

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

NDF 111120 CTC23

**Applicant/Program:** Commonwealth Theater Center, Inc/Nation in Crisis Performances  
**Applicant Requested Amount:** \$50,000  
**Appropriation Request Amount:** ~~17,200~~ ~~\$17,800~~ \$16,200.00

**Executive Summary of Request**

Funds will be used bring the show Nation in Crises to schools throughout Jefferson County. The show will be streamed virtually, the cost is \$200 per classroom.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☐ Yes ☒ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ No

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

23  
District #

James Peden  
Primary Sponsor Signature

2400  
Amount

Oct 28, 2020  
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 James Peden and his wife are both public school teachers.

**Approved by:**

\_\_\_\_\_  
 Appropriations Committee Chairman

\_\_\_\_\_  
 Date

Final Appropriations Amount: \_\_\_\_\_



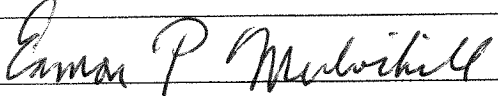
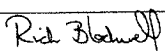
**Applicant/Program:**

Commonwealth Theater Center, Inc/Nation in Crisis Performances

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

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

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6		\$ 800
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9		\$ 2,000
District 10		\$ 1,800
District 11	_____	\$ _____
District 12		<del>\$ 4,800</del> \$4,000
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____


**Applicant/Program:**

Commonwealth Theater Center, Inc/Nation in Crisis Performances

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

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

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

 District 17  \_\_\_\_\_ \$ <sup>2400</sup> \_\_\_\_\_

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

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

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

 District 24 *Madonna Flood* \_\_\_\_\_ \$ ~~1800~~ 1,600

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

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

O-500-20

**Department/Project:**

COMMONWEALTH THEATRE CENTER, INC. - NATION IN CRISIS

**Additional Signatures**

**I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.**

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____
District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	Nicole George <i>Nicole George</i>	\$ 1,200.00
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	_____	\$ _____
District 25	_____	\$ _____
District 26	_____	\$ _____



**Department/Project:**

Commonwealth Theatre Center - Nation in Crisis Performances

**Additional Signatures**

**I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.**

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____
District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	_____	\$ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	<del><i>Madonna Flood</i></del> _____	<del>\$ 600.00</del>
District 25	_____	\$ _____
District 26	_____	\$ _____

**Dearing, Connie M.**

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**From:** Torsky, John N  
**Sent:** Monday, November 2, 2020 10:50 AM  
**To:** Dearing, Connie M.  
**Subject:** FW: Commonwealth Theatre Center's Blue Apple Outreach Fall Touring Production in Schools

Is it too late to change this or do we need to amend in committee?

John

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**From:** Flood, Madonna <Madonna.Flood@louisvilleky.gov>  
**Sent:** Monday, November 2, 2020 10:32 AM  
**To:** Torsky, John N <John.Torsky@louisvilleky.gov>  
**Cc:** Derouen, Andrea <Andrea.Derouen@louisvilleky.gov>  
**Subject:** FW: Commonwealth Theatre Center's Blue Apple Outreach Fall Touring Production in Schools

Can you please change my amount to \$1600.00?

*Respectfully,*

*Madonna Flood*  
*Councilwoman*  
*District 24*  
*502-574-1124*

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Commonwealth Theater Center, Inc

**Program Name and Request Amount** Nation in Crisis Performances - \$50,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="Yes"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="text" value="Yes"/>
<div style="display: flex; justify-content: space-between;"> <span>Prepared by: John Torsky</span> <span>Date: Oct 28, 2020</span> </div>	

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> Commonwealth Theatre Center, Inc.			
<b>Main Office Street &amp; Mailing Address:</b> 1123 Payne Street, Louisville, KY 40204			
<b>Website:</b> www.commonwealththeatre.org			
<b>Applicant Contact:</b>	Margaret Phillips	<b>Title:</b>	Grants Manager
<b>Phone:</b>	(502) 759-6334	<b>Email:</b>	margaret@commonwealththeatre.org
<b>Financial Contact:</b>	Donna Adams	<b>Title:</b>	Business Administrator
<b>Phone:</b>	(502) 589-0084	<b>Email:</b>	donna@commonwealththeatre.org
<b>Organization's Representative who attended NDF Training:</b> Margaret Phillips			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Virtually through Louisville Metro schools		
<b>Council District(s):</b>	Attached (To Date)	<b>Zip Code(s):</b>	Attached (To Date)
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> NATION IN CRISIS, by Keith McGill and performed by Jacqui Blue			
<b>Total Request: (\$)</b>	\$ 50,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 54,400.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	EAF: Middle School Intensive	<b>Amount: (\$)</b>	\$ 7,000.00
<b>Source:</b>	EAF: Drama for Learning	<b>Amount: (\$)</b>	\$ 2,000.00
<b>Source:</b>	EAF: Closing Early Childhood	<b>Amount: (\$)</b>	\$ 14,000.00
<b>Has the applicant contacted the BBB Charity Review for participation?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Has the applicant met the BBB Charity Review Standards?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

Following 10 years of collaboration, Walden Theatre and Blue Apple Players, each founded in 1976, merged on January 1, 2015. As Commonwealth Theatre Center (CTC), the organization's mission is developing youth and our community through excellence in comprehensive theatre education and performance. CTC's Outreach and Conservatory programs provide a continuum of learning ranging from introductory drama-based programs to professional theatre training, offering many youth and families their first theatre experiences. With decades of research showing that students of all abilities involved in theatre have stronger gains in reading, writing, and problem-solving as well as greater empathy and tolerance for others, CTC provides unique, outcomes-based theatre programs in the midst of diminished access to art both in school and out of school.

