARD MEMBER	2.00	_								
(2) KAREN TAYLOR-RICHARDSON	2.00	X	╀	<u> </u>	_	-	-	0,	0.	0
PRESIDENT	4.00	x								
(3) PHILLIP ALLEN	2.00	10		X	-	-	-	0.	0.	0
VICE PRESIDENT	2.00	x		x						
(4) JOHN DARR	2.00	120.	\vdash	-			-	0.	0.	0
BOARD MEMBER		X						0.		
(5) CULVER HALLIDAY	2.00	-					_	U .	0.	0
BOARD MEMBER		\mathbf{x}						0.		_
(6) DAVID JAMES	2.00					Н		- 0.	0.	0
BOARD MEMBER		X			ĺ			0.	0.	
(7) ANDY PARKER	2.00							- 0.		0
TREASURER		X		X				0.		
(8) AMANDA GREGORY	2.00			T						0
SECRETARY		X		X				0.	0.	0
(9) AMY BISENBACK	2.00		li							
BOARD MEMBER		X			_	\Box		0.	0.	0
(10) THADDEUS HOOVER	2.00									
SOARD MEMBER		X	\sqcup	_	_			0.		0
(11) EMILY PAGORSKI	2.00				ŀ		- {			
30ARD MEMBER (12) BLIZABETH CHERRY SIEBERT	0.00	X	\vdash	-	_	_	_	0.	0.	0
SOARD MEMBER	2.00				- 1	ı				
13) AMANDA BLEDSOE	2.00	X		\dashv				0.	0.	0
OARD MEMBER	2.00	70"			- 1		Ī	_ }		
14) MERA CORLETT	2.00	X	-+	+		-	\dashv	0.	0.	0
OARD MEMBER	4.00	x	- }	ľ			1		_	
15) KERRY WANG	2.00	-	-+				\dashv	0.	0.	0.
OARD MEMBER	2.00	x								
16) WAYNE JONES	2.00		\dashv	\dashv	\dashv	\dashv	\dashv	0.	0.	0.
OARD MEMBER		x								_
17) KAREN NEWMAN	2.00		+	\top	_	_	\dashv		0.	0.
OARD MEMBER		x			[0,		0.

Form 990 (2013)

Page 7

Part VII Section A. Officers, Directors, Trus	stees. Key Em	plov	1888	. ani	d Hi	lahe	et C	ompensated Employe	es (continued)				age o
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title Average			Position (do not check more than one					Reportable	Reportable		Estimated		
	hours per	box	, unle	ea pe	ratin	le bal	h an	1 '	compensation	,		nount	_
week			cer an	ici a d	recto	ur/trus	tee)	from	from related			other	
	(list any	뒐						the	organizations	- 1		pensa	
	related	100	2			죑		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om th	_
	organizations	individual trustee or director	institutional trustee		3	툩		(VV-2/1088-IVH5G)			_	ani zat d relat	
	below	1	TÇ I		Kay em ployee	おき	١.					inizați Inizați	
	line)	혍	E S	Officer	Eig	Application penanted employee	Firmer						0110
(18) ALI TURNER	2.00												
BOARD MEMBER		X						0.		0.			0.
(19) ALLEN HARRIS	2.00												
BOARD MEMBER		X						0.		0.			0.
(20) MATT WALLACE	40.00												
PRODUCING ARTISTIC DIRECTOR		_		X		<u> </u>		23,077.		0.		1,6	76.
		-		Ì									
	-	<u> </u>		_		_	_			_			
		-											
		-		<u> </u>	-	\vdash	L			_			
	`	}											
		\vdash		-		\vdash		<u> </u>		_			
		1											
		-	-	\vdash		+				-			
		1		Ì									
		-				+-	\vdash			-			
		1				1							
1b Sub-total		-			-			23,077.		0.		1 6	76.
c Total from continuation sheets to Part V	II. Section A			*****		*****		0.		O.		1,0	0.
d Total (add lines 1b and 1c)								23,077.		0.		1.6	76.
2 Total number of individuals (including but	not limited to th	1086	liste	ed at	bov	e) w	ho r		,000 of reportable	 1			, 0 .
compensation from the organization	<u>.</u>												0
												Yes	No
3 Dld the organization list any former officer													
line 1a? if "Yes," complete Schedule J for s	auch Individuel			*****		>1 = x + p		************************			3		X
4 For any individual listed on line 1a, is the s	im of reportab	ile ci	отр	ensa	atior	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? /f "Yes,	," CO	mpl	ete S	Sch	edul	e J	for such Individual			4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	:ION 1	rom	any	y uni	relat	ted organization or indiv	dual for services				
randered to the organization? If "Yes," con Section B. Independent Contractors	<u>Ipiete Scheaul</u>	e J 1	OF S	ucn	per:	SON					_ 5		X
1 Complete this table for your five highest or	mponested in	don	ande	ent a	-	ro.cob	num i	that received more than	#400 000 of som		-41 4		
the organization. Report compensation for										baus	ELION 1	TOM	
(A)		-	91101	119 1	74131		16111	(B)	7000.	_		**	
Name and business	address	N	INC	2				Description of a	ervices	C	ompe	~) nsatio	n
											<u>·</u>		
											_		
	<u>.</u>						_						
							\dashv	<u> </u>					
2 Total number of independent contractors (Including but a	int II	mite	d to	the	ne fi	phon	t about who moster -	sove their				
\$100,000 of compensation from the organ		.ut II		- 10	UII.	0	عدحا	amosa) win (acaisan ii	IOIG ZIISEI				
											Form	DOD A	2013)

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII		****	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
表和	1 a	Federated campaigns	1a			TOTOLIGO	10491100	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S E		Fundraising events	1c	17,524.				
£ L	d	Related organizations	1d	11,344.				1
A E		Government grants (contribut	tions) ia	34,486.				
등ぶ		All other contributions, gifts, gran		34,400.		ļ		
FE	•	similar amounts not included abo		320,480.				
置り		Noncash contributions included in lines		340,400.				
25	b	Total. Add lines 1s-1f	18-16 \$		272 400			
-		I TOTAL PACTICION IS IN THE STATE OF THE STA			372,490.			
ds	2 .	EDUCATION PROGR	AMC	Business Code 711190	105 205	405 205		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	z, u	PRODUCTIONS	Chillip	711190	195,385.			
35 5	c			/11130	48,019.	48,019.		
Program Service Revenue	4							
24	u			-				
F		All other program service reve						
		Tetal Add lines 2s 25	MILLIO		042 404			
-	3	Total. Add lines 2a-2f investment income (including	ورودندور والمحاولة		243,404.			
ł	3]		1
	4	other similar amounts)		··········· P				
	_							
	6	Royalties						
		Grand make	(i) Real	(ii) Personal				
	o a	Gross rents						
	10	Less: rental expenses		 -				
	C	Rental income or (loss)		L.—				
ł	- a	Net rental income or (loss) Gross amount from sales of						
	/ 8		(i) Securities	(ii) Other				
		assets other than inventory		 				
ŀ	D	Less: cost or other basis						
ļ		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
enne	88	Gross Income from fundraising Including \$ 17,5	24. of					
Re		contributions reported on line						
Other Reven		Part IV, line 18	a					
8		Less: direct expenses		8,778.				
		Net income or (loss) from fund	_		<u><2,940.</u>	>		<2,940.>
	9 a	Gross Income from gaming ac						
		Part IV, line 19	a			•		
- 1		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	C	Net income or (loss) from sales						
-		Miscellaneous Revenue		Business Code				
		GAIN ON INVOLUN		711190	76,653.			76,653.
		FORGIVENESS OF	DEBT	711190	23,184.	23,184.		
		OTHER INCOME		711190	4,916.	4,916.		
		All other revenue						
		Total Add lines 11a-11d		▶ 🛴	104,753.			
332009 1D-29-1	12	Total revenue, See instructions.	***************************************		717,707.	271,504.	0.	73,713.
10-29-1	3				_			Form 990 (2013)

