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

Applicant/Program: Kentucky Shakespeare Festival Inc. / "Shakespeare in Central Park"
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.  Kentucky Shakespeare's 55 <sup>th</sup> season of free Shakespeare in Central Park runs through June 3-August 9 <sup>th</sup> . 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 the CAMP SHAKESPEARE GLOBE PLAYERS students, to present on the festival stage.
Is this program/project a fundraiser?  Is this applicant a faith based organization?  Does this application include funding for sub-grantee(s)?  Yes V/No  Yes V/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 \$\frac{10.000}{\text{Amount}}  \text{Date}  \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.  Councilman David James is a member of the KY Shakespeare Board of Directors with no check signing privileges
· ·
Approved by:
Appropriations Committee Chairman Date
Clerk's Office Only:
Request Amount: Committee Amended Appropriation:
Original Appropriation: Council Amended Appropriation:

Legal Name of Applicant Organization: Kentucky Shakespeare Festival Inc.	
Program Name: Shakespeare in Central Park 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
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	yes
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Ves
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	NIA
<ul> <li>Good Standing: Is the entity in good standing with:</li> <li>Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>Internal Revenue Service – most recent Form 990 included</li> </ul>	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
<b>Operating Requests:</b> 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?	Yes
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?	NIA
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?  Prepared by: Date: 7/29/15	N/A



SECTION 1 – APPL	ICANT INFORMATION			
Legal Name of Applicant Organization: Kentucky Shakespeare Festival, Inc.				
(as listed on: http://www.sos.ky.gov/business/records)	mooduus. C. da 4			
_	oroadway, Suite 4	01, Louisville, KY 40202		
Website: Www.kyshakespeare.com Applicant Contact: Matt Wallace	1.092	ana.		
F00 F74 0000	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 Representative who attended NDF Train	<sub>ning:</sub> Hannah Pruit	t, Education Programs Mgr.		
GEOGRAPHICAL AREA(S) WHERE PROG		(WILL BE) PROVIDED		
Program Facility Location(s): Central Park, Old	Louisville			
Council District(s): 6th District	Zip Code(s):	40208		
SECTION 2 – PROGRAM REQU	EST & FINANCIAL INF	ORMATION		
PROGRAM/PROJECT NAME: "Shakespeare in Cer	ntral Park"			
Total Request: (\$) 10,000 Total Metro A	ward (this program) i	n previous year: (\$) \$0		
Purpose of Request (check all that apply):	The second of th			
Operating Funds (generally cannot exceed 339	% of agency's total ope	erating budget)		
Programming/services/events for direct benef	it to community or qu	alified individuals		
☐ Capital Project of the organization (equipment	t, furnishing, building,	etc)		
The Following are Required Attachments:				
IRS Exempt Status Determination Letter	Signed lease if rent	costs are being requested		
Current Year Projected Budget	IRS Form W9			
List of Board of Directors (include term & term limits	Evaluation forms if	used in the proposed program		
Current financial statement	Annual audit (if red	quired by organization)		
Most recent IRS Form 990 or 1120-H Articles of Incorporation	Faith Based Organi	zation Certification Form, if required		
Cost estimates from proposed vendor if request is for	Staff including the	3 highest paid staff		
capital expense				
For the current fiscal year ending June 30, list all funds a	appropriated and/or re	eceived from Louisville Metro		
Government for this or any other program or expense, in	ncluding funds receive	d through Metro Federal Grants,		
from any department or Metro Council Appropriation (N sheet if necessary.	leighborhood Develop	ment Funds). Attach additional		
Source: Metro EAF Grant	Amount: (\$)	613,300		
Source:	Amount: (\$)			
Source;	Amount: (\$)	101		
Has the applicant contacted the BBB Charity Review for	A CONTRACTOR OF	i D No		
Has the applicant met the BBB Charity Review Standards				



### **SECTION 3 – AGENCY DETAILS**

Describe Agency's Vision, Mission and Services:

Founded in 1949, Kentucky Shakespeare—a not-for-profit, charitable organization and professional theatre—is the oldest, free Shakespeare festival in the United States. Grounded in the works of Shakespeare, Kentucky Shakespeare's mission is to enrich the community by presenting accessible, professional theatre experiences that educate, inspire, and entertain people of all ages.

Designated the Official Shakespeare Company of the Commonwealth, Kentucky Shakespeare serves 80,000 people annually through the Kentucky Shakespeare Festival in Central Park in the summer, educational outreach and special programming throughout the year. The education department has served over 1,000,000 students with in-school arts programs since its inception in 1990 in all 120 Kentucky counties and surrounding states. Other community programs include 18+ annual parks tour of Shakespeare in the Parks, serving all Louisville Metro Free Public Libraries with Shakespeare in the Libraries, and community center residencies.



### 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. We plan to surpass that number served in Central Park this summer.

This season will expand Kentucky Shakespeare's capacity to further its mission of educating, enlightening, and entertaining all members of the community at no cost to them. It is KY Shakespeare's objective to serve the at-risk, underserved, and disadvantaged in our community and neighborhood. Individuals and families of any size or income level will have the opportunity to experience multiple free, artistic experiences throughout the summer.

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

For Kentucky Shakespeare Festival's 2015 season, the company has employed a total of 68 professionals, with 95% (all but 3) residing locally. We are able to employ these professionals in the summer months when they may otherwise be unemployed. We are seeking assistance to fund two weeks pay for the cast of actors.

Breakdown:

Greg Maupin \$800

Abigail Maupin \$800

Jon O' Brien \$800

Tom Luce \$800

Jon Huffman \$800

Dathan Hooper \$800

Maggie Lou Rader \$750

Jeremy Sapp \$700

Zach Burrell \$700

Darnell Benjamin \$700

Neill Robertson \$600

Sarah Provost \$550

Tony Milder \$500

Megan Massie \$500

Renea Brown \$200



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:
<ul> <li>☐ 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):</li> <li>✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.</li> <li>✓ 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.</li> </ul>
<ul> <li>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:</li> <li>✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.</li> <li>The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.</li> </ul>



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.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically. Kentucky Shakespeare will welcome three local theatre companies to take the Central Park stage at the end of the season. Louisville Improvisors, Bard's Town Theatre, and Theatre 502.

Community, school groups, summer camps, and local theatres will present pre-show entertainment on the stage before performances.

We partner all summer with the Louisville Food Truck Association and community organizations including Down Syndrome Louisville, Boys and Girls Club, Kentucky Opera, among dozens of others.

Nearly all of the 13 Old Louisville Neighborhood Associations support the season financially through sponsorship and partner for events and ushering.

Summer season staff will include artists and technicians from Actors Theatre of Louisville, the Louisville Ballet, the Louisville Opera, Stage One, Derby Dinner Playhouse, Theatre 502, Savage Rose Classical Theatre, Cincinnati Shakespeare, University of Louisville, Youth Performing Arts High School, Walden Theatre, among others.

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### 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		14,367	14,367
B: Rent/Utilities			
C: Office Supplies			
D: Telephone		-	
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	10000	147,278	157,278
H: Program Materials		46,000	46,000
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	10,000	207,635	217,645
Wile and Processinguistic Romanding of	5 %	95 %	100%

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

Other State, Federal or Local Government	\$0
United Way	\$0
Private Contributions (do not include individual donor names)	\$45,000
Fees Collected from Program Participants	\$88,000
Other (please specify) FOUNDATION GRANTS	\$74,645
	\$217,645

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>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).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$2,566	Min. wage - 354 hours
Highland Cleaners In-Kind	\$2,000	Company credit
Heine Bros. Sponsorship	\$500	Company credit
Equipment Depot	\$4,800	Rental Cost
Total Value of In-Kind  (to match Program Budget Line Item.  Volunteer Contribution &Other In Kind)	\$9,866	

DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE ISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER ERSON PER WEEK
gency Fiscal Year Start Date: 09/1
oes your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the udget projected for next fiscal year? NO  YES
YES, please explain:



### 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**

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

### **Standard Certifications**

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

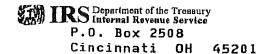
Councilman David James is a member of the KY Shakespeare Board of Directors

### **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 falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Phone: 502-574-9900	Extension:	Email:	matt@kyshakespeare.com
Signature of Legal Signatory:  Legal Signatory: (please print):	Matt Wallace		Date: 7/7/15 Title: Producing Artistic D
	WALLIN		Commence and I a large

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Effective April 2014



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: 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

	• • •	J	TOTAL
INCOM	E		The state of the s
HACOIA			
manum Mi	COME		
EARNED IN			
	Programs	400d Chakaanaan Alban	
		4001 - Shakespeare Alive!	400 407
		4002 - Touring Shows 4003 - Outreach	190,427
		4003 - Outreach	-
		Youth Tultion	33,000
			32,000
	Tatal Suasses	4005 - Advertising & Sponsorship	200 407
	Total Program		222,427
	420 · Produc	4201 - Ticket Sales	
		4201 - Ticket Sales 4202 - Concessions	7 500
		4202 - Concessions 4202-a- Bar	7,500
			20,000
		4203 - Merchandise	20,000
		4204 - Vendors	-
	Daniel (million	4205 - Advertising & Sponsorship	30,000
	Production	FARNED INCOME	77,500
	500 · OTHER	EARNED INCOME	4.500
		5000 · Rental	1,500
		5001 · Charitable Gaming	47,000
		5002 - Special Events	17,000
	mate and the name	5011 · Miscellaneous income	
	Other Earner		18,500
lotal Earn	ed income		318,427
CONTRIBUT	ED WOOME		
CONTRIBUT	670 · INDIVID	NIAI C	
	OLO - HADIAID	Board	24 906
			21,896
		Stratford	42,520
		6702 · Patrons Tx - Restricted	40.000
		6703 · Patron Tx - Unrestricted	40,000
	ماسر بلقار بالقاريات	6704 - Barreling	41,000
	Individuals	DELTE MOORE	145,416
	880 - CORPC	PRATE INCOME	22.222
		6800 · Restricted	30,000
		6801 · Unrestricted	75,000
	Corporate		105,000
	690 · FOUND	ATION INCOME	
		6900 · Restricted	70,000
		6901 - Unrestricted	120,000
	Foundation		190,000
	55 · GOVERI		
		5501 - Restricted	42,500

	5500 · Unrestricted	7,200
Governme		49,700
Total Contributed	ncome	490,116
TOTAL INCOME		808,543
EXPENSES		
ADMINISTRATION		
750 · SAL	ARIES	
	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
Salari es	•	257,418
751 · Rent	ts	
	7511 - Office	6,000
•	7512 - Warehouse / Shop	18,000
	7513 - Parking	6,480
Rent		22,650
Utilities		-
753 · Com	imunications	
	7531 - Telephone, Internet & Hosting	1,200
Caministral	7533 - Wireless	-
Communi	CE SUPPLIES	1,200
/54 · OFF	7540 · Printing	4,500
	7541 · Postage	4,500 5,100
r	7543 · Supplies	3,100
	7544 - Misc	448
Office Su		13,148
Equipmen	*	
, ,	essional Fees	
	7561 - Accounting Fees	4,452
	7562 · Audit Fees	6,000
	7563 - Legal	- -
	IT/Computer	1,800
	7564 · Other	-
Professio	nal Fees	12,252
Conference	ces & Staff Development	2,000
Membersi	hlps/Dues	3,600
Permits/L	censes	1,950
Subscript	ions/Publications	-
General L	lability insurance	10,956
	Compensation	4,800
Interest E	xpense/Fees	-
Bank Cha	rges	2,400
Janitorial		-
Meals		-