In a typical, pre-COVID year, CTCs programs engage 47,400+ youth (PreK-12) from 260+ area schools, including most JCPS Title 1 schools, and 8,000+ adults. Included in a "normal" year are nearly 200 Outreach workshops and residencies ranging from STORYTIME for pre-K youth to RESILIENCY for upper elementary, middle, and high school students, providing student-centered curricula to improve literacy and other vital academic, social-emotional, and developmental skills. Through its Conservatory, CTC typically reaches and sustains 600+ individual students year-round. The Conservatory provides in-depth, multi-year classes and student performances that engage youth in acting, directing, playwriting, stagecraft and more. In a usual year, 120+ touring productions in schools engage area students with quality plays and musicals performed by professional actors in underserved areas, expanding access and reducing busing while including lesson plans and take-home resources to further enrich learning. For most students, it is their first exposure to professional theatre. Last year, prior to the pandemic in March 2020, CTC provided 75 in-person touring performances of plays written and performed by CTC's professional educators and actors to 21,300 students and 1,800 adults, including the musical production of RUMPELSTILTSKIN. With the generous funding provided by the Louisville Metro Council's Neighborhood Development Fund, CTC engaged 12,000+ students and teachers in Louisville schools with 34 NDF-sponsored performances of RUMPELSTILTSKIN. The NDF funds leveraged other community support, including the Bales Family Foundation, the Duke Energy Foundation, and the Ogle Center, allowing for a total of 56 performances of RUMPELSTILTSKIN in fall 2019, engaging nearly 20,000 youth, teachers, and families across the region. With support from the Kentucky Foundation for Women, RUMPELSTILTSKIN was re-imagined and rewritten by CTC Artistic Associate Mera Kathryn Corlett into an original musical with music composed by CTC Artistic Associate Jacqui Blue. Through a focus on entrepreneurship and perseverance during adversity, the show helped children recognize their own potential as problem-solvers. Feedback from teachers included, "The lessons behind the change [of RUMPELSTILTSKIN's story] were great discussable points when we returned to class, i.e. value of honesty, women don't have to depend on men for success, stand up for yourself, etc. We wrote compare/contrast paragraphs about the original fairy tale and the musical version."

After the pandemic struck our community, CTC's staff quickly pivoted to create virtual programs, including presenting pre-recorded performances and creating & offering Conservatory and Outreach virtual experiences, all of which received more than 10,000 views and offered nearly 600 learning experiences in just a few short months. Building upon our capacity to provide both virtual programming and in-person engagement (with appropriate social distancing measures), CTC's programs in 2020-2021 include a combination of virtual engagement and reduced in-person class capacities and offerings.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Brooke Edge, PhD (President)	07/31/2023
Mark Gomsak (Vice President)	07/31/2023
Brad Keeton (Past President)	07/31/2021
Joe Legel (Treasurer)	07/31/2024
Patti Clare (Secretary)	07/31/2021
Kathy Campbell	07/31/2025
Sabra Crockett	07/31/2026
Janelle Renee Dunn	07/31/2026
Jennifer Gebhart	07/31/2026
Melanie House-Mansfield, PhD	07/31/2026
Kevin Hyde	07/31/2024
Matt Kamer	07/31/2023
Sarojini Kanotra, PhD	07/31/2026
Jonathan Lowe	07/31/2024
Angela McCorkle Buckler	07/31/2024
Emory Williamson	07/31/2026
Elizabeth Zimmerman, PhD	07/31/2026

**Describe the Board term limit policy:**

CTC Board members have the option of serving two consecutive three-year terms.

Three Highest Paid Staff Names	Annual Salary
Charlie Sexton	\$ 78,788.00
Alison Huff	\$ 67,532.00
Allie Summers	\$ 51,500.00

*AA*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

**PROJECT START & END DATES:** The interactive production of NATION IN CRISIS, written and directed by CTC Teaching Artist Keith McGill and performed by CTC Teaching Artist Jacqui Blue, is estimated to take place in classrooms virtually from October 2020-February 2021. Following confirmation of funding, exact dates of performances for the target audience of 4th-12th grade students in local schools will be re-confirmed. **PROGRAM SUMMARY:** Louisville Metro Council's generous support will be used to underwrite partial costs of CTC's original production, NATION IN CRISIS. This educational, one-hour virtual program, expanded from CTC's decade-old touring production of the same name, transports students to pivotal moments from the Civil Rights Era, bringing to life the voices of real historical figures from varying perspectives and allowing students to encounter the facts and events through a personal lens. Presented through a blend of pre-recorded videos and real-time, interactive discussions with CTC Teaching Artists, this production addresses academic standards, including the JCPS Backpack of Success Skills, while building literacy, critical thinking, and social-emotional skills. CTC's request includes support for 1) Virtual performances of NATION IN CRISIS in at least 250 classrooms in Louisville schools, 2) Teacher guide and enrichment tool for before/after the performance, and 3) Take-home family activity guides that will credit the support of each Council member. **CLIENT POPULATION** will include students (4th-12th), their families, and teachers across Louisville. Each performance will average 25 students per classroom, targeting those with transportation and economic challenges that limit access to arts and other educational enrichment by bringing the performance to them through a virtual platform.