Form 990 (2013) KENTUCKY SHAK
Part IX Statement of Functional Expenses

	trix or organism expens				
Sec	tion 501(c)(3) and 501(c)(4) organizations must con	npiete all columns. All ott	ner organizations must co	emplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line In	this Part IX	***************************************	
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				6Apoi 1863
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States, See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				•
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,586.	<u>59,927.</u>	6,659.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4			
7	Other salaries and wages	153,862.	149,401.	4,461.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	E 500			
9 10	Other employee benefits	5,538.	5,448.	90.	
11	Payroli taxes	14,615.	13,890.	725.	
	Fees for services (non-employees):				
a	Management				
b	Legal	7 050			
d	Accounting	7,250.		7,250.	
u	Lobbying Professional fundraising services. See Part IV. line 17				
f	Investment management fees				
CI	Other. (If line 11g amount exceeds 10% of line 25,				
8	column (A) amount, list line 11g expenses on Sch ().)	945.		0.45	
12	Advertising and promotion	17,974.	16,940.	945.	
13	Office expenses	26,309.	5,497.	684.	350
14	Information technology	20,303.	3,43/.	18,696.	2,116
15	Royalties				
18	Occupancy	8,721.	3,725.	4,296.	
17	Travel	5,060.	4,240.	820.	700
18	Payments of travel or entertainment expenses	5,7000	4,240.	020.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,937.		6,937.	
21	Payments to affillates			0,2311	
22	Depreciation, depletion, and amortization	38,369.	34,532.	3,837.	
23	Insurance	15,008.	13,507.	1,501.	
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 0.)			-,30-	
2	ACTORS CONTRACTS	112,270.	112,270.		
b	PRODUCTION EXPENSE	58,640.	58,640.		
c	EDUCATION EXPENSE	17,439.	17,439.		
d	PAYROLL TAX PENALTIES	10,299.		10,299.	
0	All other expenses	8,609.	871.	6,375.	1 200
25	Total functional expenses. Add lines 1 through 24e	574,431.	496,327.	73,575.	1,363.
26	Joint costs. Complete this line only if the organization			13,313.	4,529.
	reported in column (B) joint costs from a combined		:		
	educational campaign and fundraising solicitation.	:			
	Check here If following SOP 98-2 (ASC 958-720)				
332010	10-29-13				- 200

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	y line in this Part X	41		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,359.	1	42,729.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			96,064.	3	83,875.
	4	Accounts receivable, net			4,358.	4	4,428.
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensa					
	١.	Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			,
_	ļ	employers and sponsoring organizations of sect					
Assets	_	employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		8	
4	7	Notes and toans receivable, net		***************************************		7	
	8	Inventories for sale or use	********			8	
	9	Prepald expenses and deferred charges	···········			9	
	10a	Land, buildings, and equipment: cost or other		-40 000			
	[basis. Complete Part VI of Schedule D			484 000		
	1	Less: accumulated depreciation	10b	389,587.	151,920.	10c	<u>154,346.</u>
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	14	Investments - program-related. See Part IV, line			13		
	15	Intangible assets Other progress See Part IV III-a 11		500	14		
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal)		45	600.		5,000.
	17	Accounts payable and accrued expenses	<u> </u>	3)	261,301.		290,378.
	18	Grants payable	***************************************	<u>265,163.</u>		169,068.	
	19	Deferred revenue				18	
	20	Tax-exempt bond liabilities	,,			19	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schodulo D		20	
Ø	22	Loans and other payables to current and former	officers	directors trustees	<u> </u>	21	
Liabilities		key employees, highest compensated employee					
	ĺ	Complete Part II of Schedule L		and persons.		22	
二	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third o	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			28,800.	25	10,696.
	26	Total liabilities. Add lines 17 through 25	1-11		293,963.		179,764.
		Organizations that follow SFAS 117 (ASC 958)		here X and			- 101
8		complete lines 27 through 29, and lines 33 and					
and a	27	Unrestricted net assets		<95,662.		100,867.	
	28	Temporarily restricted net assets		63,000.	28	9,747.	
P	29	Permanently restricted net assets			29		
린		Organizations that do not follow SFAS 117 (AS	3C 958)	, check here 🕨 🔛			
8		and complete lines 30 through 34.			ĺ		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
₹ Y	31	Pald-in or capital surplus, or land, building, or equ	t fund		31		
N S	32	Retained earnings, endowment, accumulated inc	come, o	r other funds		32	
	33 34	Total lightilities and not exact found believes			<32,662.		110,614.
	GP4	Total liabilities and net assets/fund balances			261,301.	34	<u>290,378.</u>
							Form 990 (2013)

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Prior period adjustments Prior period adjustments Prior period adjustments Column (B)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: Cash X Accrual Other 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C it "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during that a year, explain in Schedule O. As a result of a federal award, was the organization required to under	-	rt XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			Pa	ge 12
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Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 < 32,662 Not unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Prior period adjustments 7 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 18 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 18 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: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	3	Revenue less expenses. Subtract line 2 from line 1				
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Form **990** (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1845-0047

Open to Public Inspection

Name of the organization

Employer identification now

		KENTIIC	VV CHAPECDES	DE	~~		_	15	:mployer	toentifica	tion n	t smole
Part I	Reaso	n for Public Che	KY SHAKESPEA arity Status (All organ	KE FE	STIVA	L, IN	<u>c.</u>					
The orga	nization is no	t a private foundatio	n because it is: (For lines	zations m	nat combi	ete this pa	rt.) See in	structions.				
1	A church, c	Orivention of church	es, or association of chu	i i inrough	111, Check	only one	box.)					
2	A school de	scribed in section	170(b)(1)(A)(II). (Attach S	irches des	crided in a	ection 17	'C(b)(1)(A)((i).				
3	A hospital o	or a cooperative hos	pital service organization	criednie E	·)							
4	A medical r	esearch organization	Drested in conjunction	CHECIDE(In section	n 170(b)(1)(A)(III).					
	city, and st	ate:	operated in conjunction	ı wıtın a no	abust des	cribed in s	ection 17	0(b)(1)(A)(i	ii). Enter 1	he hospita	al's nar	me,
5			hanofit of a college									
	section 17	'O(b)(1)(A)(iv). (Comp	benefit of a college or u	iniversity o	owned or c	perated b	y a goven	ımental un	it describ	ed in		
6	A fectoral e	tate or local coveres	more rart II.)									
7 X	An omanize	ition that named	nent or governmental un	iit describe	ed in secti	on 170(b)	(1)(A)(v).					
تحمي د	paction 470	White the state of	ceives a substantial part	of its sup	port from a	a governm	ental unit	or from the	general	oublic des	cribed	ln
8	, 00011011 111	Malt i WwYfailt (conttbi	ere Part II.)									
	An organiza	tion that normally w	section 170(b)(1)(A)(vi).	(Complete	e Part II.)							
<i>7</i> L	antivities rel	ition that normally re	ceives: (1) more than 33	1/3% of it	s support	from cont	ributions, ı	membershi	ip fees, ar	nd gross re	ceipts	from
		men to ith excittible if	MICHOLIB - STIDING (CO COL	air excent	lions, and i	(2) no mor	of them 99	4 /30/ -4 4-				
		THOUSENED DEGILIONS	revenie il ichille (1828 860	:Hon 511 t	ex) from bo	usinesses	acquired (by the orga	unization a	ifter June :	30, 19	75.
10	DOC GGGMAN	· acotalizi (combin	re Larr III.)									
11	An omenize	tion organized and a	pperated exclusively to te	est for pub	lic safety.	See secti	on 509(a) ((4).				
	more public	k euroported armedi	pperated exclusively for t	he benefit	of, to perf	orm the fu	inctions of	i, or to can	y out the	purposes	of one	Or
	IIIOIO PODIC	A acidbonged of Asists	annın a described ili Seci	ION SUYIA)	(1) ar secti	on 509/e)/	2). See se	ction 509(a)(3). Che	ck the box	c that	
	а Туре	in 13 ho or apphosini	on Aminimarino in and comb	iete (ines 1	l 7e throug	h 11h.						
ΑП			ype II C L_IT	ype III - Fu	unctionally	integrated	1	d 💹 Typ	e III - Non	-functiona	lly inte	grated
•	foundation :	nanagare and ather	at the organization is not	t controlle	d directly o	or indirecti	y by one o					
t		- managoro di la Onigi	man one or more bublici	y support	Bd organiz	ations des	cribed in a	eaction 500	9(a)(1) or s	section 50	9(a)(2).	
•	II -II O'BOIL	organization, check t	rreut cereutilitätion tiotil	tne IHS th	at it is a Ty	уре I, Турс	ill, or Typ	e III				
g												
	(i) A perso	on who directly or in	organization accepted a	ny gint or c	Ontribution	n from any	of the fol	lowing per	sons?			
	the gov	emina borty of the s	directly controls, either a	ione or tog	jether with	persons	described	in (ii) and (iii) below,		Yes	No
	(II) A famile	/ member of a nerso	supported organization?				**************		************	. <u>11g(i)</u>		
	(III) A 35%	controlled entity of	n described in (i) above?						************	. 11g(ii)		
h	Provide the f	ollowing information	person described in (i) about the supported or	or (II) abov	θ? ,	***********			************	11g(III)		
			amont the adhlotted of	ganization	(8).							
(I) Name	of supported	(ii) EIN	files Tonne of a second	flut to the		14 3 50 3		4 22 4				
	anization	(11) = 111	(iii) Type of organization (described on lines 1-9	in col (i) ii	organization sted in vour	(v) Dig yo	u notity the tion in col.	organizatio	n in col I (vii) Amouni	of mor	netary
			above or IRC section	governing	document?	(I) of you		(i) organiza U.S.	ed in the		port	
			(*66 instructions))	Yes	No	Yes	No	Yes				
						100	NO	105	No			
				}	1		1					
								-	 -			
]				
									-			
							!					
									+			
			1.1									
otal												
HA For P	aperwork Red	duction Act Notice	see the Instructions to	r								
	or 990-EZ.			71				Schedule	A (Form	990 or 990	1.E71	2012