Miscellaneous   300		Travel	-	
B51 - Seasonal Labor   851 - Seasonal Labor   851 - Seasonal Labor   851 - Seasonal Labor   851 - Payrol Taxes		Miscellaneous	300	
851 - Seasonal Labor   8511 - Salary   65,100   6512 - Payroll Taxes	Total Adi	ninistration	332,704	
851 - Seasonal Labor   8511 - Salary   65,100   6512 - Payroll Taxes				
8512 - Payroll Taxes	Education	Expense		
Seasonal Labor   S2,100		851 · Seasonal Labor		
		8511 - Salary	62,100	
852 - Guest Artists (1099)   8521 - Actors   -		8512 - Payroll Taxes	-	
		Seasonal Labor	62,100	
8522 · Actors   -		852 · Guest Artists (1099)		
		8521 · Director/ Instructor	2,400	
8521 - Crew		8522 · Actors	-	
Union Pension & Health		8520 · Designers	4,000	
SE2 - GUEST ARTISTS - Other   Guest Artists   G,400			-	
Restantists   Restantists		Union Pension & Health	-	
Program Operations			-	
Rotels			6,400	
Hotels	Program O			
864 - Per Diem 900 853 · Travel & Mileage 4,700 864 - Fuel & Maintained 4,000 855 - Supplies 2,000 866 - Postage 4,200 867 - Costumes 1,000 858 - Sound 500 859 - Lighting 860 - Properties 500 861 - Set 1,000 Printing 5,000 855 - Advertising & PR 4,340 863 - Training & Development 1,000 Discounts 34,277  Total Program Operations 68,317  Total Education 134,817  Production Expense  871 Production Labor  871 Production Manager 6,400 Asst. Tech Director 4,000 Asst. Tech Director 4,200 Master Electrician 5,600 Master Carpenter 4,800 House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 5,600 Asst. Stage Manager 4,800		853 - Housing	-	
853 · Travel & Mileage       4,700         854 · Fuel & Maintained       4,000         855 · Supplies       2,000         856 · Postage       4,200         857 · Costumes       1,000         858 · Sound       500         859 · Lighting       -         860 · Properties       500         861 · Set       1,000         Printing       5,000         855 · Advertising & PR       4,340         863 · Training & Development       1,000         Discounts       34,277         Total Program Operations       66,317         Total Education       134,817         Production Expense       871 Production Labor         871 Production Manager       4,400         Asst. Tech Director       4,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		Hotels	2,400	
854 - Fuel & Maintained       4,000         855 - Supplies       2,000         856 - Postage       4,200         857 - Costumes       1,000         858 - Sound       500         859 - Lighting       -         860 - Properties       500         861 - Set       1,000         Printing       5,000         855 - Advertising & PR       4,340         863 - Training & Development       1,000         Discounts       34,277         Total Progration Operations       66,317         Total Education       134,817         Production Expense       8521 · Director         871 Production Manager       6,400         Production Manager       6,400         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         House Manager       5,600         Asst. Stage Manager       5,600			900	
855 - Supplies       2,000         856 - Postage       4,200         857 - Costumes       1,000         858 - Sound       500         859 - Lighting       -         860 - Properties       500         861 - Set       1,000         Printing       5,000         855 - Advertising & PR       4,340         863 - Training & Development       1,000         Discounts       34,277         Total Program Operations       56,317         Total Education       34,817         Production Expense       8521 · Director       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         House Manager       5,600         Asst. Stage Manager       5,600		853 · Travel & Mileage	4,700	
856 - Postage       4,200         857 - Costumes       1,000         858 - Sound       500         859 - Lighting       -         860 - Properties       500         861 - Set       1,000         Printing       5,000         855 - Advertising & PR       4,340         863 - Training & Development       1,000         Discounts       34,277         Total Program Operations       68,317         Total Education       134,817         Production Expense       8521 - Director         8521 - Director       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		854 - Fuel & Maintained	4,000	
857 - Costumes       1,000         858 - Sound       500         859 - Lighting       -         860 - Properties       500         861 - Set       1,000         Printing       5,000         855 - Advertising & PR       4,340         863 - Training & Development       1,000         Discounts       34,277         Total Program Operations       66,317         Total Education       134,817         Production Expense       871 Production Labor         8721 - Director       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		855 - Supplies	2,000	
858 - Sound       500         859 - Lighting       -         860 - Properties       500         861 - Set       1,000         Printing       5,000         855 - Advertising & PR       4,340         863 - Training & Development       1,000         Discounts       34,277         Total Program Operations       66,317         Total Education       134,817         Production Expense       871 Production Labor         8521 · Director       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		856 - Postage	4,200	
859 - Lighting   500		857 - Costumes	1,000	
860 - Properties       500         861 - Set       1,000         Printing       5,000         855 - Advertising & PR       4,340         863 - Training & Development       1,000         Discounts       34,277         Total Program Operations       66,317         Total Education       134,817         Production Expense       871 Production Labor         871 Production Manager       6,400         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		858 - Sound	500	
1,000   Printing   5,000   855 - Advertising & PR   4,340   863 - Training & Development   1,000   Discounts   34,277   Total Program Operations   66,317   Total Education   134,817		859 - Lighting	~	
Printing         5,000           855 - Advertising & PR         4,340           863 - Training & Development         1,000           Discounts         34,277           Total Program Operations         66,317           Total Education         134,817           Production Expense         8521 · Director           8521 · Director         4,000           Production Manager         6,400           Technical Director         8,000           Asst. Tech Director         4,200           Master Electrician         5,600           Master Carpenter         4,800           House Manager         4,800           Stage Manager         5,600           Asst. Stage Manager         4,800		860 - Properties	500	
855 - Advertising & PR       4,340         863 - Training & Development       1,000         Discounts       34,277         Total Program Operations       66,317         Total Education       134,817         Production Expense         871 Production Labor       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		861 - Set	1,000	
863 - Training & Development       1,000         Discounts       34,277         Total Program Operations       66,317         Total Education       134,817         Production Expense       871 Production Labor         871 Production Labor       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		-	5,000	
Discounts 34,277  Total Program Operations 66,317  Total Education 134,817  Production Expense 871 Production Labor 4,000 Production Manager 6,400 Technical Director 8,000 Asst. Tech Director 4,200 Master Electrician 5,600 Master Carpenter 4,800 House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 4,800		855 - Advertising & PR	4,340	
Total Program Operations Total Education  Production Expense  871 Production Labor  8521 · Director 4,000 Production Manager 6,400 Technical Director 8,000 Asst. Tech Director 4,200 Master Electrician 5,600 Master Carpenter 4,800 House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 4,800		863 - Training & Development	1,000	
Production Expense  871 Production Labor  8521 · Director 4,000 Production Manager 6,400 Technical Director 8,000 Asst. Tech Director 4,200 Master Electrician 5,600 Master Carpenter 4,800 House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 4,800			·	
Production Expense  871 Production Labor  8521 · Director 4,000 Production Manager 6,400 Technical Director 8,000 Asst. Tech Director 4,200 Master Electrician 5,600 Master Carpenter 4,800 House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 4,800				
871 Production Labor         8621 · Director       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800	Total Ed	ucation	134,817	
871 Production Labor       4,000         8521 · Director       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		_		
8521 · Director       4,000         Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800	Production			
Production Manager       6,400         Technical Director       8,000         Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800				
Technical Director 8,000  Asst. Tech Director 4,200  Master Electrician 5,600  Master Carpenter 4,800  House Manager 4,800  Stage Manager 5,600  Asst. Stage Manager 4,800				
Asst. Tech Director       4,200         Master Electrician       5,600         Master Carpenter       4,800         House Manager       4,800         Stage Manager       5,600         Asst. Stage Manager       4,800		-		
Master Electrician 5,600 Master Carpenter 4,800 House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 4,800				
Master Carpenter 4,800 House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 4,800				
House Manager 4,800 Stage Manager 5,600 Asst. Stage Manager 4,800				
Stage Manager 5,600 Asst. Stage Manager 4,800		-		
Asst. Stage Manager 4,800				
Designers 16,000			·	
		nesiduets	16,000	

	Citoteographicis	1,500
	8522 · Crew	18,000
	FOH Labor	2,800
	Crew - Other	-
	Actors (Union & Non)	72,000
Produc	tion Labor	158,500
872 Pro	duction Materials	
	Set	9,000
	Scenic / Dressing	-
	Properties	2,000
	Lighting	2,000
	Sound	4,000
	Costuming	10,000
Produc	tion Materials	27,000
873 Pro	duction 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
Adverti	sing & PR	10,000
Promot	ional Events	2,000
Gifts &	Entertainment	•
Printing	ı	2,000
Trainin	g & Development	-
	8549 · Facilities	40,000
Produc	tion Operations	74,800
Total Production		260,300
95 · FUND RAISING		
951 · Sp	pecial Event	11,000.00
952 · PA	YOUTS	
955 · Ft	ındralsing / Board Development	
Total Fund Raising		11,000
8750 - SALES & USE	TAX	
8750-10	· Sales & Use Tax-Admin	0.00
Sales & Use Tax		-
Total Expense		738,820
Net Income		69,722

Choreographers

1,500

# Kentucky Shakespeare Board of Directors (2464a Feam, 1016 LEME)

### 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 Pl, New Albany, IN 47150 johnd@jd-pr.com (502) 475-9637

Amy Eisenback, Education Liaison

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 - Jun 15
Ordinary Income/Expense Income	
Contributed Income Corporate Income Corporate-Restricted Corporate-Unrestricted	4 (100 00 22 563 01
Total Corporate Income	26.593.01
Foundation Income Foundation-Restricted Foundation-Unrestricted	72 360.00 42 230.91
Total Foundation Income	114,590.91
Government-Income Government-Restricted Government-Unrestricteri	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	-24,7€9.00 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 Shaxespeare Profit & Loss September 2014 through June 2015

	Sep 114 - Jun 15
Special Events	
Bar Concessions	634.40
Events	332.39 6 100.00
Merchandise	1 604.94
Sponsorships	6 450.00
Ticket Sales	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	THE CO. LEWIS CO., LANSING MANAGEMENT AND ADDRESS OF THE CO. LANSING STREET, CO., LANSING STR
	3,073.34
Conferences/Staff Development Lodging	(44.40
Meals	411.12 338,00
Mileage	457,60
Per Diem	1 026.31
Registration Travel	1 749.00
Conferences/Staff Development - Other	541.94 7 102.58
Total Conferences/Staff Development	11,426.55
Equipment Leases	756.00
Marketing Merchandise	
Printing-Collateral Materials	2 959.98 1 010.00
Total Marketing	Compared the Compared to the C
~	3,969,98
Memberships & Dues Miscellaneous	3,143.38 831.00
Office Supplies	451.00
Miscellaneous	847.67
Postage	G00.90
Supplies Copier Paper	91.98
Copier Toner	637.97
General	334.54
Water	433.23
Supplies - Other	1,884.09
Total Supplies	3 381 81
Office Supplies - Other	210.93
Total Office Supplies	5,040.41
Permits & Licenses	2,973.33
Prior Year Tax Professional Fees	770.26
Accountant	470.00
Auditor	3 000.00
/T/Computer	2 772.67
Legal Other	2 500.00
Total Professional Fees	253.50
rotal Professional Fees	13,996.17

## Kentucky Shakespeare Profit & Loss

	Sep 14 - Jun 15
Rents	5 (40 00
Parking Warehouse	5 946.00 11 435.00
Rents - Other	2 970.00
Total Rents	20 351.00
Salaries	
403B Company Match	77.22
403B Employee Contributions	2 574.42
Bonus	3 896.00
Employee Benefit 403-b Payroll Tax	46.34
Regular Earnings	1 702.67 128 598 29
Reimbursement	3 301.37
Total Salaries	THE RESERVE OF THE PARTY AND ADDRESS OF THE PARTY OF THE
	140,196.31
Service Fees & Charges	000 70
Bank International Converversion Fee	202.72 48.44
Intuit-Payroll	749.32
PayPai	430.50
Software	370.90
Square	1 494.86
Service Fees & Charges - Other	1 371 55
Total Service Fees & Charges	4,688.29
Sponsorships	50.00
Subscriptions & Publications Administration - Other	249.33 809.73
Total Administration	212,305.08
Contract Services Outside Contract Services	1,296.87
Total Contract Services	1,2\$6.87
Depreciation Expense Development Marketing Broadcast-Radio\TV Digital Miscellaneous Printing-Collateral Mater als	42,006.34 340.00 784.08 75.00 1.226.23
	2.425.31
Total Marketing	
Postage Special Event Audio\Visual Equipment Event Rentals	1,565.10 78 40
Amusement Attractions	500.00
Linens\Staging	16.17
Total Event Rentals	516.17
Food & Catering	<b>2002</b> 14
Beverages	272.12
Meals Utensils	230.00 58.94
Total Food & Catering	561.06
Labor	110.1.00
Performers\Entertainers	
Meal Allowance	209.92
Performers\Entertainers - Other	13,180.00
Total Performers\Entertainers	13,389.97

## Kentucky Shakespeare Profit & Loss

	Sep '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
Total Insurance - Liability, D and O	5 259.00
Other Types of Expenses - Other	5,259.00
Total Other Types of Expenses	0.00
Printing	24,3C3.76 3E8.04
Production Administration Equipment Rental Facility Improvements Benches 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 42 109.00 300.00 500.00 30 504.00 16 683 40 5 000 00 2 700.00
Total Labor	97,796.40
Marketing Broadcast-Radio\TV Digital Miscellaneous Postage Printing-Collateral Mater als Publications	1 720.00 220.00 295.00 1 685.60 454.19 999.00
Total Warketing	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

# Kentucky Sha (espeare Profit & Loss

	Sep '14 - Jun 15
Production - Other	1.466.12
Total Production	239,1C3.05
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	26,2C7.40
Net Other Income	-26,207.40
Net Income	-41,559.66

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(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.