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

The itemized budget for this project is included in Section 6. No funds will be re-granted or used for sub-grantees. Funding will be used for the expense of \$200 per each classroom (about \$8 per student). Please note that the "Non-Metro Expenses" indicated in Column 2 of Section 6 comprise the remaining costs of the NATION IN CRISIS production, and not CTC's annual operating budget.

Please find attached a list of schools with numbers of classrooms requesting performances as well as tentative commitments by Council members (to date). This support is vital for schools already facing deep budget cuts, particularly with the expenses associated with NTI provision as well as more than 60,000 JCPS students and their families living at or below the poverty level. Metro Council funding will be used to leverage matching funding from private donors for the balance of the project's costs. CTC's virtual performances of NATION IN CRISIS will not only save schools busing costs (if in-person learning occurs during the project period) since students will not need to be transported to a theatre space, losing hours of out-of-school time. NATION IN CRISIS also provides a valuable learning opportunity with real-time, interactive discussions with the production's professional Teaching Artists, complementing curriculum provided by the classroom teachers.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A.

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

- ☒ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- ☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Benefits of the NATION IN CRISIS project to be measured include:

- \*50% of students/families reported learning new information about Civil Rights History.
- \*75% or more of educators reporting that the project was a productive use of school-day time.
- \*90% or more of educators reporting that students showed increased awareness of the arts.
- \*40% of teachers using the lesson plan activities to reinforce classroom learning.
- \*60% or more of teachers reporting that students understood the lessons of the themes relating to the play.

Data to quantify benefits/outcomes will be obtained through online surveys to educators and parents/guardians. Student outcomes will be obtained through self-reporting and information from teachers and parents/guardians. Please find attached examples of surveys that will be sent to teachers as well as surveys that will be accessible to parents of students who attend a virtual performance of NATION IN CRISIS. CTC considers data collection and program assessment as constant, interrelated parts of planning for continuous improvement, including the assessment process of learning 21st century skills (communication, collaboration, creativity, initiative, and problem-solving) and knowledge to develop artistic abilities and artistic literacy. CTC's evaluation expertise in developing an effective arts assessment model (only one of its kind in Louisville) is reflected by statistics demonstrating students who attended two or more semesters in the Conservatory showed 15.8% growth on average in 21st century skill development. Students who attended four or more semesters demonstrated 27% growth on average, and students who attended every semester since the fall of 2013 demonstrated 44% growth on average. CTC is currently working with a professor of Applied Developmental Psychology at George Mason University for a deeper study of developmental significance of the assessments and Conservatory program.

**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.**

With theatre, by nature, a collaborative endeavor, CTC models "working with others" throughout its programming. This enhances quality, addresses community needs, and diversifies financial support. Partnerships specific to NATION IN CRISIS range from the public support of the production by Kentucky's First Lady, Brittainy Beshear, who promoted video segments of NATION IN CRISIS on her personal social media in September 2020, to the Louisville elementary, middle, and high schools whose classrooms will receive performances with the support of the Louisville Metro Council.

Other significant community collaborations include work accomplished by CTC's Managing Director, who is co-leading the creation of a collective impact system in partnership with the Fund for the Arts, work never done before in the US. CTC is also excited to continue strengthening existing local relationships and launching new partnerships through our organization's expansion of our Connecting Cultures theatre education and performance program with support from the Doris Duke Foundation for Islamic Art, including commissioning MENASA playwright Denmo Ibrahim to create 2 new scripts that will celebrate & uplift Muslim voices. Other collaborations include CTC's continued partnership with Kosair Charities and Fund for the Arts for provision of our specialized Outreach programming for youth with learning differences, neurodiversity, who have been exposed to Adverse Childhood Experiences, and more at Home of the Innocents and Bellewood. These and other collaborations have long-lasting impact on CTC as an organization, increasing our community profile as well as our capacity to engage more at-risk and/or marginalized youth and families in our community with our educational, in-depth arts programming.

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$ 47,668.00	\$ 270,532.00	\$ 318,200.00
B: Rent/Utilities	\$ 520.00	\$ 8,280.00	\$ 8,800.00
C: Office Supplies	\$ 364.00	\$ 1,236.00	\$ 1,600.00
D: Telephone	\$ 0.00	\$ 0.00	\$ 0.00
E: In-town Travel	\$ 0.00	\$ 0.00	\$ 0.00
F: Client Assistance (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00
G: Professional Service Contracts	\$ 0.00	\$ 13,200.00	\$ 13,200.00
H: Program Materials	\$ 0.00	\$ 0.00	\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00
J: Machinery & Equipment	\$ 0.00	\$ 1,600.00	\$ 1,600.00
K: Capital Project	\$ 0.00	\$ 0.00	\$ 0.00
L: Other Expenses (See Detailed List on Page 8)	\$ 1,448.00	\$ 61,592.00	\$ 63,040.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 50,000.00	\$ 356,440.00	\$ 406,440.00
% of Program Budget	12.30%	87.70%	100%

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

Other State, Federal or Local Government	\$ 3,921.00
United Way	\$ 0.00
Private Contributions (do not include individual donor names)	\$ 352,519.00
Fees Collected from Program Participants	\$ 0.00
Other (please specify)	\$ 0.00
Total Revenue for Columns 2 Expenses **	\$ 356,440.00