Schedule A (Form 990 or 990-EZ) 2013 KENTUCKY SHAKESPEARE FESTIVAL, INC.

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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

20	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	f=1.0040	
1	Gifts, grants, contributions, and		(10) 2010	(C) 2011	(0) 2012	(e) 2013	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	364,809.	379.441	491 562	593,142.	372 400	000444
2	Tax revenues levied for the organ-		3/3/441	#31,302 a	333,144.	3/2,490.	2201444.
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to					!	
	the organization without charge						
4	Total. Add lines 1 through 3	364,809.	379,441.	491,562.	593,142.	272 400	0004444
5	The portion of total contributions	- 502,003.	2/2/4510	491,502.	393,144.	372,490.	2201444.
	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,		i				
	ook was (6)						
6	Public support. Subtrant line 6 from line 4.						287,536.
Se	ction B. Total Support	·					1913908.
	ndar year (or fiscal year beginning in)	(a) 2009	#-> 0040				
	Amounts from line 4	364,809.	(b) 2010 379,441.	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gross income from interest,	304,003.	3/3,441.	491,562.	593,142.	372,490.	2201444.
•	dividends, payments received on			i]	
	securities loans, rents, royalties						
	and Income from similar sources	2 056	554				
	Net income from unrelated business	2,066.	554.				2,620.
ø	activities, whether or not the			1			
	business is regularly carried on						
40	Other income. Do not include gain						
10	-					1	
	or loss from the sale of capital	22 000					
al ar	assets (Explain in Part IV.)	33,270.	3,440.	9,730.	50.542.	104,753.	201,735.
	Total support. Add lines 7 through 10						2405799.
	Gross receipts from related activities,			*********************		12 1	,963,601.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Publi	here		*************************		***********************	
44	Public current newspires for costs (1)	o dupport Fei	Contage				
15	Public support percentage for 2013 (iii	ne 6, column (f) di	vided by line 11, c	olumn (1))		14	79.55 %
180	5 Public support percentage from 2012 Schedule A, Part II, line 14						
:00	to 35 1/3% support test - 2013, if the organization old not check the box on line 13, and line 14 is 33 1/3% or more check this box on line 15.						
h	stop here. The organization qualifies as a publicly supported organization						
	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported experiently.						
170	and stop here. The organization qualifies as a publicly supported organization						
ira	ra 10% - lacts-and-circumstances test - 2013, it the organization did not check a box on line 13, 16s, or 16b, and line 14 is 10% or more						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "racts-and-circumstances" test. The organization qualifies as a publicly supported organization						
IJ	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the						
	progration mosts the "feets and always	e racts-and-circur	nstances" test, ch	eck this box and a	rtop here. Explain	in Part IV how the	
10	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
10	Private foundation, it the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						
					Sche	dule A (Form 990)	or 990-EZ) 2013

(Complete only if you checked the box on line 9 of Part I or if the organization falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	201011 6101010 0011	ibiera Lent II'l				
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(-N 2010	4-3.0040	
	Gifts, grants, contributions, and		(5/2010	(0)2011	(d) 2012	(e) 2013	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.					 	
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		1				1
	organization's tax-exempt purpose						
3						 	
	are not an unrelated trade or bus-			1			
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						:
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
8	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and				 		
	3 received from disqualified persons				ļ		
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		ŀ				
	Add lines 7a and 7b						
R	Public support (Subject line 7c from line 6.)						<u></u>
Se	ction B. Total Support						
	ndar year (or flecal year beginning in)	(a) 2009	# DOM C	110000			
	Amounts from line 6	(8) 2000	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10a	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income			·			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,	,					
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First the years if the form 900 is for	the executed to					
	First five years. If the Form 990 is for	rue or Baunzariou a	Tirat, second, thir	d, fourth, or fifth to	IX year as a section	n 501 (c)(3) organiza	ation,
Sec	check this box and stop here	c Support Per	rentere	**********************			
15	Public support percentage for 2013 (li	ne 8 column # di	deled by line 10 -	-1			
16	Public support percentage from 2012	Schodule A. Doct				15	%
300	tion D. Computation of inves	tment Income	Percentene	Residential Confession		16	%
17	Investment income percentage for 20	13 (line 10c. colum	on Mahildad by lin	40			
18	Investment income percentage from 2	012 Schadula A	art III lioo 17	9 13, CO!UMN (1))	41.014	17	%
19a	33 1/3% support tests - 2013, if the	organization did n	of check the boy o	n line 14 and 2-	455	18	%
_	more than 33 1/3%, check this box ar	ld stop here. The	Organization and	ir mile 14, 200 MD8	io is more than 3	3 7/3%, and line 17	7 is not
b	33 1/3% support tests - 2012. If the	organization did a	of chack a house.		upported organiza	TOON	▶□
,	line 18 is not more than 33 1/3%, che	ck this box and =+	on here. The away	ilization euclises =	, and line 16 is mo	re than 33 1/3%, a	nd
20	Private foundation. If the organization	1 did not check a l	op noro, mo organ	or 10h shacksh	is a publicly suppo	πed organization	▶∐
3202	3 09-25-13			O I BU, GHECK IN		tructions	
					300		ALCOHOLD THE COLOR

15 ·

 Supplemental Info Also complete this part f	 are avbiminifictio to	MINION DALGIT III III	ie io; Partii, iine 17a	or 1/b; and Part III,	ine 12.
	THE REST TO SEE SEE	denoria).			
 <u> </u>					
			<u> </u>		
-					

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2013

Name of the organization

Employer Identification number

Organization type (check	ENTUCKY SHAKESPEARE FESTIVAL, INC.		
Filers of:	Section:		
Form 990 or 990-EZ	X 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 contributor. Comp	in filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one plete Parts I and II.		
Special Rules			
SOS(a)(1) alita 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.		
If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. Red, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year		
	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		
LHA For Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)		

Name of organization

Employer identification number

KENTUCKY	SHAKESPEARE	FESTIVAL.	TNC		- 1 1	
	Principle State	THOTT AND!	TMC	 		

Parti	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$17,832.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		<u>\$</u> 20,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24-1	13	\$ 10,000.	Person X Payroll

Employer identification number

KENTUCKY	SHAKESPEARE	FESTIVAL.	INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
7		\$19,500.	Person X Payroti Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$11,252	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer Identification number

KENTUCKY SHAKESPEARE FESTIVAL, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pai	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	RENTAL SPACE		
3		<u> </u>	08/31/14
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Part i	and the state of t	(see Instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of nuncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
100450 40 0		*	
23453 10-24-	10)	0.1.11.22	

	3 (Form 990, 990-EZ, or 990-PF) (2013)		Page						
Name of org	JEDRZARION		Employer identification number						
KENTU	CKY SHAKESPEADE PROMITE	T TWO							
Part III	Exclusively religious, charitable, etc., ind	Vidual contributions to section 501/s	(7), (8), or (10) organizations that total more than \$1,000 for the one completing Part III, enter the year. (Enter this information page.) \$						
	year. Complete columns (a) through (e) and the total of exclusively religious, shorttable	the following line entry. For organization	ons completing Part !!!, enter						
	Use duplicate copies of Part III if addition	ic., contributions of 51,000 or less for	'the year. (Enterthis information date.) > 5						
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
1									
-		<u> </u>							
		(e) Transfer of gif	t						
	Transferee's name, address, a	- J 710 4	_						
	rigitales de s istalie, actress, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.	(b) Purpose of gift	follow of other							
Part I	(a) - ai poso oi gitt	(c) Use of glft	(d) Description of how gift is held						
									