OMB No. 1645-0047 Open to Public

Department of the Treasury Internal Revenus Service

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

A	For ti	ne 2013 calendar year, or tax year beginning SEP 1, 2013 a	nd ending	AUG 31, 201	4
В	Check i			D Employer ident	
Г	Add				
Ē	Nam	Doing Business As			
Ē	initis retur		Room/suit	b F Telephone I	
	Term	323 W. BROADWAY	401	te E Telephone numb (50	
	Ama retur	nded City or town, state or province, country, and ZIP or foreign postal code	1=04	G Gross receipts \$	
	Appl	Ca. LOUISVILLE, KY 40202		H(a) is this a group	726,485.
	pano	F Name and address of principal officer:MATT WALLACE		for subordinate	
		323 W. BROADWAY, SUITE 401, LOUISVILI	E, KY	H(b) Are all subordinates	
		cempt status: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(			a list. (see instructions)
		ite: ► WWW. KYSHAKESPEARE.COM		H(c) Group exempt	lon number 🕨
		of organization; X Corporation Trust Association Other	L Yea	er of formation: 1960	M State of legal domicile: KY
	ert I				
发	1	Briefly describe the organization's mission or most significant activities: THE	KENTU	CKY SHAKESP	EARE
Activities & Governance	2	FESTIVAL PRODUCES A SEASON OF WILLIAM S Check this box	HAKESP	BARE PLAYS	EACH SUMMER.
Š	3	All contracts of the second contracts and the second contracts of the second contract of the second contracts of the second contracts of the second co			1
ନ୍ଦ୍ର	4	Number of independent voting members of the governing body (Part VI, line 1)			
<b>9</b> 0	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	······································	4	
Ě	6	Total number of volunteers (estimate if necessary)	****************	8	
<del>[</del> 5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	**********	76	
	b	Net unrelated business taxable income from Form 990-T, line 34	******************	71	<u> </u>
			1	Prior Year	Current Year
의	8	Contributions and grants (Part VIII, line 1h)	[	593,142	372,490.
Revenue	9	Program service revenue (Part VIII, line 2g)		195,086	
Rev	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		96,853	101,813.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	)	885,081	717,707.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	0	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	<u> </u>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	369,648	
듄	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	F20	0	0.
Д	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	349.	160 241	222 222
	18	Total expenses. Add lines 13-17 (must equal Part iX, column (A), line 25)	·····	462,241 831,889	
	19	Revenue less expenses. Subtract line 18 from line 12		53,192	7 7 7 7 8
58				eginning of Current Year	723/2/00
sets or	20	Total assets (Part X, line 16)		261,301	
Fund Ba	21	Total llabilities (Part X, line 26)		293,963	
켶	22	Net assets or fund balances. Subtract line 21 from line 20	,	<32,662	
	art II				
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedu	ules and stater	ments, and to the best of r	ny knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of T.	which prepare	r has any knowledge.	
<b>~</b> 1		Signature of officer			
Sign		1'		Date	
Her	e	MATT WALLACE, PRODUCING ARTISTIC DIR Type or print name and titls	ECTOR		
		Print/Type preparer's name Preparer's signature	T	Date Check	PTIN
Paid	ı	CHRISTINE N. KOENIG		l f	
Prep	ares	Firm's name DEMING MALONE LIVESAY & OSTROF	F PSC	satt-ample Firm's EIN	
ปลอ	Only	Firm's address 9300 SHELBYVILLE RD STE 1100	<del></del>		
		LOUISVILLE, KY 40222-5187		Phone no. ( 5	502)426-9660
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
3320	01 10-2	9-18 LHA For Paperwork Reduction Act Notice, see the separate instruc	tione		Fa 000 (2015)

For	m 990 (2013) KENTUCKY SHAKESPEARE FESTIVAL, INC. art III Statement of Program Service Accomplishments	Page 2
تــــــــــــــــــــــــــــــــــــــ	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 RNRICH OUR COMMINITARY	Þν
	PRESENTING ACCESSIBLE PROFESSIONAL THRATER EXPERTENCES THAT BY	OLICAUS DI
	INSPIRE AND ENTERTAIN PEOPLE OF ALL AGES.	Journal,
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	Tes LA No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ Avnonese
	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	1 Downers 6	53,563.)
	THE KENTUCKY SHAKESPEARE FESTIVAL PRODUCES A SEASON OF WILLIAM	
	SHAKESPEARE PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY PROFESSIONAL ACTORS AND IS FREE TO THE PUBLIC.	
	THOUGHD ACTURD AND IS FREE TO THE PUBLIC.	
4b	(Code: ) (Expenses \$ 216.079 - Including counts of	
40		217,941.)
	THE ORGANIZATION ALSO OPERATES AN EDUCATIONAL OUTREACH PROGRAM OFFERED THROUGHOUT THE KENTUCKIANA AREA.	THAT IS
	OFFICE PRODUCTION AND AREA.	
4¢	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		•
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$	<u></u>
40	Total program service expenses ► 496,327.	
932002	40	Form <b>990</b> (2013)

1	The state of the s		Ye	s No
	IT "Yes," complete Schedule A	١.	v	
2	and a second second security of the second s	·   - 1	X	
3			<b>├</b> ^	┼
	public officer if res, compage schedule C, Part I			1
4			+-	X
	during the tax year in res, complete schedule C, Part II	`		3.5
5	The state of the s		+	X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Part III	-		
6	bit the digenization maintain any deficit advised funds of any similar funds or accounts for which denote have the digital and		┼	X
	provide advice on the distribution of investment of amounts in such funds or accounts? If "Ven " complete Calendary P. P.		1	-
7	Out the organization receive or note a conservation easement, including easements to prepare approximately		┼	X
	the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	_		1
8	Did the organization maintain conections of works of art, historical treasures, or other similar assets? If "Ver " complete	7	+	X
	Scriedule D, Part III	1 .	1	42
9	The second state of the second state of the second state of the second state of the second se	8	╂—	X
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			İ
	ir res, complete schedule D, Part IV			
10	one and organization, directly of allough a related organization, hold assets in temporarily restricted and assets assets as a second asset as a second assets as a second asset as a sec	9	┼	X
	endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	1	ĺ	
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	├	X
	as applicable.	1		
ε	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D,			
	Part VI	1		
ħ	. Size and organization report an annuality for investments - other securities in Part Y line 19 that is 500 as more of the 10 at	11a	X	-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	and dispersion report all alliquit for illigabilitials - Offend and an early line 19 that is get as many as it is	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			4,5
d	bit and organization report are milliount for other assets in Part X, line 15 that is 516 or more of its total assets and at	110		X
	ratt X, line 167 if "Yes," complete Schedule D, Part IX			
е	The distribution report an amount for differ liabilities in Part X. line 25? If "Yes," complete Schedule D. Doct V	11d	37	X
f	bid the diganization a separate of consolidated financial statements for the tay year include a footbate that add	11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes " complete Schoolule D. God V.	444	w	
12a	on the organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete	111	X	
	Scriedule D, Parts XI and XII	40-	w	
b	The trib organization included in consolicated, independent audited financial sistements for the tay years	12a	X	
	If Yes," and If the organization answered "No" to line 12a, then completing Schedule D. Parts VI and VII is added to	406		v
13	is the diganization a school described in section 1/U(b)(1)(A)(ii)? If *Yas " complete Schedule E	12b		<u>X</u>
14a	or and organization maintain an onice, employees, or agents outside of the United States?	13 14a		X
b	ble the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundreleng hypinage	148		
	investment, and program service activities outside the United States, or aggregate foreign investments which the same			
	or more? if "Yes," complete Schedule F, Parts I and IV	14b		•
16	The art of garacters report of the art of, column to the state of all of areas of albert applicable and the state of	140		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		70-
16	and any distriction of the fact in, column in in it is a more and a second country or other assistance to	-13	$\dashv$	X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	ble are digentation; report a total or more trial a 15.000 or axpaness for professional fundamining and the second	-10	$\neg +$	X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	and organization topolit mote than \$10,000 total of fundicining event amos income and contributions on Deather #-			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	The organization report mote than the low of the state from the state of the state		43	
	complete Schedule G, Part III	19		y
		20a	$\dashv$	<u>X</u>
_b_	11 100 TO 1110 EDG, UIU 1110 UIUGIII/GIIUII BILBEII RESSINIVITE SI INITON TINODOINI ATTOMORATA AN ALIANA IN INITONIONIA	20b	+	<u>~</u>
		Form \$	200	10101

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government on Part IX, column (A), Ine 17 If "Yes," complete Schedule I, Parts I and II  21 Did the organization resort more than \$6,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III  22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization current and former officers, directors, incutases, key organizes compensated employees? If "Yes," complete Schedule I.  23 Did the organization have a tax-exempt bond issue with an outstanding principle amount of more than \$100,000 as of the last day of the year, that was basued after December \$1, 2002? If "Yes," answer size \$24 bitmough 24d and complete Schedule I. If "Yes", por labe 25s.  24c Did the organization have a tax-exempt bond issue with an outstanding principle amount of more than \$100,000 as of the last day of the year, that was basued after December \$1, 2002? If "Yes," answer size \$24 bitmough 24d and complete Schedule II. If "Yes," is the United States on the Schedule II. If "Yes," is the United States on the Schedule II. Part I is the organization was that an an 'on behalf of "Issuer for bonds outstanding at any time during the year?  24d Did the organization area an 'on behalf of "Issuer for bonds outstanding at any time during the year?  24d Section 601(c)(s) and 601(c)(s) organizations. Did the organization engage in an excess brendit transaction with a disqualified person withing the year? If "Yes," complete Schedule I., Part I is Its the organization aware that its orgaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spring the year, are continuous that the transaction has not been reported on any of the organization spring the year.  25d Did the organization avare that its orgaged in an excess benefit transaction with a contribution or employee thereof, a grant asketchio committee members, or t	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
column (A), lim 27 if "res," complete Schedule I, Parts I and III.  22 X  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? if "res," complete Schedule I, Part I and III.  24 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 \$1,2002? If "res," answer here 24b through 24d and complete Schedule III. If "No." yo to line 25e  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization meliniah an escrow account other than a refunding escrow at any time during the year to defease any tex-exempt bonds?  26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501(S) and 501(G)(S) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  28 Is the organization area than a region of the organization spring forms 300 or 390-122 II "Yes," complete Schedule I, Part II  29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I, Part II II  29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 59% contributed entity or family member of any ordan temporary of the organization spring to a business transaction with one of the following partian (see Schedule I, Part IV  29 Did t		government on Part IX, column (A), line 12 if "Yes" complete Schedule I. Ports Land II			
22 X  23 Did the organization answer "Yes" to Part NJ, Section A, lies 5, 4, or 5 about compensation of the organization"s current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I was lessed after December 3, 2002? If "Yes," answer three 24th through 24d and complete Schedule II, If the 25s Schedule II, If the 25s Schedule II, If If I was seen a seed or a management of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December \$1, 2002? If "Yes," answer three 24th through 24d and complete Schedule III, If I was a series of the 25s Schedule III, I was a series of the 25s Schedule III, I was a series of the 25s Schedule III was a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization invest any necessary bonds beyond a temporary period oxeoption?  24d Did the organization aware that ne accrow account other than a refunding escrow at any time during the year?  24d Did the organization aware that the regard in an excess benefit transaction engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule II, Part II  25b Did the organization aware that le negged in an excess benefit transaction by the adjustment of the prior of the acceptance of the prior of the	22	Did the organization report more than \$5.000 of grants or other excitance to individuals in the United States	21	<del> </del>	X
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and former criticers, directors, frustess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  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, Intal was lasted after December \$1, 2002? If "Yes," answer lines? bit briough 24d and complete Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b	23	Did the organization answer "Yes" to Part VII. Section A line 3.4 or 5 should companie of the annual state	22	-	$\perp \mathbf{x}$
Soneous II and 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 Yor," op to fine 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d  Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d  Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d  Section 501(x)3 and 501(x)4) organization. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II  Did the organization propriation or port any organization should be a propriated organization becomes the engage in an excess benefit transaction with a disqualified persons? If so, complete Schedule I, Part II  Did the organization provide a grant or other assistance to an officer, director, fusates, key employes, substantial contribution or employes thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV  Nas the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  A current of romer officer, director, fusates, or key employee? If "Yes," complete Schedule I, Part IV instruction for former officer,		and former officers, directors, trustees, key employees, and highest compensated employees. If \$100 about compensation in the organization's current			
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Schedule N. If Yor., go to time 256  Did the organization mesta any proceeds of tax-exampt bonds bayond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exampt bonde?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Sea Section 601(c)[3] and 601(c)[4] organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete 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 former officers, director, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, aubstantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  Instructions for applicable filling thresholds, conditions, and exceptions):  A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contribution		last day of the year, that was issued after December 31, 20022 # "Ves." appurer lines 34b through 04-1-1-1			
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25a Section 601(c)(3) and 501(c)(4) organizations. Did the organization gat any time during the year?  25a Section 601(c)(3) and 501(c)(4) organizations. Did the organization gage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yas," complete Schedule I., Part I   25b X  26b X  27b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officors, directors, trustees, key employees, lighest compensated employees, or disqualified persons? If so, complete Schedule I., Part II   27b Did the organization provide a grant or other essistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II   27c Was the organization aparty to a businese transaction with one of the following parties (see Schedule I., Part IV   28d Instructions for applicable filing thresholds, conditions, and exceptions):  28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV   28b X  29a X  29b Did the organization receive contributions of art, historical treasures, or other similar assests, or qualified conservation contributions? If "Yes," complete Schedule I. Part IV   28c X  28c X  28c X  28d X  28		any tax-exempt bonds?			
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that the transaction has not been reported on any of the organization's prior Forme 990 or 990-E27 if "Yes," complete Schedule L, Part I    26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disquelified persons? If so, complete Schedule L, Part II    27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III    28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV    18 Instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV    29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part IV    29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part IV    29 Did the organization of the second of any instruction of any in		disqualified person during the vegr? If "Ves " complete Sebedule 1. Det 1.			
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  55a X  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  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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O.	·	director, trustee, or direct or indirect owners? If "You is a smaller of the second of			
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b></b>	if "Yes " complete Schedule R. Part V. line 2		1	
and that is treated as a partnership for federal Income tax purposes? If "Yes," complete Schedule R, Part VI	37	Did the organization conduct more than 594 of its political theorem.	36		X
Note. All Form 990 filers are required to complete Schedule O	<b>J</b> .	and that is treated as a partnership for federal income toy pure terms of the federal income toy pure terms.			
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanation in Schedule R, Part VI	37		<u>X</u>
		Note. All Form 990 filers are required to complete Schedule O			
		And in regards to complete deligating of			