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Advertising/Marketing		\$ 2,000.00	\$ 2,000.00
Building Supplies		\$ 3,000.00	\$ 3,000.00
Business Insurance		\$ 6,400.00	\$ 6,400.00
Costumes	\$ 300.00	\$ 4,960.00	\$ 5,260.00
Depreciation		\$ 8,000.00	\$ 8,000.00
Licenses/Royalties		\$ 7,320.00	\$ 7,320.00
Memberships/Professional Development		\$ 1,800.00	\$ 1,800.00
Miscellaneous		\$ 1,000.00	\$ 1,000.00
Printing/Reproduction	\$ 348.00	\$ 1,252.00	\$ 1,600.00
Professional Fees		\$ 4,000.00	\$ 4,000.00
Program Supplies		\$ 2,600.00	\$ 2,600.00
Props/Set Materials	\$ 800.00	\$ 860.00	\$ 1,660.00
Repairs/Maintenance (Vehicles)		\$ 3,200.00	\$ 3,200.00
Service Charges		\$ 5,200.00	\$ 5,200.00
Service/Maintenance Agreements		\$ 10,000.00	\$ 10,000.00
			\$ 0.00
			\$ 0.00
<b>Total</b>	\$ 1,448.00	\$ 61,592.00	\$ 63,040.00

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Schools (Infrastructure/Educators)	\$ 20,000.00	Market Cost
<i>Total Value of In-Kind</i> <b>(to match Program Budget Line Item.</b> Volunteer Contribution & Other In Kind)	\$ 20,000.00	

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

**Agency Fiscal Year Start Date:** 09/30/2020

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

**If YES, please explain:**

Please note that CTC's current fiscal year organizational budget is austere, reflecting necessary budget cuts for reduced programming capacity resulting from the economic impact of the COVID-19 pandemic. CTC anticipates that its full programming capacity will be reinstated next year.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

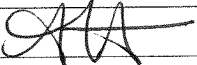
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	10/1/20
<b>Legal Signatory: (please print):</b>	Alison Huff	<b>Title:</b>	Managing Director
<b>Phone:</b>	(502) 500-8000	<b>Extension:</b>	
<b>Email:</b>	alison@commonwealththeatre.org		

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Commonwealth Theatre Center, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_  
**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

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

**1123 Payne St.**

Requester's name and address (optional)

6 City, state, and ZIP code

**Louisville, KY 40204**

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

6 1 - 0 9 0 2 7 2 2

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. person ►

Date ► **10/30/20**

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

# COMMONWEALTH THEATRE CENTER, INC.

## General Information

Organization Number	0069447
Name	COMMONWEALTH THEATRE CENTER, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/30/1976
Organization Date	4/30/1976
Last Annual Report	6/30/2020
Principal Office	1123 PAYNE ST LOUISVILLE, KY 40204
Registered Agent	CHARLES N. SEXTON 1123 PAYNE STREET LOUISVILLE, KY 40204

## Current Officers

President	<a href="#">Brooke Edge</a>
Vice President	<a href="#">Mark Gomsak</a>
Secretary	<a href="#">Patti Clare</a>
Treasurer	<a href="#">Joe Legel</a>
Director	<a href="#">Alison Huff</a>
Director	<a href="#">Matt Kamer</a>
Director	<a href="#">Brad Keeton</a>
Director	<a href="#">Jonathan Lowe</a>
Director	<a href="#">Kathy Campbell</a>
Director	<a href="#">Sabra Crockett</a>
Director	<a href="#">Janelle Renee Dunn</a>
Director	<a href="#">Melanie House-Mansfield</a>
Director	<a href="#">Kevin Hyde</a>
Director	<a href="#">Sarojini Kanotra</a>
Director	<a href="#">Angela McCorkle Buckler</a>
Director	<a href="#">Emory Williamson</a>
Director	<a href="#">Elizabeth Zimmerman</a>

## Individuals / Entities listed at time of formation

Director	<a href="#">NANCY N SEXTON</a>
Director	<a href="#">EDWARD F VERMILLION</a>
Director	<a href="#">JOHN G CARROLL</a>
Incorporator	<a href="#">NANCY N SEXTON</a>

## Images available online

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

<a href="#">Annual Report</a>	6/30/2020	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/14/2019	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/28/2018	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/7/2017	1 page	<a href="#">PDF</a>

<u>Amendment</u>	8/2/2016	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/24/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/1/2015	1 page	<u>PDF</u>	
<u>Articles of Merger</u>	12/24/2014	6 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/30/2014	1 page	<u>PDF</u>	
<u>Annual Report Amendment</u>	10/7/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/1/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/29/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/22/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/17/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/25/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/23/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/17/2007	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/8/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/28/2005	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/2/2004	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/23/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/6/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/1/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/21/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	5/4/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/2/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/15/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	1/2/1991	9 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1990	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	12/22/1989	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/10/1989	1 page	<u>tiff</u>	<u>PDF</u>
<u>Sixty Day Notice</u>	9/1/1989	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1977	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	4/30/1976	7 pages	<u>tiff</u>	<u>PDF</u>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/30/2020 4:44:13 PM	6/30/2020 4:44:13 PM	
Annual report	1/14/2019 4:58:00 PM	1/14/2019 4:58:00 PM	
Annual report	6/28/2018 2:41:26 PM	6/28/2018 2:41:26 PM	
Annual report	8/7/2017 4:19:33 PM	8/7/2017 4:19:33 PM	
Amendment - Change name	8/2/2016 10:43:45 AM	8/2/2016	<u>WALDEN THEATRE CORPORATION</u>

## Microfilmed Images



## **Commonwealth Theatre – Nation in Crisis Performances 2020**

**District 6, David James:** \$800 for one 5<sup>th</sup> grade class at Brandies, Wheatley, Englehart and Frasier Elementary