<u> </u>	(e) Transfer of gift								
	(a) Italianat of Gilf								
	Transferee's name, address, a	Relationship of transferor to transferee							
			rio ations in or transferor to transferee						
İ									
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_ F 68 (I			/d/ neggibrou of Hoa But is Usid						
]									
	(e) Transfer of gift								
	fal transièr of Att								
	Transferee's name, address, ar	id ZIP + 4	Relationship of transferor to transferee						
-									
-									
-									
(a) No. from									
Part I	(b) Purpose of gift (c) Use of g		(d) Description of how gift is held						
.									
.									
-									
-									
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4								
	i i dilajaj ed s lizinje, acciress, an	9217+4	Relationship of transferor to transferee						
-									

SCHEDULE D

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1845-0047 Open to Public

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. inspection Internal Revenue Service Name of the organization KENTUCKY SHAKESPEARE FESTIVAL, Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year A Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Heid at the End of the Tax Year Total number of conservation easements _____ 28 Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 8 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (I) Revenues included in Form 990, Part VIII, line 1 (ii) Assets Included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2013

	edule D (Form 990) 2013 KENTUCK	Y SHAKESPE	ARE	FESTIV	AL, IN	C.						Page 2
3	It III Organizations Maintaining (Jonecaons of A	<u>г </u>	STOLICE !!	easures,	or Oth	er s	Simile	ar Asse	ts(con	inued	
0	Using the organization's acquisition, access (check all that apply):	ion, and other record	ds, che	ck any of the	following the	at are a s	signif	ficant :	use of ita	collecti	on iter	ทธ
_												
a		c	ا ا	Loan or exc	hange progr	ams						
b		e		Other								
C	and the second s											
4	Provide a description of the organization's c	ollections and explai	n how	they further t	he organizati	ion's exe	mpt	purpo	se in Pai	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, I	historical tree	isures, or oth	er simila	ır as ş	ets				
De	to be sold to raise funds rather than to be m	aintained as part of t	the org	anization's c	ollection?					Yes		No
Fa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	igements. Compl	ete if th	ie organizatio	n answered	"Yes" to	For	m 990,	, Part IV,	line 9, o	r	. 110
1a	is the organization an agent, trustee, custod	ian or other intermed	diary fo	r contribution	ns or other as	sets no	t înel	uded				
	on Form 990, Part X?	***************************************								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing	table:	******************	**********			.,,,,,	169	_	_1 MG
							Γ	-		Amour		
C	Beginning balance						ŀ	10			it.	
d	Additions during the year	***************************************		******************	**************		···	1d				
0	Distributions during the year			**********	*!!*	**********	├					
f	Ending balance			****************	***************		}	1e				
2a	Ending balance Did the organization include an amount on F	non 000 Dart V line	010	****************	*		L	11	— _F		fo.	_
h	If "Yes," explain the arrangement in Part XiII.	Check here if the ex	ZII .				,	********		Yes	느	∭ No
Pa	rt V Endowment Funds. Complete	f the organization on	opianar	ion nas been	provided in	Part XIII		******				
		/-> Ourself and			nn 990, Part	IV, IIne	10.					
40	Beginning of year belongs	(a) Current year	(0)	Prior year	(c) Two year	rs back	(d)	hree y	ears back	(e) Fou	r years	back
141	Beginning of year balance											
D.	Contributions											
C	Net investment earnings, gains, and losses											
d	Granta or scholarships											
е	Other expenditures for facilities											
	and programs											
Ť	Administrative expenses											
9	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balanc	e (line	1a. column (a	a)) heid as:							
а	Board designated or quasi-endowment	•	96	- 21	-,,							
b	Permanent endowment											
C	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c shou											
За	Are there endowment funds not in the posse	selon of the organiza	atlan th	est ava balal a		and the same						
	by:	CONTROL DISCONDINE	arion II	ial are neid a	na aaministe	rea tor t	ne o	rganiz	ation			
	•										Yes	No
				**************		•			***********	3a(I)		
h	(ii) related organizations	Bakad as as a Cod							*******	3a(ii)		
A	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the Intended uses of the	i listed as required o	n Sche	idule H?						3b		
Par	t VI Land, Buildings, and Equipm	Organization's endo	wment	funds.								
					_							
	Complete if the organization answered					Part X,	line	10.			_	
	Description of property	(a) Cost or of			or other	4		nulate	d	(d) Boo	k valu	9
_	Land	basis (investr	nent)	basis	(other)	de	preci	atlon				
1a	Land											
þ	Buildings											
	Leasehold improvements			32	1,238.	1	268	,53	33.	5	2,7	0.5
d	Equipment				2,695.			.,05			1,6	
8	Other										- / 0	<u>e</u> +
<u> </u>	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colu	mn (B), line 1	O(c).)					16	4,3	1.6
									chedule			
								-	-2: 10UUIB	ה לבסנע	i AAD)	2 013

332052 09-25-13

Schedule D (Form 990) 2013 KENTUCKY SH	AKESPEARE	FESTIVAL, INC	•	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11b. See Form 990, I	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(8)				
(C)				
(D)				
(E)				
(F)				
(G)	-			
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	t- F 000 D-+ II	U 44- D E 000 I	De Children	
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV (b) Book value	line 11c. See Form 99U, I	Part X, line 13. aluation: Cost or end-	ad vana - d - d - d
	(D) BOOK VAIGE	(c) Marriod Of A	aluation; Cost of end-	or-year market value
(1)				
(2)				
(3)				
(4)			<u> </u>	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	· · · · · · · · · · · · · · · · · · ·			
Complete if the organization answered "Yes"	to Form 990, Part IV	line 11d. See Form 990.	Part X. line 15.	
	Description			(b) Book value
(1)				10,700000000000000000000000000000000000
(2)				
(3)				
(4)				
(5)				
(6)				
				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	*****************************		
Complete if the organization answered "Yes"	to Form 990, Part IV		n 990, Part X, Ilne 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			1	
(2) CAPITAL LEASE OBLIGATIONS		10,696.]	
(3)]	
(4)]	
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 10,696. 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 Schedule D (Form 990) 2013

332053 09-25-13

(6) (7)

	t XI Reconciliation of Revenue per Audited Financial Stateme	ants With	NC. Revenue per F	leturn.	Page 4
_	Compare it the organization answered "Yes" to Form 990, Part IV. line 12a.				
1 2	Total revenue, gains, and other support per audited financial statements		******	1	738,479.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a h	Net unrealized gains on investments	2a			
0	Donated services and use of facilities	2b	17,832.		
٥	Recoveries of prior year grants Other (Describe in Part VIII.)	2c			
	Other (Describe in Part XIII.)	2d	<u>2,940.</u>		
3	Add lines 2a through 2d Subtract line 2a from line 1		***********************	20	20,772.
4	Subtract line 2e from line 1 Amounts included on Form 980, Part Vili, line 12, but not on line 1:		*********************	3	717,707.
-7	7 and all the ladder of the order, Fart VIII, line 12, but not on line 1;				
h	Investment expenses not included on Form 990, Part VIII, line 7b	48			
c	Other (Describe in Part XIII.)	4b			
5	Add lines 4a and 4b Total revenue, Add lines 3 and 4a. (This count 5—2000 D		************	4c	O.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem			5	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ents with	Expenses per	Return	L.
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	**********	***************	1	595,203.
а	Donated services and use of facilities	1 - 1	17 030		
b	Prior year adjustments	2a	17,832.	4	
G	Other losses	2b			
ď	Other (Describe in Part XIII.)	2c	0.040		
9	Add lines 2a through 2d	2d	2,940.	1 1	
3	Add lines 2s through 2d Subtract line 2e from line 1			2e	20,772.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************	3	574,431.
а	Investment expenses not included on Form 990, Part VIII, line 7b	1.1			
b	Other (Describe in Part XIII.)	48			
C	Add lines 4a and 4b	4b			
5	Add lines 4s and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	0.
Par	XIII Supplemental Information.	**************************	011	5	574,431.
Provid lines 2	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part Id and 4b, and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line 2; Part XI,
	T X, LINE 2: ORGANIZATION IS EXEMPT FROM FEDERAL, STAT	re and	LOCAL		
INC	OME TAXES AS A NOT-FOR-PROFIT ORGANIZATION	N AS DI	SCRIBED U	NDER	SECTION
	/A\/3\ AB MITT TITLE		ZATION FI		
INF	ORMATIONAL TAX RETURN IN THE U.S. FEDERAL	JURISI	DICTION.	HOWEV	ER,
INC	OME FROM CERTAIN ACTIVITIES NOT DIRECTLY F	RELATRI	TO THE O	RGANI	ZATION'S
TAX	EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION	AS UN	RELATED B	USINE	SS
INC	OME.				
AS (OF AUGUST 31, 2014, THE ORGANIZATION DID N	тот нач	TR ANY ACO	DITED.	Things
	PENALTIES RELATED TO INCOME TAX LIABILITIE				
	ALTIES HAVE BEEN CHARGED TO OPERATIONS FOR				
9-25-13					D (Form 990) 2013
4 - 4	25				- (- Will 900) 2013