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

	compenses of note to any line is the real to	44		
	Calculta number manuful in D. O. C		Yes	No
1a	The state of the s	7		
b	The state of the s	0		j
С	Nimma sing to report by Payment & Co. 1910 1910 1910 1910 1910 1910 1910 191			
0-	(gambling) winnings to prize winners?	. <u>1c</u>	X	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	9	1	
D	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)	.  -		
3a	a a second of the property of the ASM (	3a		x
b	The second of th	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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	A Programme and outlined from the first Annual Annu	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Бc		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	any contributions that were not tax deductible as charitable contributions?	6a		х
þ	if "Yes," did the organization include with every solicitation an express statement that such contributions or offis			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ļ -
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	? 7a	X	l
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	7c		х
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	1	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	70		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07	7h		
8	Sponsoring organizations maintaining donor advised funds and acction 509(a)(3) supporting 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		
8	Sponsoring organizations maintaining donor advised funds.			
а	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(c)(7) organizations, Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	]		
	amounts due or received from them.)		1 1	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers,	1		
8	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.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	2013)
			١.	/

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Form 990 (2013) KENTUCKY SHAKESPEARE FESTIVAL, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•	ise
	Check if Schedule O contains a response or note to any line, in this Part VI			X
Se	ction A. Governing Body and Management	*******		
			V	T
18	Enter the number of voting members of the governing body at the end of the tax year1		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.	1	ľ	
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		1
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	-	X
	of officers, directors, or trustees, or key employees to a management company or other person?	١.		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	├──	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
6	Did the organization have members or stockholders?	5	<del> </del>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	-	X
	more members of the governing body?	_		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X
	persons other than the governing hody?			
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
a	The governing body?			
b	The governing body?  Fach committee with suthority to act on behalf of the coverning body?	8a	X	
9	Each committee with authority to act on behalf of the governing body?	8b	X	
J	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
1/la	Did the organization have local charters bronches as offlicts.	r	Yes	No
iva h	Did the organization have local chapters, branches, or affiliates?	10a		X
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
118	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
10 10	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
128	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	İ	
13	Did the organization have a written whistleblower policy?	13		X
14	bid 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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1	
a	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	16b		X
	is res to line 132 of 135, describe the process in Schedule () (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	- 1	1	
	exempt status with respect to such arrangements?	18b	1	
	ion C. Disclosure	100		
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) a	deliev		
	for public inspection. Indicate how you made these available. Check all that apply.	valialiji	9	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	fine-	nim!	
	statements available to the public during the tax year.		)1 <b>3.1</b>	
50				
	KENTUCKY SHAKESPEARE FESTIVAL, INC (502) 574-9900	un: 📂		
	323 W. BROADWAY, SUITE 401, LOUISVILLE, KY 40202			
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		COLLI	<b>990</b> (2	:013)

Form	990	(201	(3)

# KENTUCKY SHAKESPEARE FESTIVAL,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	Average hours per week	(c)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				OCIG ith an	ed any current officer, (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual	institutional trustae	Officer	Kay employee	Highest comparated employee	िगयान	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PETER TANGUAY	2.00									
BOARD MEMBER		X	L					0.	0.	^
(2) KAREN TAYLOR-RICHARDSON	2.00	<b>~</b> ∤							<u> </u>	0
PRESIDENT		X		X				0.	0.	0
(3) PHILLIP ALLEN	2.00					-			<u></u>	0
VICE PRESIDENT		X		х				0.	0.	•
(4) JOHN DARR	2.00						$\neg$		<u></u>	0
BOARD MEMBER		X					- }	0.	0.	•
(5) CULVER HALLIDAY	2.00	Π					$\neg$		<u>U.</u>	0
BOARD MEMBER		X					- 1	0.	0.	
(6) DAVID JAMES	2.00					$\neg$	7		U.	0.
BOARD MEMBER		x						0.		_
(7) ANDY PARKER	2.00						$\neg$ †	V •	0.	0.
TREASURER		x		x				0.		
(8) AMANDA GREGORY	2.00			-		寸	7	V.	0.	0.
SECRETARY		x		x	ļ			0.		
(9) AMY EISENBACK	2.00			_	$\neg$	$\dashv$	十	U *	0.	0.
BOARD MEMBER		х		- 1	- 1			0.		
(10) THADDEUS HOOVER	2.00			-	-	$\dashv$	$\dashv$		0.	0.
BOARD MEMBER		X					-			
(11) EMILY PAGORSKI	2.00		$\dashv$	+	$\dashv$	$\dashv$	+	0.	0.	0.
BOARD MEMBER	2.00	X			- 1					
(12) ELIZABETH CHERRY SIEBERT	2.00	'U'	$\dashv$	-	$\dashv$	-+	+	0.	0.	0.
BOARD MEMBER	2.00	x		- [	-			.		
(13) AMANDA BLEDSOE	2.00	<u> </u>			-	$\dashv$	+	0.	0.	0.
SOARD MEMBER	2.00	x		- [			- 1	_		
14) MERA CORLETT	2.00	♣	-+	+	$\dashv$	+	+	0.	0.	0.
OARD MEMBER	2.00	x			-	Į	-		į	
15) KERRY WANG	2 00	^	-+		-	+	_ _	0.	0.	0.
OARD MEMBER	2.00	_		ĺ						
16) WAYNE JONES	2 00	X		+	$\dashv$	_	4	0.	0.	0.
OARD MEMBER	2.00	_								
		X	-	4	_	4	4	0.	0.	0.
17) KAREN NEWMAN	2.00	_			1					
OARD MEMBER 32007 10-29-19		X						0.	0.	0.

		Check if Schedule O con	itains a respons	e or note to any lin	e in this Part VIII	***********		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
at t	1 :	a Federated campaigns	1a				10101106	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b Membership dues	1b					
		c Fundraising events		17,524.				
E E		d Related organizations	1d					
ξĘ		a Government grants (contribu		34,486.				
おび	f	f All other contributions, gifts, gran	nts, and					
章美		similar amounts not included abo	V6 1f	320,480.				
E S	٤	Noncesh contributions included in linea						
<u>0</u> 8	t	1 Total, Add lines 1a-1f		<b>&gt;</b>	372,490.			
				Business Code				
Program Service Revenue		EDUCATION PROGE	RAMS	711190	195,385.	195,385.		
£ 2€	t	PRODUCTIONS		711190	48,019.	48,019.		
SE	C							
E G	c	<u> </u>						
Š.	е							
-	ť		nue					
		Total. Add lines 2a-2f			243,404.			
	3	investment income (including						
l		other similar amounts)	***************************************					
ŀ	4	Income from investment of tar						
	5	Royalties		<b>&gt;</b>				
l	_		(i) Real	(ii) Personal				
ł	6 a	**************						
1		Less: rental expenses						
1		Rental income or (loss)						
- 1		d Net rental income or (loss)		<b>&gt;</b>				
1	7 a	Gross amount from sales of	(i) Securities	(ii) Other		1		
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses	ļ					
i	C	Gain or (loss)						
		Net gain or (loss)		·				
Revenue	8 a	a Gross income from fundraising events (not including \$17,524.						
ě		contributions reported on line						
ja l		Part IV, line 18	a	5,838.				
Other		Less: direct expenses	b		į			
		Net income or (loss) from fund			<2,940.	>		<2,940.
	9 a	Gross income from gaming ac						12/3201
		Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gami						
	10 a	Gross sales of inventory, less r						
1		and allowances	a					
1		Less: cost of goods sold						
-	c	Net income or (loss) from sales		<b>&gt;</b>				
L		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.		
	ď	All other revenue						
					104 753			
	e	Total, Add lines 11a-11d Total revenue, See instructions.		🕨 📙	104,753. 717,707.			

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				Охронова
	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	ŀ			
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				***************************************
6	Compensation of current officers, directors,				
	trustees, and key employees	66,586.	59,927.	6,659.	
6	Compensation not included above, to disqualified			0,035.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	153,862.	149,401.	4,461.	
8	Pension plan accruals and contributions (include			= , #VI. s	
	section 401(k) and 403(b) employer contributions)	ł			
9	Other employee benefits	5,538.	5,448.	90.	
10	Payroli taxes	14,615.	13,890.	725.	
11	Fees for services (non-employees):	4 = 7 0 4 3 1	±3,030 s	143.	
a	Management				
b	Legal				
c	Accounting	7,250.		7 250	
d	Lobbying	1,200		7,250.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g.	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	945.		0.45	
12	Advertising and promotion	17,974.	16 040	945.	
13	Office expenses	26,309.	16,940.	684.	350.
14	Information technology	20,309.	5,497.	18,696.	2,116.
15					
16	Royalties	8,721.	7 700	4 00 5	
	Occupancy		3,725.	4,296.	700.
17	Travel	5,060.	4,240.	820.	
18	Payments of travel or entertainment expenses		ľ		
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6 027			
20	Interest Payments to offiliates	6,937.		6,937.	
21	Payments to affiliates Depreciation, depletion, and amortization	20 200	24 520		
22		38,369.	34,532.	3,837.	
23	Other expenses,  lemize expenses not covered	15,008.	13,507.	1,501.	
24	other expenses, herrize 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 ().)				
а	ACTORS CONTRACTS	112,270.	112,270.		1
b	PRODUCTION EXPENSE	58,640.	58,640.		
С	EDUCATION EXPENSE	17,439.	17,439.		
d	PAYROLL TAX PENALTIES	10,299.		10,299.	
	All other expenses	8,609.	871.	6,375.	1 262
25	Total functional expenses. Add lines 1 through 24e	574,431.	496,327.	73,575.	1,363.
	Joint coats. Complete this line only if the organization		2010210	13,3/3.	4,529.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Chack here If following SQP 98-2 (ASC 958-720)				
332010	10-29-13	L			- 000
					Form 990 (2013)