**District 9, Bill Hollander:** \$2000 for Field Elementary and Chenoweth Elementary

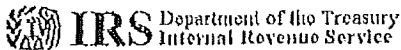
**District 10, Pat Mulvihill:** \$1800 for St Stephen Martyr and Camp Taylor Elementary

**District 12, Rick Blackwell:** \$6800 for Greenwood Elementary and Notre Dame

**District 17, Markus Winkler:** \$2400 for Chancey & Zachary Taylor

**District 23, James Peden:** \$2400 for Laukhuf Elementary and Luhr Elementary

**District 24, Madonna Flood:** \$1000 for Blake Elementary & St. Rita



OGDEN UT 84201-0046

In reply refer to: 0423223404  
Apr. 13, 2017 LTR 252C 0  
61-0902722 000000 00  
Input Op: 0423223404 00005492  
BODC: TE

COMMONWEALTH THEATRE CENTER INC  
1123 PAYNE ST  
LOUISVILLE KY 40204-2366



037559

Taxpayer Identification Number: 61-0902722

Dear Taxpayer:

Thank you for your Form 990.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at [www.irs.gov](http://www.irs.gov) or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,

Shane M. Painter  
Dept. Manager, Entity

Enclosure(s):  
Copy of this letter

Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: **MAY 28 2014**

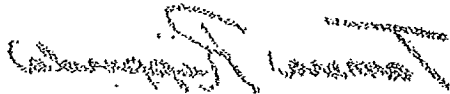
Walden Theatre Corporation  
1123 Payne Street  
Louisville, KY 40204

Employer Identification Number:  
61-0902722

Person to Contact - ID Number:  
Ms. Wan -- 0203399

Contact Telephone Number:  
877-829-5500 Toll-Free

Form 990 Required:  
Yes



Dear Sir or Madam:

In your letter dated March 25, 2014, you requested classification as a public charity described in section(s) 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

In our letter dated July 1977, we determined that you were exempt under section 501(c)(3) of the Code. We further determined that you weren't a private foundation and you were classified as a public charity described in section 509(a)(3) of the Code.

Based on the information you provided, we determined you meet the requirements for classification as a public charity described in section(s) 509(a)(1) and 170(b)(1)(A)(vi) of the Code. Accordingly, we have updated your public charity status in our records as you requested.

Since your exempt status wasn't under consideration, you continue to be classified as an organization exempt from federal income tax under section 501(c)(3) of the Code.

Grantors and contributors may generally rely on this determination of your foundation status unless the Internal Revenue Service publishes notice that you are no longer recognized as tax exempt or classified as a public charity in the Internal Revenue Bulletin. However, if a grantor or contributor takes any action, or fails to take any action, which causes you to lose your exempt status or causes you to be reclassified as a private foundation, that party cannot rely on this determination. Furthermore, a contributor or grantor who knows that the Internal Revenue Service has notified you of any change in your exempt status or foundation status cannot rely on this determination.

Please see enclosed Publication 4221-PC, *Compliance Guide for 501(c)(3) Public Charities*, for helpful information about your responsibilities as an exempt organization.

Because this letter could help resolve any questions about your exempt status and/or foundation status, you should keep it with your permanent records.

Page 2

Name: Walden Theatre Corporation  
EIN: 61-0902722

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely,

*Tamera Ripporda*

Director, Exempt Organizations  
Rulings and Agreements

Enclosure:  
Publication 4221-PC



Address any reply to:

2508

P.O. Box 426 Cincinnati, Ohio 45201

**Department of the Treasury**

Inquiries may be directed to:  
Dale Pepper by calling 513-684-3578

**District Director**

**Internal Revenue Service**

Date: JUL 28 1977

In reply refer to:

L-178 EP:RCH:JRM

CIN: EO: 772 25 8

Federal Identification Number:  
61-0902-722

Walden Theatre  
1123 Payne Street  
Louisville, Kentucky 40204

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(3).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

If your purposes, character, or method of operation is changed, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.


If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

  
District Director

COMMONWEALTH THEATRE CENTER				FY21 BUDGET
INCOME				07.20.20
	EARNED			
1	Programming			
2		Tuition		
3		Fall		110,000
4		Spring		150,000
5		Summer		165,000
6		Total Tuition		425,000
7		Rehearsal Fees		6,000
8		Patron Tickets		20,000
9		Student Matinee Tickets		1,000
10		Touring Productions		15,000
11		Outreach Wrkshps/Resdnchs		50,000
13		Total Programming		517,000
14	Concessions			4,000
15	Royalties			0
16	Rental Income			250
17	Program Advertisements			4,000
18	Miscellaneous			1,000
19	TOTAL EARNED INCOME:			526,250
20	CONTRIBUTED			
21	Special Events			
22		Chili Supper/Silent Auction		5,000
23		Raffle		10,000
24		Other (Acting Up)		10,000
25		Total Special Events		25,000
26	Grants			
27		Fund for the Arts		
28		Base Allocation		45,000
29		Every Child Initiative		45,000
30		Miscellaneous		6,500
31		Total Fund for the Arts		96,500
32		KY Arts Council		17,900
33		Louisville Metro Govt		48,000
34		Corporate		17,500
35		Foundations		230,823
36		Total Grants		410,723
37	Individual Donations			
38		Board		10,000
39		Patrons		70,000
40		Total Individual Donations		80,000
41	In-kind Donations			15,000
43	TOTAL CONTRIBUTED INCOME:			530,723
	TOTAL INCOME			1,056,973
EXPENSE				
1	Personnel			
2	Contract Labor			
3		Instruction		
4		Conservatory		2,000
5		Outreach		12,500