332055 09-25-13

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OM8 No. 1545-0047

Open To Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Name of the organization Employer identification number KENTUCKY SHAKESPEARE FESTIVAL, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mall solicitations 3 Solicitation of non-government grants Internet and email solicitations h Solicitation of government grants Phone solicitations G Special fundralsing events in-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundralsing services? Yes No b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (III) Did fundraleer have custody or control of contributions? (i) Name and address of individual (v) Amount paid (iv) Gross receipts (vi) Amount paid to (or retained by) (ii) Activity or entity (fundralser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-12-13

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

Schedule G (Form 990 or 990-EZ) 2013

	art:	ile G (Form 990 or 990-EZ) 2013 KENTUCK Fundraising Events. Complete if the	Y SHAKESPEAR	E FESTIVAL,	INC.	Page 2
		of fundralsing event contributions and gr	oss income on Form 990	FEZ, lines 1 and 6b. Liet (i IV, line 18, or repo rted events with gross receir	more than \$15,000 ots greater than \$5,000
		•	(a) Event #1 SHAKESPEARE	(b) Event #2	(c) Other events	(d) Total events
			IN LOVE		NONE	(add col. (a) through
9			(event type)	(event type)	(total number)	col. (c))
Revenue						
æ	1	Gross receipts	23,362.			23,362.
	2	Less: Contributions	17,524.			17,524.
	3	Gross income (line 1 minus line 2)	5,838.			
		ППППП	3,0301			5,838.
	4	Cash prizes				
c)	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages	5,838.			5,838.
	B	Entertainment	1,270.			1 070
	9	Other direct expenses				1,270. 1,670.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		•	8,778.
	11	Net income summary. Subtract line 10 from	ine 3, column (d)		.	<2,940.
Pa	IIT. I	Garrining. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		fall Table and the fall
Ž						
40			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (e) through col. (e)
Revenue			(a) Birigo		(c) Other gaming	col. (a) through col. (c))
Reve	1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1_2	Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	(c) Total gaming (add col. (a) through col. (c))
Expenses	2				(c) Other gaming	(c) Total gaming (add col. (a) through col. (c))
Direct Expenses Reve		Cash prizes			(c) Other gaming	(c) Total gaming (add col. (a) through col. (c))
ct Expenses	3	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	(c) Total gaming (add col. (a) through col. (c))
ct Expenses	3	Cash prizes Noncash prizes			(c) Other gaming	(c) Total gaming (add col. (a) through col. (c))
ct Expenses	3	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		(c) Total gaming (add col. (a) through col. (c))
ct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	bingo/progressive bingo Yes %	Yes%	(c) Total gaming (add col. (a) through col. (c))
ct Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 15 in column (d)	Yes%	Yes%	(c) Total gaming (add col. (a) through col. (c))
ct Expenses	3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 15 in column (d) from line 1, column (d)	Yes%	Yes%	(c) Total gaming (add col. (a) through col. (c))
© Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes % No 15 in column (d) from line 1, column (d) tes gaming activities:	bingo/progressive bingo Yes % No	Yes%No	col. (a) through col. (c))
® © Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 15 in column (d) from line 1, column (d) tes gaming activities: tivities in each of these s	Yes % No	Yes%No	col. (a) through col. (c))
® © Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization operate organization licensed to operate gaming act	Yes % No 15 in column (d) from line 1, column (d) tes gaming activities: tivities in each of these s	Yes % No	Yes%No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization operate organization licensed to operate gaming act	Yes % No 15 in column (d) from line 1, column (d) tes garning activities: tivities in each of these servoked, suspended or te	Yes % No	Yes%	col. (a) through col. (c))

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 KENTUCKY SHAKESPEARE FESTIVAL, INC.
11 Does the organization operate gaming activities with nonmembera?
is the digatization a granter, periodiciary of trustee of a trust of a member of a partnership or other entity formed
to administer charitable gaming?
is a reserve and beneathing and dentitied ODB/SERG IU.
a The organization's facility h An outside facility 13a
D 141 octobro isolity
14 Enter the name and address of the person who prepares the organization's garning/special events books and records:
Name
Address >
16a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
of gaming revenue retained by the third party > \$ c if "Yes," enter name and address of the third party:
on res, enter name and address of the third party:
Name
Address -
16 Gaming manager information:
Name >
Gaming manager compensation > \$
Description of services provided
Director/officer Imployee Independent contractor
17 Mandatory distributions:
·
is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license? Yes No Description of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
32083 09-12-13

SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1546-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

KENTHICKY CHAKECDEARE PECTTUAL

Inspection Employer Identification number

AGNICAL SHARESPEARE FESTIVAL, INC.	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE	
PUBLIC. THE ORGANIZATION ALSO OPERATES AN EDUCATIONAL OUTREACH PROGRAM	
THAT IS OFFERED THROUGHOUT THE KENTUCKIANA AREA.	
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS REVIEWED BY MANAGEMENT AND AGREED TO AUDITED	
FINANCIAL STATEMENTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PRODUCING ARTISTIC DIRECTOR'S COMPENSATION IS PER AN	
EMPLOYMENT AGREEMENT APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES	
RESPONSIBILITY FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANTS AND	
OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.	

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.goviform8868,

OMB No. 1545-1709

					1	
o If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		1	X
e il you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of the	his form).		لما
Do not co	emplete Part II unless you have already been granted a	an autome	tic 3-month extension on a previous	v filed Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	e to file (f	6 months for a con	noration
required t	o file Form 990-T), or an additional (not automatic) 3 mor	oth extens	ion of time. You can electronically fil	e Form 8	868 to request an	evteneion
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 6870, Information Return for T	ransfers /	Associated With C	ertain
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see Instructions). For more details o	n the elec	ctronic filing of this	form
<u>visit www.</u>	#3.goviefile and click on e-file for Charities & Nonprofits				and mining of the	, iorii,
Part I		. Only a	ubmit original (no copies nee	ded).		
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and c	omplete		
Part I only	. 2022020			,		
All other c to file inco	orporations (including 1120-C filers), partnerships, REM ome tax returns.	iCs, and to	rusts must use Form 7004 to request	an exten	nsion of time ar'a identifying nu	
Type or	Name of exempt organization or other filer, see instru-	ctions.			r Identification nun	
print	_				T INCITATION TOTAL	inet (cliz) Ot
	KENTUCKY SHAKESPEARE FESTIV	VAL .	INC.			
File by the due date for	Number, street, and room or suite no. If a P.O. box, se			Spolal se	ocurity number (SS	AA:
filing your return. See	323 W. BROADWAY, NO. 401			STANKI ER		ny)
instructions.	City, town or post office, state, and ZiP code. For a fo	oreion add	ress, see instructions.			
	LOUISVILLE, KY 40202					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
A 12 Al		I				
Application	on	Return	Application			Return
Is For		Code	ls For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	0 (Individual)	03	Form 4720 (other than Individual)			09
Form 990		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
6. The be	KENTUCKY SHAKE	SPEAR	E FESTIVAL, INC.			
Talaata	oks are in the care of > 323 W. BROADWAY	Y, SU.		LE, P	<u>(Y 40202</u>	
	one No. ► (502) 574-9900		Fax No.			
de listalia i	rganization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □
San S	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) i	f this is fo	or the whole group,	, check this
DOX P	. If it is for part of the group, check this box	and atta	ch a list with the names and ElNs of	all memi	pers the extension	is for.
1 1100	quest an automatic 3-month (6 months for a corporation APRIL 15, 2015 , to file the exempt	required	to file Form 990-T) extension of time	until		
la fa	or the organization's return for:	t organiza	tion return for the organization name	d above	helaters ent.	ED
IS 10	and organization a retain for.			- 1	122	
- Si	Z tax year beginning SEP 1, 2013				JAN 08	5.586
	An tax year deguning BEF 1, 2013	, an	d ending AUG 31, 2014		JAN U	3 6013
2 If th	a fau year antered in line 4 is far lane than 40 accepts					
2 ""	e tax year entered in line 1 is for less than 12 months, of Change in accounting period	neck reas	on: Initial return []	Final retu	" DM	LO
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	potes the tentative toy they			
	refundable credits. See Instructions.	ดเ อดอล"	enter the tentative tax, less any			
	is application is for Forms 990-PF, 990-T, 4720, or 6069	ontor =c	u rofi melabla esadikai	3a	\$	0.
	mated tax payments made. Include any prior year overp					
	ance due. Subtract line 3b from line 3a. Include your pa			3b	\$	0.
	using EFTPS (Electronic Federal Tax Payment System), 8					
Caution	If you are going to make an electronic funds withdrawal	(direct de	hith with this Earn 0000 and Earn	3c	S	0.
instruction	18.	fanori 88	AND WILL RIES LOUIS 0000' 866 LOW 8	403-EU 8	ла Form 8879-EO (lor payment
	<u> </u>					