Form 990 (2013)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	Π	(B)
1	Cash - non-interest-bearing			End of year
2	Savings and temporary cash investments	0,333.		42,729
3	Pledges and grants receivable, net	96,064.	2	02 055
4	Accounts receivable, net	4,358.		83,875
5	Loans and other receivables from current and former officers, directors,	· <u>*,330.</u>	4	4,428
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
6	Loans and other receivables from other disqualified persons (as defined under		5	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501 (c)(9) voluntary			
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L			
7	Notes and loans receivable, net	'	7	
8	Inventories for sale or use	·		
9	Prepaid expenses and deferred charges		8	
- I	Land, buildings, and equipment: cost or other		9	
	basis. Complete Part Vi of Schedule D10a 543,933			
b	Less: accumulated depreciation 106 389,587	151,920.	40-	154 246
11	Investments - publicly traded securities			154,346
12	Investments - other securities. See Part IV, line 11		11	
13	Investments - program-related. See Part IV, line 11		12	
14	intangible assets		13	
15	Other assets. See Part IV, line 11	600.	14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	261,301.	15	5,000
17	Accounts payable and accrued expenses	265,163.	16	<u>290,378</u>
18	Grants payable	205,105.	17	169,068
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
1	Loans and other payables to current and former officers, directors, trustees,		21	
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L			
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		24	
1-0	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Sahadula D	28,800.		10 505
26	Total liabilities. Add lines 17 through 25	293,963.	25	10,696
1	Organizations that follow SFAS 117 (ASC 958), check here	433,303.	26	179,764
,	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	-05 662		400 000
28	Temporarily restricted net assets	<95,662. 63,000.		100,867
29	Permanently restricted net assets		28	9,747
	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		20	
31	Paid-in or capital surplus, or land, building, or equipment fund		30	
32	Retained earnings, endowment, accumulated income, or other funds		31	
33	Total net assets or fund balances		32	440 55 5
34	Total liabilities and net assets/fund balances	<32,662. 261,301.		110,614
X	THE PROPERTY OF THE PROPERTY O	1 401,3U1.	34	290,378

	mr 990 (2013)  KENTUCKY SHAKESPEARE FESTIVAL, INC.  art XI Reconciliation of Net Assets				age <b>12</b>
<u> </u>	Charlet Cabadata O				HOO 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1				******	
2	Total revenue (must equal Part VIII, column (A), line 12)	1	7:	17.	707.
3	The state of the s	2	5	74.	431.
4	The street of th	3	14	43.	276.
5		4			662.
6	Net unrealized gains (losses) on Investments  Donated services and use of facilities	5			
7	The state of the s	6			
8		7			
8	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at and of year Orange.	8			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9			0.
	column (B))				
Pa	rt XII Financial Statements and Reporting	10	11	0,6	514.
	Check if Schedule O contains a response or note to any line in this Do-t VII				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or charled "G"				
2a	Troto ato digatazation a inidificial statements compiled or reviewed by an independent account.				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	• • • • • • • • • • • • • • • • • • • •	28		X
	separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated hasis Reth consolidated hasis				
b	Were the organization's financial statements audited by an independent accountant?				
	and a solution in closed wild the linancial statements for the year were guidled an an annual statements for the year were guidled and an annual statements for the year were guidled and an annual statements for the year were guidled and an annual statements for the year were guidled and an annual statements for the year were guidled and an annual statements for the year were guidled and an annual statements for the year were guidled and an annual statements for the year were guidled and an annual statement statements for the year were guidled and an annual statement sta		2b	X	
	Constitution Dasia, of Dog.	Dasis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	if Yes" to line 28 or 20, does the organization have a committee that group and a first true to				
	Toviors, or complication of its interior statements and selection of an independent accounts and				
			2c	X	
За	a result of a rootical award, was the organization required to undergo on audit or studies as a set for the	delle.O.			
	Approxime Otal Ottodial W-1995				
	The same of Section (1) COUNTY IN COUNTY IN COUNTY IN CONTROL OF THE CONTROL OF THE COUNTY IN CO	and andis	За		<u>X</u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	_		
			_3b_		
			Form	and (	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.

OMB No. 1845-0047

Open to Public Inspection

Name of the organization

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

Employer identification number KENTUCKY SHAKESPEARE FESTIVAL. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a \_\_\_\_ Type I b Type II c Type III - Functionally integrated d Type ill - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(i) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify the (vi) is the organization in col. (i) organized in the U.S.? (iii) Type of organization (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 above or IRC section support governing document? (i) of your support? (see instructional) Yes Yes No Yes LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Form 990 or 990-EZ.

1/1//// 757070 607301

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.)

36	CHOIL A. LADIC SUPPOR						
Cal	endar year (or tiscal year beginning in) 📂	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(O T. )
t	Gifts, grants, contributions, and			(4)	(u) ESTE	(8) 2010	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	364,809.	379,441.	491,562.	593.142.	372,490.	2201444.
2	Tax revenues levied for the organ-					0,2,200	ZZU1444.
	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.	372,490.	2201444.
5	The portion of total contributions					3/11/4201	AZULEEL.
	by each person (other than a		·				
	governmental unit or publicly						
	supported organization) Included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						207 526
6	Public support. Subtreet line 5 from line 4.						<u>287,536.</u>
Se	ction B. Total Support						<u> 1913908.</u>
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b) 201</b> 0	(c) 2011	(d) 2012	(e) 2013	
	Amounts from line 4	364,809.	379,441.	491,562.	593,142.	372,490.	(f) Total
	Gross income from interest,				220,120,	JIZJU.	2201444.
	dividends, payments received on						
	securities loans, rents, royalties		į				
	and income from similar sources	2,066.	554.				0 600
9	Net income from unrelated business			***************************************			2,620.
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			İ			
	assets (Explain in Part IV.)	33,270.	3,440.	9,730.	50 542	104,753.	201 825
11	Total support, Add lines 7 through 10			37750.	30,342.	_ <u></u>	
	Gross receipts from related activities,	etc. (see Instruction	ns)	I		12 1	2405799.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	f. fourth or fifth to	v voor se a anctic	2 501(4)(2)	,963,601.
	organization, check this box and stop	here		a, rountly or man on	A your as a section	1301(0)(3)	
Sec	ction C. Computation of Publi	c Support Per	centage				······· <b>&gt;</b>
14	Public support percentage for 2013 (li	ine 6, column (f) di	vided by line 11, c	olumn (fl)		14	70 55
15	Public support percentage from 2012	Schedule A. Part	II. line 14		***************************************		79.55 %
16a	33 1/3% support test - 2013. If the o	rganization did no	t check the box on	line 13. and line 1	4 is 33 1/394 or m	ore check this ha	84.15 %
	stop here. The organization qualifies a	as a publicly suppo	orted organization		7 10 00 17070 OF IT	iore, Greck tris 00	K BING
b	33 1/3% support test - 2012, if the o	rganization did no	t check a box on li	ne 13 or 16a and	line 15 le 33 1/3%	or more, chooleth	<b>&gt;</b> LX
	and stop here. The organization quali	fles as a publicly s	upported organiza	tion		or more, check th	S DOX □
17a	10% -facts-and-circumstances test	- 2013. If the oras	inization did not cl	neck a hox on line	13 16a or 16h a	nd line 14 is 1/0/	
	and if the organization meets the "fact	ts-and-circumstand	es test check th	is how and etan he	ro, Tua, Ut 100, a	till little 14 is 10% (	or more,
	meets the "facts-and-circumstances" i	test. The organizat	ion qualifies as a r	hetrocous visities or	omenization	c iv now the organ	zation
b	10% -facts-and-circumstances test	- 2012, If the oras	nization did not c	seck a boy on line	13 16a 16h 641	70 and Ilm 45 1	
	more, and if the organization meets th	e "facts-and-circur	nstances" test ch	eck this boy on and a	to, fue, fue, ur i	/a, and line 15 is 7	0% or
	organization meets the "facts-and-circ	umstances* test	The crosnization of	Islifies as a nublic	Weincotted area	nization	
18	Private foundation, if the organization	n did not check a h	oox on line 13. 18e	. 16h 17a or 17h	chack this have	nication	
				, 100, 11 <u>0,</u> 01 170,			
					Oune	dule A (Form 990	or <del>99</del> 0-EZ) 2013

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

Se	ction A. Public Support			**************************************			
Cale	endar year (or flecal year beginning in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(-) DO40	
	Gifts, grants, contributions, and		1 10/2010	(O/LOTA	(0)2012	(e) 2013	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")		İ				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				<del> </del>	<del>                                     </del>	
	are not an unrelated trade or bus-			1			
	iness under section 513						
4						<u> </u>	
	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						
6	Total. Add lines 1 through 5		<del>                                     </del>			<del> </del>	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 15 for the year						
c	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·					
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	1-) 0044			
	Amounts from line 6	(8) 2008	(0) 20 (0	(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	erre constitution of the c					
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				***		
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines P, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a sectio	л 501(c)(3) оталіза	ation
	check this box and stop here		********			in bu i (b)(b) digailiza	anon,
	tion C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2013 (lin	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	0.4
16	Public support percentage from 2012	Schedule A, Part I	III. line 15			18	<u>%</u>
Sec.	tion D. Computation of Inves	tment Income	Percentage				%
17	investment income percentage for 201	3 (line 10c, colum	nn (f) divided by line	3, column (f))		17	0/
18	investment income percentage from 2	012 Schedule A, F	Part III, line 17			18	<u>%</u>
198	33 1/3% support tests - 2013. If the c	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/304 and line 13	7 1
- 1	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qualif	ies as a publicly si	upported organiza	ation	
D,	so now support tests - 2012, if the c	organization did no	ot check a box on l	ine 14 or line 19a.	and line 16 is mo	re than 33 1/3% a	nd
I	ine 18 is not more than 33 1/3%, chec	k this box and st	op here. The organ	rization qualifies a	s a publiciv suppo	orted organization	
20	Private foundation. If the organization	did not check a b	oox on line 14, 19a	or 19b, check thi	s box and see ins	tructions	
32029	09-25-13					edule A (Form 990	

Schedule A Part IV	(Form 990 or 990-E	Z) 2013 KENTU	ICKY SHAK	ESPEARE	FESTIVAL	, INC.		Page 4
Partiv	Supplementa	Information.	Provide the expla	ınationa require	d by Part II, Ilne 1	0; Part II, line 17a	or 17b; and Part	111, line 12.
	Also complete this	part for any additi	ional information.	. (See Instruction	ns).			
					`		***	
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				~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		***************************************		
-					···········			
	en en de de de de de de de de de de de de de	····	·					
32024 09-25-1	3					Sched	ule A (Form 990)	~ 000 EZI 0040

#### Schedule B (Form 990, 990-EZ,

Department of the Tressury Internal Revenue Service

or 990-PF)

### 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. 1848-0047

Name of the organization

Employer Identification number KENTUCKY SHAKESPEARE FESTIVAL, Organization type (check one): 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 filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \_\_\_\_\_\_ > \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

81		-5	nitezinen	-

Employer identification number

KENTUCKY	SHAKESPEARE	FESTIVAL.	TNC

VENTO	CKY SHAKESPEARE FESTIVAL, INC.		
Part i	Contributors (see instructions). Use duplicate copies of Part I if addition	onal 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		\$\$ <u>17,832.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>20,500.</u>	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
6		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of or	ganization	Emple	Page pyer identification number
ייייייייייייייייייייייייייייייייייייי	CVV CUNVECDENDE EECHTUNI ING		,
Part I	CKY SHAKESPEARE FESTIVAL, INC.  Contributors (see Instructions). Use duplicate copies of Part	If additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$11,252.	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
			Person Payroli Noncash (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
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Payroll Noncash

Employer Identification number

### KENTUCKY SHAKESPEARE FESTIVAL,

KY SHAKESPEARE	FESTIVAL,	INC.			
Noncash Property (see	e instructions). Use	dunlicate conies	of Dod II if addition	_	

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	RENTAL SPACE		
3			
		<u> </u>	08/31/14
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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) ( <del>see</del> instructions)	(d) Date received
		s	
3453 10-24-	13		0 990.E7 or 000 DEV (0040)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1646-0047 Open to Public