COMMONWEALTH THEATRE CENTER			FY21 BUDGET
6		Summer	11,500
7		Total Instruction	26,000
8		Productions	
9		Directing/Design/Tech	4,500
10		Performers	2,500
12		Total Productions	7,000
13		Administration	0
16		Total Contract Labor	33,000
17		Salaries	672,500
18		Health Insurance/Benefits	40,000
19		Payroll Taxes/Workers Comp	67,000
20		Retirement	16,000
21		Total Personnel	828,500
22		Administration/General	
23		Bad Debt Expense	5,000
24		Building Supplies	7,500
25		Business Insurance	16,000
26		Small Equipment	4,000
27		Memberships/Prof.Dev.	4,500
28		Miscellaneous	2,500
29		Office Supplies/Postage	4,000
30		Professional Fees	10,000
31		Repairs/Maintenance	8,000
32		Service Charges	13,000
33		Service/Maintenance Agmts	25,000
34		Utilities/Occupancy	22,000
35		Total Administration/General	121,500
36		Programming	
37		Advertising/Marketing	5,000
38		Costumes	13,150
39		Financial Assistance	20,000
40		Program Supplies	6,500
41		Photography	0
42		Printing/Reproduction	4,000
43		Props/Set Materials	4,150
44		Rentals/Royalties	16,800
45		Total Programming	69,600
46		Fundraising	
47		Concessions	2,500
48		Event Expense	5,000
49		Miscellaneous	2,500
50		Total Fundraising	10,000
		TOTAL EXPENSE	1,029,600
		NET INCOME	27,373
		Depreciation	20,000
		NET NET INCOME	7,373.00



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09/17/20

Accrual Basis

## Commonwealth Theatre Center

## Balance Sheet

As of September 16, 2020

	Sep 16, 20
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
1005.00 · Paypal Account	14.28
1006.00 · PNC Bank NP Checking 3285	615.80
1007.00 · PNC Bank Money Market 3293	4,724.66
1009.00 · Republic Bank 3882	254,642.96
1010.00 · Republic Bank Checking 4025	171,790.03
Total Checking/Savings	431,787.73
Accounts Receivable	
1100.00 · Accounts Receivable	25,939.25
Total Accounts Receivable	25,939.25
Other Current Assets	
1008.10 · Box Office Cash Bank	117.00
1501.00 · Pre-Paid Insurance	6,887.90
1503.00 · Undeposited Funds	1,175.00
Total Other Current Assets	8,179.90
Total Current Assets	465,906.88
Fixed Assets	
1700.00 · Building	89,700.00
1701.00 · Building Renovation	218,854.10
1703.00 · Equipment	45,598.54
1704.00 · Furniture, Fixtures & Equipment	70,809.04
1710.00 · Vehicles	35,699.45
1750.00 · Accumulated Depreciation	-267,413.58
Total Fixed Assets	193,247.55
<b>TOTAL ASSETS</b>	<b>659,154.43</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Credit Cards	
2101.00 · US Bank	605.56
Total Credit Cards	605.56
Other Current Liabilities	
2202.00 · Payroll Liabilities	1,272.73
2402.00 · Deferred Tuition	1,501.25
2600.00 · Note Payable-Line of Credit	41,401.25
2610.00 · Loan - Paycheck Protection Pgm	167,700.00
Total Other Current Liabilities	211,875.23
Total Current Liabilities	212,480.79
Long Term Liabilities	
2810.00 · Loans Payable	149,900.00
Total Long Term Liabilities	149,900.00
Total Liabilities	362,380.79

10:30 AM

09/17/20

Accrual Basis

# Commonwealth Theatre Center

## Balance Sheet

As of September 16, 2020

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	Sep 16, 20
Equity	
3001.00 · Retained Earnings	-36,951.15
3002.00 · Unrestricted Net Assets	169,036.00
3100.00 · Restricted Net Assets	146,960.01
Net Income	17,728.78
	<hr/>
Total Equity	296,773.64
	<hr/>
TOTAL LIABILITIES & EQUITY	659,154.43
	<hr/>

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 08/01/18, and ending 07/31/19**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div align="center"><b>Commonwealth Theatre Center, Inc.</b></div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1123 Payne Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Louisville KY 40204</b>	<b>D</b> Employer identification number <b>61-0902722</b> <b>E</b> Telephone number <b>502-589-0084</b> <b>G</b> Gross receipts \$ <b>1,320,414</b>
<b>F</b> Name and address of principal officer: <b>Alison Huff</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>www.commonwealththeatre.org</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1976</b> <b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Developing youth and our community through excellence in theatre education and performance.</b>																			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>11</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>11</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>22</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>450</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>																		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>0</b>																		
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td align="right">459,594</td> <td align="right">639,901</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td align="right">600,555</td> <td align="right">654,863</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">39</td> <td align="right">128</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">19,692</td> <td align="right">20,118</td> </tr> <tr> <td><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">1,079,880</td> <td align="right">1,315,010</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	459,594	639,901	<b>9</b> Program service revenue (Part VIII, line 2g)	600,555	654,863	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39	128	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,692	20,118	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,079,880	1,315,010
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<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td align="right">0</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td align="right">0</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td align="right">800,459</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td> <td align="right">0</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>116,959</b></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td align="right">384,731</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td align="right">1,185,190</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td> <td align="right">-105,310</td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	800,459	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>116,959</b>		<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	384,731	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,185,190	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-105,310		
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>Alison Huff</b> Type or print name and title	Date <b>Managing Director</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Barbara Lasky</b>	Preparer's signature <b>Barbara Lasky</b>
	Firm's name ▶ <b>Baldwin CPAs, PLLC</b> Firm's address ▶ <b>10180 Linn Station Road Suite 200 Louisville, KY 40223</b>	Date <b>01/30/20</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00015280</b> Firm's EIN ▶ <b>20-1416603</b> Phone no. <b>502-584-9793</b>