RESTATED ARTICLES OF INCORPORATION

OF

THE KENTUCKY SHAKESPEARE FESTIVAL, INC. A NOT FOR PROFIT CORPORATION

8 H 8 8 8 8

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.

TUART E. ALEXANDER, III

CO-CHAIR STRATEGIC PLANNING

KENTUCKY SHAKESPEARE FEST.

BOARD OF DIRECTORS

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	14	Name (as shown on your Income toy mit me) bloom is a said of a life in the said of a lif								
		Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank. Intucky Shakespeare Festival, Inc.								
_:	2	2 Business name/disregarded entity name, if different from above								
page 2										
S OII	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)			
Print or type		Note. For a single-member LLC that is diaregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	the line	above for	Exemption code (if		FATO	:A repo	orting	
P. P.	[(Applies to a	-	naintaine	d outside	the U.S.)	
듛	5	Address (number, street, and apt. or suite no.)	Request	ter's name a	nd addre	sa (opti	onal)			
g.	32	3 W. Broadway, Suite 401								
88	6	City, state, and ZIP code								
S	_	uisville, KY 40202								
	7	List account number(s) here (optional)								
Pa	1	Taxpayer Identification Number (TIN)								
		r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	-1.4	Postal and	Da .					
back	up w	thholding. For individuals, this is generally your social security number (SSN). However, 6	oro i	Social sec	urncy nun	nper	_			
resid	ent a	llien, sole proprietor, or disregarded entity, see the Part Linstructions on page 3. For other			-		_			
TIN o	08, II nn ma	Is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>			_					
				or Emplana	Jalan aldi.	Al.				
gulde	ellnes	ne account is in more than one name, see the instructions for line 1 and the chart on page s on whose number to enter.	4 for	Employer	ICHUMICE	iuon ni	ımber			
Par	t II	Certification								
		nalties of perjury, I certify that:								
1. Th	ne nu	imber shown on this form is my correct taxpayer identification number (or I am waiting for	a numb	er to be is:	sued to i	me); ar	nd			
2. la Se	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. la	ım a	U.S. citizen or other U.S. person (defined below); and								
4. Th	e FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	a is con	rect.						
Certi beca intere gene	lficat use y est parally,	cion instructions. You must cross out item 2 above if you have been notified by the IRS the you have failed to report all interest and dividends on your tax return. For real estate translaid, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification, as on page 3.	nat you a actions,	are current item 2 doe	s not ap	pply. Fo	or mo	rtgage	• _	
Sigr Here) 8	Signature of U.S. person ▶ De	ate >	7/3/	·					
		al Instructions • Form 1098 (home mo	rtgage In	terest), 1098	-E (stude	nt loan	interes	st), 109	8-T	
SOUTH	an rof	propose are to the Internal Devenue Code union of the said and								

are to the Internal Revenue Code unless otherwise noted.

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

Purpose of Form

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

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

- . Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

FINANCIAL STATEMENTS

Years Ended August 31, 2014 and 2013

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Financial Statements	
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Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
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Independent Auditors' Report

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

We have audited the accompanying financial statements of The Kentucky Shakespeare Festival, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2014 and 2013, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Kentucky Shakespeare Festival, Inc. as of August 31, 2014 and 2013, 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.

Dening, malone, Swessey & Patroff

Louisville, Kentucky January 20, 2015

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF FINANCIAL POSITION

August 31, 2014 and 2013

Assets	2014	2013
Current Assets Cash and cash equivalents Grants receivable Other receivables Deposits	\$ 42,729 83,875 4,428 5,000	\$ 8,359 96,064 4,358 600
Total current assets	136,032	109,381
Property and Equipment		
Leasehold improvements	321,238	321,238
Vehicles	37,472	46,357
Equipment	182,943	348,814
Furniture and fixtures	2,280	2,280
	543,933	718,689
Less accumulated depreciation	389,587	566,769
	154,346	151,920
Total assets	\$ 290,378	\$ 261,301

See Notes to Financial Statements.

Liabilities and Net Assets (Deficit)	2014	2013
Current Liabilities		
Current maturities of capital leases	\$ 4,166	\$ 16,596
Checks issued in excess of deposits	,	3,356
Accounts payable	40,120	93,601
Accrued expenses	128,948	168,206
Total current liabilities	173,234	281,759
Long-Term Liabilities		
Capital leases, less current maturities	6,530	12,204
Total liabilities	179,764	293,963
Net Assets (Deficit)		
Unrestricted	100,867	(95,662)
Temporarily restricted	9,747	63,000
Total net assets (deficit)	110,614	(32,662)
Total liabilities and net assets (deficit)	\$ 290,378	\$ 261,301

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF ACTIVITIES

Years Ended August 31, 2014 and 2013

				2014	
			Te	emporarily	
	Un	restricted	R	estricted	Total
Revenues and Other Support					
Grants	\$	205,387	\$	27,000	\$ 232,387
Contributions		122,579		,	122,579
Gifts in kind and contributed services		17,832			17,832
Education programs		195,385			195,385
Productions		48,019			48,019
Special events (net of cost of direct benefits to		•			10,017
donors of \$5,838 for 2014)		17,524			17,524
Charitable gaming, net		- · , ·			17,527
Forgiveness of debt		23,184			23,184
Gain on involuntary conversion		76,653			76,653
Other income		4,916			4,916
		 -			1,5210
		711,479		27,000	720 470
		711,7772		27,000	738,479
Net assets released from restrictions		80,253		(90.252)	
		00,233	_	(80,253)	
Total revenues and other support		701 720		/50 0 50\	
rotar revenues and other support	-	791,732		(53,253)	738,479
Expenses					
Program services		10000			
Management and general		496,327			496,327
Fund-raising		88,732			88,732
Laura-raizmā		10,144	_		10,144
m . r					
Total expenses		595,203	_		595,203
37 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
Net decrease (increase) in total net deficit		196,529		(53,253)	143,276
27					
Net assets (deficit), beginning of year		(95,662)	_	63,000	(32,662)
Not access (deficit) and C	ው	100 0 5			
Net assets (deficit), end of year	\$	100,867	\$	9,747	\$ 110,614

See Notes to Financial Statements.