Department of the Treesury Internal Revenue Service Name of the organization

inspection

344111	KENTUCKY SHAKESPEARE F	PRSTTVAL TNC	er
Pai		ds or Other Similar Funds	or Accounts Lomorate the
	organization answered "Yes" to Form 990, Part IV, line 6.		or read attraction there if file
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t	that the assets held in donor advise	d funds
_	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or donor		•
	impermissible private benefit?		Yes No
Pai		on answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education	on) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Heid at the End of the Tax Year
а	Total number of conservation easements		
b			
C	Number of conservation easements on a certifled historic structure		
d	Number of conservation easements included in (c) acquired after 8/		
	listed in the National Register		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the	organization during the tax
4	year ▶	in located	
4 5	Does the organization have a written policy regarding the periodic m		
J	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, Inspecting, and en		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisf		
_	and section 170(h)(4)(B)(li)?		
9	In Part XIII, describe how the organization reports conservation ease		
	include, if applicable, the text of the footnote to the organization's file	nancial statements that describes t	he organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Pa	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	historical treasures, or other similar assets held for public exhibition,		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the		
ь	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		Δ
	(i) Revenues included in Form 990, Part VIII, line 1		
_		or other almiler agents for financial	
2	If the organization received or held works of art, historical treasures,		gain, provide
_	the following amounts required to be reported under SFAS 116 (ASI Revenues Included in Form 990, Part VIII, line 1	· -	<b>b</b> ¢
a	Assets Included in Form 990, Part X		
Ŋ	FROOD INCIDENT VIEW OVO, FAILY	***************************************	Р Ф

	nedule D (Form 990) 2013 KENTUCE	KY SHAKESPI	CARE	FESTIV	VAL, II	NC.				١,	⊇age 2
P	Organizations Maintaining	Collections of A	\rt, Hi:	storical Ti	reasures.	or Othe	r Simi			~	1
3	Danig the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	following th	at are a si	anificant	use of its	collectio	n lto	<u></u>
	(check all that apply):						gimouit	400 OF 163	COHOCH	ni itei	118
£	Public exhibition		d 🗌	Loan or exc	change prog	rams					
ŧ			e								
C	Preservation for future generations		-					· · · · · · · · · · · · · · · · · · ·		~	
4	Provide a description of the organization's of	collections and expla	ıln how t	lhev further t	the organiza	tion's exer	not num	osa in Por	+ VIII		
5	During the year, did the organization solicit	or receive donations	of art. I	ristorical trea	asures, or of	her similar	aggate		· Alli.		
	to be sold to raise funds rather than to be m	laintained as part of	the aras	anization'e c	allection?				Yes	_	٦.,
Pε	reported an amount on Form 990, Pa	<b>igements.</b> Compl	lete if th	e organizatio	n answered	"Yes" to I	Form 990	), Part IV,	ine 9, or		_ No
1a	is the organization an agent, trustee, custoo		diany for	contribution	as or other a	nanta nat					
	on Form 990, Part X?		CILLY IO	CONTRIBUCION	is of outer a	ssers HOL	nciuaea	_	٦	r	_,
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	oliouina	table:		***********			Yes		_i No
		and domploted the re	ond winty	LADIG.			Г				
C	Beginning balance						•	······································	Amoun	<u>t</u>	
d	Additions during the year	************************	• • • • • • • • • • • • • • • • • • • •		*************	*************	, <u>1c</u>		<del></del>		
е	Distributions during the year		**********		**************		. <u>1d</u>				
f	Ending balance	***************************************	*********		**************	************	. <u>1e</u>				
2a	Did the organization include an amount on F	orm 990. Part X. line			***************************************		. 11		T.,		T
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	vnlanati	on has been	nmylded in	Port VIII	••••••	ـــا	Yes	누	No
Pa	rt V Endowment Funds. Complete	if the organization ar	swered	"Yes" to Fo	m 990. Par	IV. line 10	<u></u>		**********		
		(a) Current year		Prior year	(c) Two yea			ragre hack	/-> Enve		
1a	Beginning of year balance		151.		10) 1110 701	ard busic   (	Cij Tilloo y	rouis Dack	(6) FOU	years	Dack
b	Contributions				<del> </del>	<del></del>					
C	Net investment earnings, gains, and losses				<del>                                     </del>		<del></del>				
d								<del></del>			
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses		-								
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	a. column (e	a)) held as:						
a	Board designated or quasi-endowment	,	%	B) walking (c	.,,o.a aa.						
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	ssion of the organiza	ation tha	at are held a	nd administr	ared for th	a organiz	ration			
	by:	•					o organiz	intro);	٢	V	A1.
	(i) unrelated organizations								20/1)	Yes	No
	(II) related organizations								2-62		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?	••••••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	3a(ii) 3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.			•••••••	*************	30		
Pai	t VI Land, Buildings, and Equipm	ent.			***************************************						
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	, line 11a, S	ee Form 990	). Part X. III	ne 10.				
	Description of property	(a) Cost or or basis (investr	ther	!	or other	(o) Ac	cumulate reclation	d	(d) Book	valu	9
1a	Land					300					
b	Buildings	•••									
c	Leasehold improvements			32	1,238.	າ	68,53	33			<u> </u>
	Equipment				$\frac{1,236}{2,695}$ .		21,0		104	2,7	<u>U5.</u>
	Other			44		<u> </u>	<u> </u>	J 5th #	TO]	L, 6	41.
[otal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. calur	nn (8). line 1:	0(c).)				154	1,3	A.C.
					-1 <del>-1// 11111111</del>	*********			134	£.3/	40.

Schedule D (Form 980) 2013

Schedule D (Form 990) 2013 KENTUCKY SHA	KESPEARE FE	STIVAL, INC.	Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" to (a) Description of security or category (notuding name of security)	o Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 1	2.
	(D) BOOK VAIGE	(c) Method of Valuation: Co	st or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	Form 990, Part IV line	11c See Form 990 Part X line 1	3
(a) Description of Investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)	***************************************		
(3)			
(4)			
(5)		The state of the s	
(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 1	5.
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		-	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" to	Form 990, Part IV, line		(, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATIONS		10,696.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(Q)	1		

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....

10,696.

	edule D (Form 990) 2013 KENTUCKY SHAKESPEARE FES  rt XI Reconciliation of Revenue per Audited Financial State	TIVAL, I	INC.	7.4	Page <b>4</b>
	Complete it the organization answered "Yes" to Form 990. Part IV. line 1	2¤		return.	
1	Total revenue, gains, and other support per audited financial statements			T., I	770 470
2	Attroonts included on life 1 put not on Form 990, Part VIII, line 12:			1	738,479.
a	Net unrealized gains on investments	28			
b	Donated services and use of facilities	25	17,832	┨ ・ ┃	
С	Hecoveries of prior year grants	20	17,032	4	
d	Other (Describe in Part XIII.)	2d	2,940.	1	
e	Add lines 2a through 2d	[ 20 ]	4,340.	1 1	00 ***
3	Subtract line 2e from line 1	*!****************	***************************************	2e	20,772.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	******************		3	717,707.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1 1	
C	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	1 .	_
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	.,	******************	4c	0.
Par	t XII Reconciliation of Expenses per Audited Financial State	mente With	Evpensos	Dot um	717,707.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12			Heturn.	•
1	Total expenses and losses per audited financial statements				E0E 000
2	Amounts included on line i but not on Form 990, Part IX, line 25:			1-	595,203.
а	Donated services and use of facilities	2a	17,832.		
b	Prior year adjustments	2b	17,034.	1	
C	Other losses	20		-	
ď	Other (Describe in Part XIII.)	20	2,940.	1 1	
е	Add lines 2a through 2d	49	4,940.	} _ }	<b></b>
3	Subtract line 2e from line 1	*******************		2e	20,772.
4	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			
ь	Other (Describe in Part XIII.)	4a			
С	Add lines 4a and 4b	4b			
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • • • • • • • • • • • • • • • • •	***************************************	4c	0.
Par	XIII Supplemental Information.	***************************************	********	5	574,431.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,	art IV lines the			
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional Inform	anu ZD; Part V, line i	4; Part X, II	ne 2; Part XI,
		adiaona miorm	ation,		
PAR	T X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL, ST	ATE AND	LOCAL.		
				····	
INC	OME TAXES AS A NOT-FOR-PROFIT ORGANIZATI	ON AS DE	II NEETGORS	מינות	CECTE
					-
501	(C)(3) OF THE INTERNAL REVENUE CODE. TH	E ORGANI	<b>ፖል</b> ጥፐ <b>ር</b> ነህ ድተ	ר.דים או	NT .
				nno w	N
INF	ORMATIONAL TAX RETURN IN THE U.S. FEDERA	L JURIST	течтом.	HOWEV	ero
INC	OME FROM CERTAIN ACTIVITIES NOT DIRECTLY	RELATE	਼ ਤਸ਼ਧਾ ਹਾਂਧ	PCANT	73m±031.a
TAX	EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION	ON AS IN	ים משייה ביות	TOTATE	a u
			THE PERSON	OSTME	20
INC	OME.				
AS (	OF AUGUST 31, 2014, THE ORGANIZATION DID	NOT HAV	ה אדע ארכיי	י רוסווכ	
OR I	PENALTIES RELATED TO INCOME TAX LIABILIT	IES. AND	ים ים יוואר או	20m ^+	3
PEN	ALTIES HAVE BEEN CHARGED TO OPERATIONS FO	איד אַכ	י משעי אגא	תים רוואיב	III X SP
332054 09-25-13		<u> </u>			
	25		•	ouneaule	D (Form 990) 2013

Schedule D (Form 990) 2013 KENTUCKY SHAKESPEARE FESTIVAL, INC.  Part XIII   Supplemental Information (continued)
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.
DADE VII AND VIII IIM OD.
PART XII AND XIII, LINE 2D:
DIRECT EXPENSES INCLUDED IN SPECIAL EVENT EXPENSE ON
FINANCIAL STATEMENTS WHICH ARE INCLUDED IN FUNDRAISING EVENT NET INCOME ON
FORM 990.

### 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. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/torm 990. OMB No. 1545-0047

Open To Public . Inspection

Name of the organization

KENTUCKY	SHAKESPEARE FE	STTVA	Τ.	INC.		entification numbe
Part I Fundraising Activities. C required to complete this part.	omplete if the organization ar	nswered "Y	'es* t	Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or o key employees listed in Form 990, Part b if "Yes," list the ten highest paid individ compensated at least \$5,000 by the organization have a written or o key employees listed in Form 990, Part b if "Yes," list the ten highest paid individing the organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written have a written organization have a written organization have a written organization have a written organization have a written organization have a written have a written organization have a written organization have a written organization have	funds through any of the foll e Solid f Solid g Special ral agreement with any individ VII) or entity in connection with	lowing acti icitation of icitation of icital fundra icital fundra dual (includith profess	vities. non-g gover lising ling o	Check all that apply povernment grants mment grants events fficers, directors, tru	stees or	· · · · · · · · · · · · · · · · · · ·
(i) Name and address of Individual or entity (fundralser)	(ii) Activity	(III) fundr have co or con contribu	SECOUR.	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vI) Amount paid to (or retained by) organization
		Yes	No			
				·		
						-
Total		<u></u> <u></u> <u>-</u> <u>-</u>				
List all states in which the organization is or licensing.	registered or licensed to solid	cit contribu	tions	or has been notified	it is exempt from re	gistration
.HA For Paperwork Reduction Act Notice, 8 32081 9-12-13	see the Instructions for For	m 990 or 9	90-E	z. so	chedule G (Form 99	0 or 990-EZ) 2013

Sch	nedu <b>art</b>	ile G (Form 990 or 990-EZ) 2013 KENTUCI  Fundraising Events. Complete if the of fundralsing event contributions and g	he organization answered	i "Yes" to Forr	n 990, Parl	IV. line 18. or	reported	more than \$15	Page 2 ,000
		or instances in grown and instance and g	(a) Event #1 SHAKESPEARE IN LOVE (event type)	(b) Even	nt #2	(c) Other e NON	vents E	(d) Total e (add col. (a) col. (c	vents through
Revenue	1	Gross receipts	23,362.					23	,362.
	2	Less: Contributions	17,524.				<del></del>	17	,524.
	3	Gross income (line 1 minus line 2)	5,838.				·····	5	<u>.838.</u>
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct E	7	Food and beverages	5,838.		1—		·····	5	,838.
	8	Entertainment	1,270. 1,670.					1	,270.
	9	Other direct expenses	1,670.						670.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)	************	••••••	•••••	🕨	8	,778.
Pε	11 irt		ine 3, column (d)	990 Part IV I	ine 19 or r	enarted more	han	<u> &lt;2</u>	<u>,940.</u> ;
L		\$15,000 on Form 990-EZ, line 6a.		000,1 411.11,1		aportoa more	n ich i		
ā			(a) Bingo	(b) Pull tabs		(c) Other ga	amino	(d) Total gam	ing (add
Revenue			(-/,9-	bingo/progres	sive bingo	(0) Other Br		col. (a) through	n col. (c))
æ	4	Gross revenue							
-		aroos idvantes management in the management					***************************************		***************************************
Si.	2	Cash prizes							
<b>Direct Expenses</b>	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes% No	Yes No	%	YesNo	%		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••	>		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	**********			>		
а	Ent	er the state(s) in which the organization opera ne organization licensed to operate gaming ac	tes gaming activities: ctivities in each of these s					. Yes	No
a		No," explain:							
		re any of the organization's gaming licenses re fes," explain:			ng the tax y	rear?		Yes	No
33208	2 09	-12-13				Schedu	ile G (Fo	rm 990 or 990-l	EZ) 2013

Sch	nedule G (Form 990 or 990-EZ) 2013 KENTUCKY SHAKESPEARE FESTIVAL, INC.			Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No.
12	is the digalization a grantor, beneficiary of trustee of a trust of a member of a partnership or other entity formed			L 140
	to administer charitable gaming?		Yes	☐ No
	indicate the percentage of garning activity operated in:			NO
E	a The organization's facility	130		
	All outside lability	13b		9/
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		L	%
	Name >			
	Address >			· · · · · · · · · · · · · · · · · · ·
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
		,		110
þ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name >			
	Address >			
16	Garning manager Information:			
	Carring manager information,			
	Name			·
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	maspondent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		/ee	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			IVU
	organization's own exempt activities during the tax year > \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, iii	1es 9, 9	b. 10	b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		,	
		······		
				······································
00000	09-12-13			
ZUUS!	Marie 10			

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

Department of the Treasury

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.