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**Developing youth and our community through excellence in comprehensive theatre education and performance.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **966,131** including grants of\$ ) (Revenue \$ **654,863** )  
**See Schedule O****4b** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A****4c** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A****4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses ► **966,131**

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	

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

		Yes	No
<b>2a</b> 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	<b>2a</b> <b>22</b>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<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)?	<b>4a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		<b>X</b>

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

**Section A. Governing Body and Management**

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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	
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

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

**Organization**  
**Louisville**

**1123 Payne Street**

**KY 40204**

**502-589-0084**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brooke Edge, PhD	1.00									
Board President	0.00	X		X				0	0	0
(2) Robert P. Strobo	1.00									
Immediate Past Pres.	0.00	X		X				0	0	0
(3) Brad Keeton	1.00									
Past President	0.00	X		X				0	0	0
(4) Joe Legel, CPA	1.00									
Treasurer	0.00	X		X				0	0	0
(5) Patti Clare	1.00									
Secretary	0.00	X		X				0	0	0
(6) Susan Osmanski Cohen	1.00									
Board Member	0.00	X						0	0	0
(7) Mark Gomsak	1.00									
Board Member	0.00	X						0	0	0
(8) Matt Kamer	1.00									
Board Member	0.00	X						0	0	0
(9) Kevin Hyde	1.00									
Board Member	0.00	X						0	0	0
(10) Mark Robich	1.00									
Board Member	0.00	X						0	0	0
(11) Angela McCorkle Buckler	1.00									
Board Member	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Charles Sexton	40.00									
Artistic Director	0.00			X				68,985	0	10,187
(13) Alison Huff	40.00									
Managing Director	0.00			X				64,136	0	6,341
<b>1b Sub-total</b>								<b>133,121</b>		<b>16,528</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>133,121</b>		<b>16,528</b>

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	102,382			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	537,519			
	g Noncash contributions included in lines 1a-1f: \$		14,600			
	<b>h Total.</b> Add lines 1a-1f		639,901			
<b>Program Service Revenue</b>	2a Tuition	Busn. Code	486,731	486,731		
	b Program Fees		155,256	155,256		
	c Miscellaneous		12,876	12,876		
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		654,863			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		128		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	11,537			
b Less: direct expenses		b	4,534			
c Net income or (loss) from fundraising events			7,003			7,003
9a Gross income from gaming activities. See Part IV, line 19		a	13,985			
b Less: direct expenses		b	870			
c Net income or (loss) from gaming activities			13,115			13,115
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		1,315,010	654,863	0	20,246	

**Part IX Statement of Functional Expenses**

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

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

☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	142,057	81,956	36,607	23,494
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	536,625	427,723	49,085	59,817
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	65,652	49,304	8,289	8,059
<b>10</b> Payroll taxes	61,408	46,116	7,754	7,538
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	7,500		7,500	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	141,122	137,109	4,013	
<b>12</b> Advertising and promotion	12,027	12,027		
<b>13</b> Office expenses	10,570	9,253	547	770
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	22,466	20,220	1,123	1,123
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	19,987	17,989	999	999
<b>23</b> Insurance	13,821	10,933	1,480	1,408
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Supplies &amp; Field Trips</b>	53,256	53,256		
<b>b</b> <b>Repairs &amp; Maintenance</b>	46,116	41,504	2,306	2,306
<b>c</b> <b>Scholarship Expense</b>	41,773	41,773		
<b>d</b> <b>Miscellaneous</b>	20,169	15,954	2,160	2,055
<b>e</b> All other expenses	25,492	1,014	15,088	9,390
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,220,041	966,131	136,951	116,959
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	128,733	1	159,785
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,460	4	11,701
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,003	9	4,362
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 441,381		
	b Less: accumulated depreciation	10b 246,639	10c	194,742
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	600	15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	291,047	16	370,590	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	16,256	17	19,576
	18 Grants payable		18	
	19 Deferred revenue	37,473	19	18,727
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	53,729	26	38,303
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		155,283	27	215,920
28 Temporarily restricted net assets		82,035	28	116,367
29 Permanently restricted net assets			29	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		237,318	33	332,287
34 <b>Total liabilities and net assets/fund balances</b>	291,047	34	370,590	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,315,010</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,220,041</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>94,969</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>237,318</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>332,287</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

Commonwealth Theatre Center, Inc.

Employer identification number

61-0902722

Part I 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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	281,618	493,758	479,449	459,594	639,901	2,354,320
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	281,618	493,758	479,449	459,594	639,901	2,354,320
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						2,354,320

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	281,618	493,758	479,449	459,594	639,901	2,354,320
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,962	1,460	2,198	1,739	128	8,487
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			0			
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,952	2,182	7,538	5,142		21,814
<b>11</b> <b>Total support.</b> Add lines 7 through 10						2,384,621
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,809,753
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.73%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	15	97.80%
<b>16a</b> <b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2018.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 21,814

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

Commonwealth Theatre Center, Inc.