	Te	mporarily			
Unrestricted	1 <u>R</u>	estricted	Total		
\$ 181,734	\$	57,000	\$238,734		
342,408		12,000	354,408		
36,322			36,322		
165,106			165,106		
29,980)		29,980		
46,311	l		46,311		
48,005	5		48,005		
2,537	7		2,537		
852,403	3	69,000	921,403		
29,89	7	(29,897)			
882,300	<u>)</u>	39,103	921,403		
648,689	9		648,689		
168,336			168,336		
51,186			51,186		
868,211	<u> </u>		868,211		
14,089	9	39,103	53,192		
(109,75	l) _	23,897	(85,854)		
\$ (95,662	2) \$	63,000	\$ (32,662)		

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended August 31, 2014 and 2013

	2014					
	Total					
	Productions	Education	Program Services	Management and General	Fund- Raising	Total
Salaries	\$ 51,141	\$ 154,896	\$ 206,037	\$ 10,754		P.016 mos
Actors contracts	112,270		112,270	Ψ 10,754		\$216,791
Production expense	32,281		32,281			112,270
Rent	2,906	819	3,725	19,453	\$ 3,375	32,281
Advertising	12,794	4,146	16,940	684	, , , , , ,	26,553
Merchandise and concessions	17,443	7,170	17,443	084	350	17,974
Housing	5,139	10,300	15,439			17,443
Insurance	9,005	4,502	-	1 501		15,439
Payroll taxes	3,448	10,442	13,507	1,501		15,008
Office supplies	2,440	10,442	13,890	725		14,615
Payroll tax penalties				9,492	1,793	11,285
Employee benefits	2,169	6,570	0.720	10,299		10,299
Equipment rental and expense	3,777	-	8,739	456		9,195
Professional fees	3,111	2,450	6,227	2,367		8,594
Interest expense				8,195		8,195
Telephone	2 667	1.040		6,937		6,937
Miscellaneous expense	3,557	1,940	5,497	647	323	6,467
Travel				6,375		6,375
Education expense	605	3,635	4,240	820		5,060
Development		4,689	4,689			4,689
Dues and subscriptions					3,780	3,780
Bank charges				3,218		3,218
Meals and entertainment	600	4		2,972		2,972
Micals and entertainment	692	179	871		523	1,394
Total expenses before depreciation	257,227	204,568	461.50	P. 1 m		
Depreciation	23,021	204,50a 11,511	461,795 34,532	84,895	10,144	556,834
•		11/11		3,837		38,369
Total	\$ 280,248	\$ 216,079	\$ 496,327	\$ 88,732	\$ 10,144	\$ 595,203

See Notes to Financial Statements.

_				113					
			Total						
			Program	Mai	nagement]	Fund-		
Pro	ductions	Education	Services	and			laising	_	Total
\$	91,143	\$ 205,601	\$ 296,744	\$	13,838	\$	9,393	\$	319,975
	86,960		86,960						86,960
	48,574		48,574						48,574
	4,200	1,063	5,263		19,550		3,375		28,188
	4,246	16,141	20,387		6,693		1,679		28,759
	16,692		16,692						16,692
	26,956	8,847	35,803						35,803
	8,997	4,498	13,495		1,499				14,994
	7,763	17,512	25,275		1,179		800		27,254
					15,066		7,590		22,656
					21,751				21,751
	6,386	14,405	20,791		970		658		22,419
	4,702	780	5,482		6,646				12,128
					33,463		19,400		52,863
					20,724				20,724
	5,948	3,244	9,192		1,081		541		10,814
					2,073				2,073
	7,564	11,827	19,391		3,977		1,036		24,404
		8,720	8,720						8,720
							4,873		4,873
					3,136				3,136
					7,253				7,253
	1,992	521	2,513		5,725	_	1,841	_	10,079
	322,123	293,159	615,282		164,624		51,186		831,092
_	22,271	11,136	33,407	_	3,712			_	37,119
\$_	344,394	\$ 304,295	\$ 648,689	\$	168,336	\$	51,186	\$	868,211

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

STATEMENTS OF CASH FLOWS

Years Ended August 31, 2014 and 2013

	2014	2013
Cash Flows from Operating Activities Cash received from grants and contributions Cash received from productions, education and other sources Cash received from charitable gaming, net Cash paid to suppliers and employees Interest paid	\$ 367,085 271,682 (610,214) (6,937)	\$ 582,389 200,010 46,311 (715,410) (20,724)
Net cash provided by operating activities	21,616	92,576
Cash Flows from Investing Activities Expenditures for property and equipment Deposit on property and equipment Proceeds from involuntary conversion	(51,130) (5,000) 86,988	(17,252)
Net cash provided by (used in) investing activities	30,858	(17,252)
Cash Flows from Financing Activities Payments on borrowings - related party Net payments on line of credit Principal payments on note payable	(10.10.1)	(10,000) (18,000) (25,971)
Principal payments under capital leases Net cash used in financing activities	(18,104)	(14,479) (68,450)
Net increase in cash and cash equivalents	34,37 0	6,874
Cash and cash equivalents, beginning of year	8,359	1,485
Cash and cash equivalents, end of year	\$ 42,729	\$ 8,359

See Notes to Financial Statements.

	2014	_2013
Reconciliation of Net Decrease in Total Net Deficit to Net Cash Provided by Operating Activities		
Net decrease in total net deficit	\$143,276	\$ 53,192
Adjustments to reconcile net decrease in total net deficit to net cash provided by operating activities:		
Depreciation	38,369	37,119
Loss on disposal of property and equipment	ŕ	1,187
Gain on involuntary conversion	(76,653)	-,207
Contribution - conversion of note payable - related party	` ' '	(12,000)
Change in assets and liabilities:		(==,000)
(Increase) decrease in:		
Grants receivable	12,189	(894)
Other receivables	(70)	2,141
Deposits	600	1,200
Increase (decrease) in:		1,200
Checks issued in excess of cash on deposit	(3,356)	3,356
Accounts payable	(53,481)	(37,437)
Accrued expenses	(39,258)	44,712
Total adjustments	(121,660)	39,384
Net cash provided by operating activities	\$ 21,616	\$ 92,576

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

NOTES TO FINANCIAL STATEMENTS

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

Nature of operations:

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

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.

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, 2014 and 2013, there is no allowance recorded as balances are considered fully collectible.

Property, equipment and depreciation:

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

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

Contributions:

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

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

A summary of in-kind donations and contributed services for the years ended August 31, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Rent Financial consultant	\$17,832	\$21,722 _14,600
	<u>\$17,832</u>	\$36,322

A portion of the rent expense for the administrative office building was donated. The donation is reported at its fair market value and is included in the financial statements as gifts in kind and contributed services and corresponding rent expense of \$17,832 and \$21,722 for the years ended August 31, 2014 and 2013, respectively.

The financial consultant's services were utilized within the management and general operations of the Organization to assist with financial analysis.

Advertising:

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2014 and 2013 was \$17,974 and \$28,759, respectively.

Income taxes:

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

As of August 31, 2014 and 2013, 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. Tax years ending on or after August 31, 2011, remain subject to IRS review and change. Tax years still open under state statute of limitations remain subject to review and change.

Subsequent events:

Subsequent events have been evaluated through January 20, 2015, which is the date the financial statements were available to be issued.

Note 2. Grants Receivable

Grants receivable consist of the following as of August 31, 2014 and 2013:

	<u>2014</u>	2013
Fund for the Arts Kentucky Arts Council Gheens Foundation Louisville/Jefferson County Metro Government	\$83,332 543	\$29,222 9,842 50,000
Total grants receivable	<u>\$83,875</u>	<u>\$96,064</u>

Note 3. Obligations Under Capital Leases

The Organization has lease agreements for equipment and vehicles that meet 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 assets at August 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Vehicles Equipment	\$ 19,975	\$ 37,472
Total	19,975	61,037
Less accumulated depreciation	_(10,320)	(29,054)
	<u>\$ 9,655</u>	\$ 31,983

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

Year Ending August 31,	Required Annual Minimum Payments	Amounts Representing Interest	Amounts Representing Principal
2015 2016 2017	\$ 4,905 4,905 2,044	\$ 739 376 43	\$ 4,166 4,529 <u>2,001</u>
	<u>\$11.854</u>	<u>\$1,158</u>	<u>\$10,696</u>

Note 4. Changes in Temporarily Restricted Net Assets

Changes in temporarily restricted net assets for the years ended August 31, 2014 and 2013 were as follows:

Purpose Saturday in the Park Destination Festival model Stratford Society Marketing and Promotion	Balance 8-31-13 \$ 7,000 50,000 6,000	Contributions and Grants \$ 7,500	Released from Restrictions \$(14,500) (50,000) (6,000) (9,753)	Balance 8-31-14
	<u>\$63,000</u>	<u>\$27,000</u>	\$(80,253)	<u>\$ 9,747</u>
Purpose	Balance 8-31-12	Contributions and Grants	Released from Restrictions	Balance 8-31-13
Saturday in the Park Destination Festival model	\$ 8,000	\$ 7, 000 50,000	\$ (8,000)	\$ 7,000 50,000
Stratford Society Business consultant	15,897	12,000	(6,000) (15,897)	6,000
	<u>\$23,897</u>	\$69,000	\$(29,897)	<u>\$63,000</u>

Note 5. Charitable Gaming

The Organization participated in charitable gaming activities consisting of bingo, pull-tab games and raffle ticket sales to raise funds during the year ended August 31, 2013. Following are the results of these activities for the year ended August 31, 2013:

Gross revenue Less: expenses	\$865,954 <u>819,643</u>
Net revenues from charitable gaming	\$ 46,311

The charitable gaming activities were ceased by the Organization in July 2013.