OMB No. 1546-0047 Open to Public

Internal Revenue Service Name of the organization

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

Inspection Employer Identification number

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

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

Department of the Treasury Internal Revenue Service

LHA 323841 12-31-13 ► File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporate	lon							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension	nois							
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain	1							
Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form	,							
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.  Part I Automatic 3-Month Extension of Time, Only submit original (no copies needed)								
A corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete  Part I only								
Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time	_							
to file income tax returns.  Enter filer's identifying numbe	•							
Type or Name of exempt organization or other filer, see instructions.  Employer identification number	FIN) or							
print	City Of							
KENTUCKY SHAKESPEARE FESTIVAL, INC.								
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)								
ming you 323 W. BROADWAY, NO. 401								
instructions. City, town or post office, state, and ZiP code. For a foreign address, see instructions.								
LOUISVILLE, KY 40202								
Enter the Return code for the return that this application is for (file a separate application for each return)	1							
Application Return Application B	eturn							
Is For	Code							
Form 990 or Form 990-EZ 01 Form 990-T (corporation)	07							
Form 990-BL 02 Form 1041-A	08							
Form 4720 (Individual) 03 Form 4720 (other than Individual)	09							
Form 990-PF 04 Form 5227	10							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11							
Form 990-T (trust other than above) 06 Form 8870	12							
KENTUCKY SHAKESPEARE FESTIVAL, INC.								
• The books are in the care of ▶ 323 W. BROADWAY, SUITE 401 - LOUISVILLE, KY 40202								
Telephone No. ► (502) 574-9900 Fax No. ►								
If the organization does not have an office or place of business in the United States, check this box								
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check	k this							
box   I, if it is for part of the group, check this box   I and attach a list with the names and ElNs of all members the extension is for								
1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until								
APRIL 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:	) [							
	<del>-</del>							
calendar year or	/c							
► X tax year beginning SEP 1, 2013 , and ending AUG 31, 2014 JAN 08 20	13							
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return DMLO  Change in accounting period								
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions.	0							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	0.							
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b	n							
	0.							
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,								
by using EFTPS (Electronic Federal Tax Payment System). See Instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for pa	0.							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

### RESTATED ARTICLES OF INCORPORATION

OF

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

\* \* \* \* \*

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

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

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

#### ARTICLE I

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

#### ARTICLE II

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

#### ARTICLE III

The agent for service of process upon the corporation will be Curt L.

Tofteland, whose mailing address is the principal office of the corporation above.

#### ARTICLE IV

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

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

Further, the organization is not a foundation, etc., pursuant to Section 509

(a) of the Internal Revenue Code.

#### ARTICLE V

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

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

### **ARTICLE VI**

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

#### ARTICLE VII

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

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

### **ARTICLE VIII**

The corporation shall be governed by its By-laws.

TUART E. ALEXANDER, III

CO- CHAIR STRATEGIC PLANNING

KENTUCKY SHAKESPEARE FEST.

BOARD OF DIRECTORS

(Rev. December 2014) Department of the Treasury

### **Request for Taxpayer Identification Number and Certification**

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

	Id Manager to a base of the second of the se								
	1 Name (as shown on your Income tax return). Name is required on this line; do	) not leave this line blank.					***************************************		
	Kentucky Shakespeare Festival, Inc.								
ķ	2 Business name/disregarded entity name, if different from above								
ģ									
υ	3 Check appropriate box for federal tax classification; check only one of the fo	4 Exemp	tions (c	code	s apply	only to			
se ons	Individual/sole proprietor or C Corporation S Corporation single-member LLC		Trust/estate	instructio	ntitles, i	not i page	ndividu: 3):	als; see	
Exempt page									
Print or type Specific Instructions on page	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.    Exemption from FATCA reporting code (if any)								
g =	✓ Other (see instructions) ► not-for-pro	ofit, 501c3		(Applies to a	m einuooc	aintair	ed autsid	the U.S.)	
<del>.</del>	5 Address (number, street, and apt. or suite no.)	Rec	uester's name	and addres	s (optic	nal)			
8	323 W. Broadway, Suite 401								
	8 City, state, and ZIP code								
See	LouisvIIIe, KY 40202								
	7 List account number(s) here (optional)								
Par	Taxpayer Identification Number (TIN)						······································		
Enter	your TIN in the appropriate box. The TIN provided must match the name	e given on line 1 to avoid	Social se	curity num	ber				
backu	p withholding. For individuals, this is generally your social security num	ber (SSN), However, for a	TT	7 -	<del></del>		<del></del>		
reside	nt allen, sole proprietor, or disregarded entity, see the Part I instruction	s on page 3. For other		-		-			
TIN o	s, it is your employer identification number (ÉIN). If you do not have a n	umber, see How to get a	or	니 L_		L		Щ_	
	If the account is in more than one name, see the instructions for line 1	and the about on name 4 for		ldentifice	tion ou	mho			
gulde	ines on whose number to enter.	and the chart on page 4 to	r Employo	radiiatica	TOTAL TO	HIDE	r 		
•									
Pau	Certification	er ngo , , , , , , , , , , , , , , , , , , ,							
SERVICE STATE	penalties of perjury, I certify that:		· · · · · · · · · · · · · · · · · · ·						
	e number shown on this form is my correct taxpayer identification number	per for Lam waiting for a pu	ımbarta ba id	auad ta a					
56	n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failur longer subject to backup withholding; and	e to report all interest or di	ave not been vidends, or (d	notified by the IRS	/ the Ir has no	nterr tifie	nal Rev d me t	renue hat I am	
3. la	n a U.S. citizen or other U.S. person (defined below); and								
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	it from FATCA reporting is	correct						
Certif	cation instructions. You must cross out item 2 above if you have been	n notified by the IBS that w	OII are curren	ly publica	t to be	alau	~		
Decal	se you have tailed to report all interest and dividends on your fax refur	<ol> <li>For real estate transaction</li> </ol>	ne Item 2 do	se not an	nlu Ea			_	
Intere	it baid, acquisition or abandonment of secured property, cancellation o	of debt, contributions to an	individual ret	romant a			+ 45 5		
instru	ally, payments other than interest and dividends, you are not required to	o sign the certification, but	you must pro	vide your	correc	t TI	N. See	the	
Sign			· · · ·						
Here		Date▶	7/1/	ζ"					
Ger	eral Instructions	Form 1098 (home mortgag (tuition)	e Interest), 109	3-E (studer	ıt loan i	ntere	est), 109	18-T	

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

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

#### **Purpose of Form**

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

- · Form 1099-INT (Interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of Income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by
- 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

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:
- 1. 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.

### FINANCIAL STATEMENTS

Years Ended August 31, 2014 and 2013

### **Table of Contents**

	Page
Independent Auditors' Report	1 and 2
Financial Statements	
Statements of financial position	3
Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7_13



### 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, Molone, Sway & Octroff

Louisville, Kentucky January 20, 2015

### STATEMENTS OF FINANCIAL POSITION

August 31, 2014 and 2013

Assets	2014	2013
Current Assets		
Cash and cash equivalents	\$ 42,729	\$ 8,359
Grants receivable	83,875	96,064
Other receivables	4,428	4,358
Deposits	5,000	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

### STATEMENTS OF ACTIVITIES

Years Ended August 31, 2014 and 2013

	2014				
	Temporarily				
	Uı	nrestricted	R	Lestricted	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		,			17,524
Forgiveness of debt		23,184			23,184
Gain on involuntary conversion		76,653			76,653
Other income		4,916			4,916
					1,5710
		711,479		27,000	738,479
				,	, - 0, 1, 5
Net assets released from restrictions		80,253		(80,253)	
		<del></del>			-
Total revenues and other support		791,732		(53,253)	738,479
••					100,179
Expenses					
Program services		496,327			496,327
Management and general		88,732			88,732
Fund-raising		10,144			10,144
-					10,117
Total expenses		595,203			505 202
***************************************		272,202			595,203
Net decrease (increase) in total net deficit		196,529		(53,253)	143,276
Net assets (deficit), beginning of year		(95,662)		63,000	(22.770)
rest appete (deficity, beginning of year		(22,002)		63,000	(32,662)
Net assets (deficit), end of year	\$	100,867	<u>\$</u>	9,747	\$ 110,614

### 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		# 21 C #01		
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	350	26,553		
Merchandise and concessions	17,443	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17,443	004	טנכ	17,974		
Housing	5,139	10,300	15,439			17,443		
Insurance	9,005	4,502	13,507	1,501		15,439		
Payroll taxes	3,448	10,442	13,890	725		15,008		
Office supplies	,	10,112	13,690		1 500	14,615		
Payroll tax penalties				9,492	1,793	11,285		
Employee benefits	2,169	6,570	8,739	10,299		10,299		
Equipment rental and expense	3,777	2,450	6,227	456		9,195		
Professional fees	5,777	2,450	0,227	2,367		8,594		
Interest expense				8,195		8,195		
Telephone	3,557	1,940	E 407	6,937		6,937		
Miscellaneous expense	J,JJ /	1,540	5,497	647	323	6,467		
Travel	605	2 (25	4.040	6,375		6,375		
Education expense	600	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	692	170	071	2,972		2,972		
1.70010 Must autol tripuliolis	092	<u>179</u>	871		523	1,394		
Total expenses before depreciation	257,227	204,568	461,795	84 oue	10.144	****		
Depreciation	23,021	11,511	34,532	84,895 3,837	10,144	556,834		
			,,,,,,,,	2,037		38,369		
Total	\$ 280,248	\$ 216,079	\$ 496,327	\$ 88,732	\$ 10,144	\$ <b>5</b> 95,203		

			Total	N13		
Pro	ductions	Education	Program Services	Management and General	Fund- Raising	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

### STATEMENTS OF CASH FLOWS

Years Ended August 31, 2014 and 2013

	2014	2013
Cash Flows from Operating Activities	Φ 445.005	<b>*</b>
Cash received from grants and contributions	\$ 367,085	\$ 582,389
Cash received from productions, education and other sources  Cash received from charitable gaming, net	271,682	200,010
Cash paid to suppliers and employees	(610,214)	46,311 (715,410)
Interest paid	(6,937)	(713,410) (20,724)
Market Fare	2000 - 100 -	
Net cash provided by operating activities	21,616	92,576
Cash Flows from Investing Activities		
Expenditures for property and equipment	(51,130)	(17,252)
Deposit on property and equipment	(5,000)	,
Proceeds from involuntary conversion	86,988	
Net cash provided by (used in) investing activities	30,858	(17,252)
Cash Flows from Financing Activities		
Payments on borrowings - related party		(10,000)
Net payments on line of credit		(18,000)
Principal payments on note payable		(25,971)
Principal payments under capital leases	(18,104)	(14,479)
Net cash used in financing activities	(18,104)	(68,450)
Net increase in cash and cash equivalents	34,370	6,874
Cash and cash equivalents, beginning of year	8,359	1,485
Cash and cash equivalents, end of year	\$ 42,729	\$ 8,359

	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  Loss on disposal of property and equipment	38,369	37,119 1,187
Gain on involuntary conversion	(76,653)	*,107
Contribution - conversion of note payable - related party	(-,,,	(12,000)
Change in assets and liabilities:		(12,000)
(Increase) decrease in:		
Grants receivable	12,189	(894)
Other receivables	(70)	2,141
Deposits	600	1,200
Increase (decrease) in:		,
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

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

### 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.

(Rev. December 2014) Department of the Treasury

### **Request for Taxpayer Identification Number and Certification**

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

Internal	Revenue Service			
-	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank,		
	Kentucky Shakespeare Festival, Inc.			
	2 Business name/disregarded entity name, if different from above			
e Si	<del>"</del>			
Print or type Specific Instructions on page	and the first first first the state of the s	nuina seven haves.		4 Exemptions (codes apply only to
č	3 Check appropriate box for federal tax classification; check only one of the following the company of the company of the c	Partnership	Trust/estate	certain entities, not individuals; see
ν <u>α</u>	Individual/sole proprietor or Corporation S Corporation single-member LLC	I — Faithership		instructions on page 3): Exempt payee code (if any)
Print or type Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S	corporation, P=partners	ship) ►	
5, 5	Note. For a single-member LLC that is disregarded, do not check LLC; check	ck the appropriate box in	the line above for	Exemption from FATCA reporting
at o	the tax classification of the single-member owner.	,		code (if any)
ž Ĕ	✓ Other (see instructions) ► 502c3 no	n-profit		(Applies to accounts maintained outside the U.S.)
ij.	5 Address (number, street, and apt. or suite no.)		Requester's name	and address (optional)
eci	323 W. Broadway, Suite 401			
တ္တ	6 City, state, and ZIP code			
8				
V)	Louisville, KY 40202		I	
	7 List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)		-1-1 Conial co	ouribe number
Enter	your TIN in the appropriate box. The TIN provided must match the name	e given on line 1 to av	old Social se	curity number
back	p withholding. For individuals, this is generally your social security numl nt allen, sole proprietor, or disregarded entity, see the Part I Instructions	oer (55N). However, I	ora	1-1 1 1-1 1 1 1
reside	nt allen, sole proprietor, or disregarded entity, see the Part I instructions s, it is your employer identification number (EiN). If you do not have a nu	imber, see How to as	eta L	
	s, it is your employer identification names (End. II you do not have a man		or	
	If the account is in more than one name, see the instructions for line 1 a	and the chart on page	4 for Employer	Identification number
	ines on whose number to enter.	, ,		
gaido	into on miles a series			
	Certification			
Par				***************************************
Unde	penalties of perjury, I certify that:	/ I am waiting for	r a numbar ta ba is	seved to mal; and
1. Th	e number shown on this form is my correct taxpayer identification numb	er (or I am waiting for	a number to be is	saled to they, and
2. I a	m not subject to backup withholding because: (a) I am exempt from bac	kup withholding, or (t	o) I have not been	notified by the Internal Revenue
Se	rvice (IRS) that I am subject to backup withholding as a result of a fallure	e to report all interest	or dividends, or (c	the indicate national nation
no	longer subject to backup withholding; and			
3. Ia	m a U.S. citizen or other U.S. person (defined below); and			
A The	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reportir	ng is correct.	
	the state of the same of the s	notified by the IRS t	hat you are curren	tly subject to backup withholding
		i Hor real estate trans	sactions, item 2 uu	ies not apply. For mortiage
gener	ally, payments other than interest and dividends, you are not required to	sign the certification	i, put you must pro	Ivide your correct flix, See IIIe
	ctions on page 3.			
Sign	- Similar - I Was AMAZA WAR	_	מב/ו במי	15
Here	U.S. person ► WARM		ate > 1   d.9	
G	neral Instructions		ortgage interest), 109	98-E (student loan interest), 1098-T
		(tuition)		
Section	n references are to the Internal Revenue Code unless otherwise noted.	• Form 1099-C (cance		
Future	e developments, information about developments affecting Form W-9 (such slation enacted after we release it) is at www.irs.gov/fw9.	• Form 1099-A (acquis		
		Use Form W-9 only	if you are a U.S. pers	son (including a resident atten), to
	oose of Form	provide your correct T	uv. Form MLQ to the road	uester with a TIN, you might be subject
An ind	ividual or entity (Form W-9 requester) who is required to file an information	to backup withholding	. See What is backup	withholding? on page 2.
which	with the IRS must obtain your correct taxpayer identification number (TIN) may be your social security number (SSN), individual taxpayer identification	By signing the filled-		
numb	or (ITIN), adoption taxpaver identification number (ATIN), or employer	1. Certify that the TI	N you are giving is co	orrect (or you are walting for a number
Idantif	ication number (EIN), to report on an information return the amount paid to rother amount reportable on an information return. Examples of information	to be issued),		
you, o	r other amount reportable on an information return. Examples of information is include, but are not limited to, the following:	<ol><li>Certify that you a</li></ol>	re not subject to bac	kup withholding, or
	1 1099-INT (Interest earned or paid)	3. Claim exemption	from backup withhol	ding if you are a U.S. exempt payee. If U.S. person, your allocable share of
• Forn	n 1099-DIV (dividends, including those from stocks or mutual funds)	any partnership incom	ie from a U.S. trade (	or business is not subject to the
• Forr	1 1099-MISC (various types of income, prizes, awards, or gross proceeds)	withholding tax on for	eign 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.

• 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-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions)

Form 1099-B (stock or mutual fund sales and certain other transactions by

### **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 Managi	\$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

### **General Information**

**Organization Number** 0010680

Name THE KENTUCKY SHAKESPEARE FESTIVAL, INC.

**Profit or Non-Profit** N - Non-profit

**Company Type** KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

File Date 5/8/1963
Organization Date 5/8/1963
Last Annual Report 1/5/2015

Principal Office 323 WEST BROADWAY

STE. 401

LOUISVILLE, KY 40202

Registered Agent MATT WALLACE

323 WEST BROADWAY

SUITE 401

LOUISVILLE, KY 40202

#### **Current Officers**

President <u>KAREN RICHARDSON</u>

Vice PresidentPHILLIP ALLENTreasurerANDY PARKER

**Director** ELIZABETH CHERRY SIEBERT

**Director** KAREN RICHARDSON

**Director** PHILLIP ALLEN

### Individuals / Entities listed at time of formation

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

### 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.

Name Renewal

6/2/2015 9:05:29 AM 1 page

**PDF** 

	Welcome to Fastillack Organization	on Search		
Annual Report	1/5/2015	1 page	<u>PDF</u>	
Registered Agent	2/10/2014 11:16:28	1 page	PDF	
name/address change	AM 2/10/2014	1 222		
Annual Report		1 page	<u>PDF</u>	
Annual Report	3/5/2013	1 page	PDF	חחר
Annual Report	6/28/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u> <u>Change</u>	11/10/2011	1 page	<u>tiff</u>	<u>PDF</u>
Registered Agent name/address change	11/10/2011	1 page	<u>tiff</u>	<u>PDF</u>
Reinstatement Certificate of Existence	10/7/2011 12:49:58 PM	2 pages	<u>PDF</u>	
Reinstatement	10/7/2011 12:47:11	4 pages	<u>PDF</u>	
	PM	, 3		
Reinstatement Approval Letter Revenue	10/7/2011 12:44:47 PM	1 page	<u>PDF</u>	
Administrative Dissolution Return	9/28/2011	1 page	<u>tiff</u>	PDF
Administrative Dissolution	9/10/2011	1 page	PDF	
Sixty Day Notice Return	7/20/2011	2 pages	tiff	<u>PDF</u>
Certificate of Assumed Name		1 page	<u>tiff</u>	PDF
Annual Report	4/1/2010	1 page	tiff	PDF
Annual Report	9/15/2009	2 pages	<u>tiff</u>	<u>PDF</u>
Registered Agent name/address change	9/15/2009	1 page	<u>tiff</u>	<u>PDF</u>
Articles of Organization (LLC)	6/17/2008	1 page	<u>tiff</u>	PDF
Annual Report	3/11/2008	1 page	<u>tiff</u>	PDF
Annual Report	3/7/2007	1 page	<u>tiff</u>	PDF
Annual Report	3/6/2006	3 pages	<u>tiff</u>	PDF
Statement of Change	7/14/2005	1 page	<u>tiff</u>	PDF
Annual Report	6/30/2005	2 pages	tiff	PDF
Annual Report	6/3/2003	1 page	tiff	PDF
Name Renewal	2/6/2003	1 page	tiff	PDF
Annual Report	9/24/2002	1 page	<u>tiff</u>	PDF
Annual Report	9/11/2001	1 page	tiff	PDF
Annual Report	6/13/2000	1 page	tiff	PDF
Annual Report	8/13/1999	1 page	tiff	PDF
Annual Report	5/11/1998	4 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	5 pages	tiff	PDF
Annual Report	7/1/1995	6 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1994	6 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	5/5/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/24/1993	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	3/19/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Amendment	3/28/1991	4 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	3/28/1991	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1990	4 pages	<u>tiff</u>	<u>PDF</u>

Statement of Change	10/2/1989	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1989	4 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1988	1 page	<u>tiff</u>	<u>PDF</u>
Reinstatement	4/28/1987	2 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	4/28/1987	1 page	<u>tiff</u>	<u>PDF</u>
Revocation of Certificate of Authority	3/15/1987	2 pages	<u>tiff</u>	<u>PDF</u>
Six Month Notice	9/1/1986	1 page	<u>tiff</u>	<u>PDF</u>
<b>Certificate of Assumed Name</b>	6/29/1984	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	7/2/1969	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	10/6/1965	13 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	10/6/1965	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	7/12/1965	5 pages	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	5/8/1963	4 pages	<u>tiff</u>	<u>PDF</u>

### **Assumed Names**

KENTUCKY SHAKESPEARE
SHAKESPEARE IN CENTRAL PARK, THE KENTUCKY SHAKESPEARE
FESTIVAL

Inactive

Active

**Activity History** 

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/5/2015 12:00:40 PM	1/5/2015 12:00:40 PM	
Annual report	2/10/2014 11:20:47 AM	2/10/2014 11:20:47 AM	
Registered agent address change	2/10/2014 11:16:28 AM	2/10/2014 11:16:28 AM	
Annual report	3/5/2013 2:29:21 PM	3/5/2013 2:29:21 PM	
Annual report	6/28/2012 1:50:17 PM	6/28/2012	
Registered agent address change	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	
Admin Dis. A. report not in	9/10/2011	9/10/2011	
Added assumed name	11/4/2010 10:57:09 AM	12/31/2010	KENTUCKY SHAKESPEARE
Annual report	4/1/2010 2:14:23 PM	4/1/2010	
Registered agent address change	9/15/2009 8:33:18 AM	9/15/2009	
Annual report	9/15/2009 8:29:05 AM	9/15/2009	

Annual report	3/11/2008 2:39:12 PM	3/11/2008	
Annual report	3/7/2007 10:51:57 AM	3/7/2007	
Annual report	3/6/2006 8:27:30 AM	3/6/2006	
Registered agent address change	7/14/2005 3:46:10 PM	7/14/2005	
Annual report	6/30/2005 2:49:21 PM	6/30/2005	
Amendment previous name	3/28/1991	3/28/1991	THE COMMITTEE FOR SHAKESLPEARE IN CENTRAL PARK, INC.

### **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.

to the corporate Records Brahen at 602 601	00011	
Annual Report	4/9/2004	2 pages
Annual Report	6/3/2003	1 page
Annual Report	9/24/2002	1 page
Annual Report	9/11/2001	1 page
Annual Report	6/13/2000	1 page
Annual Report	8/13/1999	1 page
Annual Report	5/11/1998	4 pages
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	5 pages
Annual Report	7/1/1995	6 pages
Annual Report	7/1/1994	6 pages
Statement of Change	5/5/1994	1 page
Annual Report	3/24/1993	2 pages
Annual Report	3/19/1992	2 pages
Annual Report	7/1/1991	2 pages
Statement of Change	3/28/1991	1 page
Amendment	3/28/1991	4 pages
Annual Report	7/1/1990	3 pages
Statement of Change	10/2/1989	1 page
Annual Report	7/1/1989	4 pages
Annual Report	7/1/1988	1 page
Statement of Change	4/28/1987	1 page
Reinstatement	4/28/1987	2 pages
Revocation of Certificate of Authority	3/15/1987	2 pages
Six Month Notice	9/1/1986	1 page
Certificate of Assumed Name	6/29/1984	1 page
Statement of Change	7/2/1969	2 pages
Annual Report	10/6/1965	13 pages
Statement of Change	10/6/1965	2 pages
Amendment	7/12/1965	4 pages
Articles of Incorporation	5/8/1963	4 pages