Note 6. Involuntary Conversion

During the year ended August 31, 2014, lighting and sound equipment was stolen from the Organization. The Organization recorded a gain on involuntary conversion of \$76,653 for the difference between the net book value of the equipment stolen and the amount of insurance proceeds received.

Note 7. Concentrations and Contingencies

The Organization receives a significant portion of its revenues from Fund for the Arts and an individual donor. Revenues from Fund for the Arts represented 16% and 15% of net revenues during the years ended August 31, 2014 and 2013, respectively. The receivable due from Fund for the Arts as of August 31, 2014 and 2013 was \$83,332 and \$29,222, respectively. Revenues from the individual donor represented 21% of net revenues during the year ended August 31, 2013. There was no concentration of revenues from this donor during the year ended August 31, 2014. Changes in the future allocation of funding from these donors could have a significant impact on the Organization's operations.

The Organization had approximately 16% of its actors (both employees and independent contractors) subject to collective bargaining agreements at August 31, 2013. There was no such concentration at August 31, 2014.

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

Note 8. Retirement Plan

The Organization sponsors a 403(b) plan which covers substantially all employees who meet certain eligibility requirements as to age and length of service. The Organization did not contribute to the retirement plan for the years ended August 31, 2014 and 2013.

Note 9. Operations

As of August 31, 2014, the Organization's current liabilities exceeded its current assets by \$37,202. This factor creates uncertainty about the Organization's ability to continue as a going concern. The Organization is working to restructure and pay off debts, reduce expenses, and obtain additional grant funding. During the year ended August 31, 2014, the Organization entered into an agreement with the Internal Revenue Service to repay outstanding payroll taxes of approximately \$103,000 by making \$350 monthly payments. The Organization is also monitoring cash flow on a daily basis to meet current cash flow needs. The budget is being monitored to ensure expenses are in line with revenues. The current and budgeted cash flow will be utilized to support operations through the year ending August 31, 2015.

Kentucky Shakespeare Festival Staff

Matt Wallace	Producing Artistic Director	\$61,800.00
Robert Silvethorn	Director of Operations and I	\$49,500.00
Kyle Ware	Director of Education	\$35,000.00
Hannah Pruitt	Education Programs Manage	\$29,000.00
Tony Milder	Artistic Associate	\$20,400.00
Megan Massie	Artistic Associate	\$20,400.00
Jeremy Sapp	Artistic Associate	\$19,200.00
Melinda Beck	Artistic Associate	\$16,800.00

THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

General Information

Name **Organization Number** 0010680 THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

Standing Status G-Good A - Active

State

Organization Date File Date 5/8/1963 5/8/1963

Last Annual Report 1/5/2015

Principal Office 323 WEST BROADWAY

STE. 401

MATT WALLACE LOUISVILLE, KY 40202

Registered Agent

SUITE 401 323 WEST BROADWAY

LOUISVILLE, KY 40202

Current Officers

President

KAREN RICHARDSON

Vice President PHILLIP ALLEN

ANDY PARKER

Director Treasurer ELIZABETH CHERRY SIEBERT

Director Director PHILLIP ALLEN KAREN RICHARDSON

Individuals / Entities listed at time of formation

Incorporator CI	Incorporator ST	<u>GH</u>	Director EU	Director C1	Director M	Director ST
C DOUGLAS RAMEY	STUART R PAINE	GEORGE A HENDON	EURELIA M SALYERS	C DOUGLAS RAMEY	MARTIN R AYERS	STUART R PAINE

Images available online

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

Certificate o	DIALY Day IN	N ved vive	<u>Administrati</u>	<u>Administrati</u>	Reinstateme Revenue	<u>Reinstatement</u>	Reinstateme Existence	Registered /	<u>Principal Off</u>	Annual Report	Annual Report	Annual Report	Registered / change	Annual Report	<u>Name Renewal</u>
Sixty Day Notice Return Certificate of Assumed Name	otice Return		<u>Administrative Dissolution</u>	Administrative Dissolution Return	Reinstatement Approval Letter Revenue	int	<u>Reinstatement Certificate of</u> <u>Existence</u>	Registered Agent name/address change	Principal Office Address Change	I T	I I	l a	Registered Agent name/address change	Ā	<u>val</u>
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	PDF	PDF		PDF				PDF	PDF	<u>PDF</u>					

Annual Report 7/1/1989			Change	Annual Report 7/1/1990	Statement of Change 3/28/1991	<u>Amendment</u> 3/28/1991	Annual Report 7/1/1991	Annual Report 3/19/1992	Annual Report 3/24/1993	Statement of Change 5/5/1994	Annual Report 7/1/1994	Annual Report 7/1/1995	Annual Report 7/1/1996	Annual Report 7/1/1997	Annual Report 5/11/1998	Annual Report 8/13/1999	Annual Report 6/13/2000	Annual Report 9/11/2001	Annual Report 9/24/2002	Name Renewal 2/6/2003	Annual Report 6/3/2003	Annual Report 6/30/2005	Statement of Change 7/14/2005	Annual Report 3/6/2006	Annual Report 3/7/2007	Annual Report 3/11/2008	Articles of Organization (LLC) 6/17/2008	Registered Agent name/address 9/15/2009 change	Annual Report 9/15/2009	Welcome to Fastirack Organization Search
- הסכת	1 pages	4 pages	1 page	4 pages	1 page	4 pages	2 pages	2 pages	2 pages	1 page	6 pages	6 pages	5 pages	1 page	4 pages	1 page	1 page	1 page	1 page	1 page	1 page	2 pages	1 page	3 pages	1 page	1 page	1 page	i page	2 pages	tion Search
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Revocation of Certificate of

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

Assumed Names

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

Activity History

Filing Annual report Annual report	File Date 1/5/2015 12:00:40 PM 2/10/2014 11:20:47	Effective Date 1/5/2015 12:00:40 PM 2/10/2014 11:20:47	Org. Referenced
Registered agent address change AM		2/10/2014 11:16:28 AM	
Annual report	3/5/2013 2:29:21 PM 3/5/2013 2:29:21	3/5/2013 2:29:21 PM	
Annual report	6/28/2012 1:50:17 PM	6/28/2012	
Registered agent address change AM	11/10/2011 8:53:07 AM	11/10/2011	
Principal office change	11/10/2011 8:51:39 AM	11/10/2011	
Reinstatement	10/7/2011 12:49:53 PM	10/7/2011	
Application For Reinstatement	10/7/2011 12:18:54 PM	10/7/2011	
Application For Reinstatement	9/28/2011 2:58:06 PM	9/28/2011	

Amendment previous name	Annual report	Registered agent address change	Annual report	Annual report	Annual report	Annual report	Registered agent address change AM	Annual report	Added assumed name	Admin Dis. A. report not in
3/28/1991	6/30/2005 2:49:21 PM	7/14/2005 3:46:10 PM	3/6/2006 8:27:30 AM 3/6/2006	3/7/2007 10:51:57 AM	3/11/2008 2:39:12 PM	9/15/2009 8:29:05 AM	9/15/2009 8:33:18 AM	4/1/2010 2:14:23 PM	11/4/2010 10:57:09 AM	9/10/2011
3/28/1991	6/30/2005	7/14/2005	3/6/2006	3/7/2007	3/11/2008	9/15/2009	9/15/2009	4/1/2010	12/31/2010	9/10/2011
THE COMMITTEE FOR SHAKESLPEARE IN CENTRAL PARK, INC.									KENTUCKY SHAKESPEARE	

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	Annual Report	Annual Report	Annual Report	Annual Report	Annual Report	Annual Report	Annual Report	Annual Report	Annual Report
7/1/1995	7/1/1996	7/1/1997	5/11/1998	8/13/1999	6/13/2000	9/11/2001	9/24/2002	6/3/2003	4/9/2004
6 pages	5 pages	1 page	4 pages	1 page	2 pages				

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