Employer identification number

61-0902722

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

**Part V Endowment Funds.**

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

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

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations ☐ Yes ☐ No  
 (ii) related organizations ☐ Yes ☐ No

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,000		10,000
b Buildings		286,308	127,481	158,827
c Leasehold improvements				
d Equipment		145,073	119,158	25,915
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				194,742



**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,315,010
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,315,010
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,315,010

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

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

1	Total expenses and losses per audited financial statements		1	1,220,041
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,220,041
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,220,041

**Part XIII Supplemental Information.**

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

**Part X - FIN 48 Footnote**

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position.

## Part XIII Supplemental Information (continued)

DAA



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Commonwealth Theatre Center, Inc.

Employer identification number

61-0902722

Form 990, Part III, Line 4a - First Accomplishment

Commonwealth Theatre Center (CTC), formerly Walden Theatre/Blue Apple Players (merged January 2015), is the region's most comprehensive theatre education organization, providing a continuum of learning with a deep heritage of excellence, innovation, and commitment to lifelong learning. For 43 years, CTC's programs have been an effective and unique part of creative, academic, social, and economic development. CTC annually serves approximately 53,000 youth and adults annually across more than 60 zip codes regionally and engaging more than 250 schools and community centers, including most Title 1 schools in the area.

CTC's mission is to develop youth and our community through excellence in comprehensive theatre education and performance. The continuum of learning includes Blue Apple Outreach interdisciplinary workshop and residency programs that enrich curriculum content and build life skills, as well as touring performances and professional development for teachers. With a no-audition policy and financial aid for students, Walden Theatre Conservatory includes intensive theatre training for youth ranging from introductory to professional, student-produced and -acted performances, an alumni program, professional performances, and adult acting classes.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The finance committee, managing director, business administrator, and board treasurer review form 990 prior to filing.

Name of the organization

Employer identification number

Commonwealth Theatre Center, Inc.

61-0902722

## Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents and financial statements are available upon request.

## Form 990, Part IX, Line 11g - Other Fees for Services

## Description

Tot/Prog Service

Mgt &amp; General

Fundraising

## Instruction: Outreach

\$ 15,690

\$ 0

\$ 0

## Productions: Directing/Design

\$ 19,548

\$ 0

\$ 0

## Instruction: Summer

\$ 23,935

\$ 0

\$ 0

## Productions: Performance

\$ 61,550

\$ 0

\$ 0

## Instruction: Conservatory

\$ 16,386

\$ 0

\$ 0

## Administration

\$ 0

\$ 1,880

\$ 0

## Payroll Logic

\$ 0

\$ 2,133

\$ 0

## Total

\$ 137,109

\$ 4,013

\$ 0

61-0902722

**Federal Statements**

FYE: 7/31/2019

**Cash - EOY**

Description	Amount
	\$ 159,785
Total	\$ 159,785

**Accounts receivable - EOY**

Description	Amount
	\$ 11,701
Total	\$ 11,701

**Accounts payable - EOY**

Description	Amount
	\$ 19,577
Total	\$ 19,577

**Raffle****Gross receipts**

Description	Amount
	\$ 13,985
Total	\$ 13,985





61-0902722

**Federal Statements**

FYE: 7/31/2019

**Chili Supper****Gross receipts**

<u>Description</u>	<u>Amount</u>
	\$ <u>6,500</u>
Total	\$ <u><u>6,500</u></u>

61-0902722

**Federal Statements**

FYE: 7/31/2019

**Acting Up****Gross receipts**

Description	Amount
	\$ 5,037
Total	\$ 5,037



0069447.09

mstratton  
AMDAlison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/2/2016 10:43 AM  
Fee Receipt: \$8.00**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.govArticles of Amendment  
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

**Walden Theatre Corporation**

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: **See Attachment "A"**

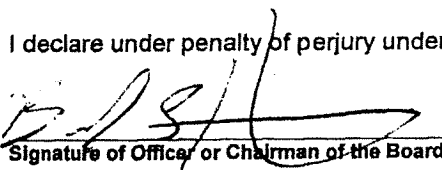
3. The date of adoption of each amendment was **September 21, 2015**

4. Check either a, b or c (whichever is applicable):

- a. ☐ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. ☐ The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. ☒ The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_.  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

  
Signature of Officer or Chairman of the BoardBrad Keeton  
Printed NamePresident  
Title7-12-16  
Date

## ATTACHMENT "A"

### ARTICLE 1

#### Name

The name of the corporation shall be **COMMONWEALTH THEATRE CENTER, INC.** (the "Corporation"). This Corporation is being renamed because of the merger between Walden Theatre Corporation and Blue Apple Players, Inc., which became effective on January 1, 2015.

RECEIVED & FILED

#16.00

JAN 2 3 04 PM '91

FILED  
CLERK  
COURT

*[Signature]*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
WALDEN THEATRE CORPORATION  
#69447.948.

623493

1. The name of the Corporation is Walden Theatre Corporation.
2. The Corporation's Articles of Incorporation are amended to read in their entirety as set forth on Annex A hereto.
3. There are no members of the Corporation entitled to vote on the amendment of the Corporation's Articles of Incorporation. At a meeting of the Board of Directors of the Corporation held on August 27, 1990, the Board approved, by a vote of a majority of the directors of the Corporation then in office, the amendment of the Corporation's Articles of Incorporation to read in their entirety as set forth on Annex A hereto.

WALDEN THEATRE CORPORATION

By *Rebecca Schupbach*  
Rebecca Schupbach, President

Date: 11/29/90

9999X.30178  
#75:drb  
NA15.178

**ANNEX A**

**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF  
MALDEN THEATRE CORPORATION**

**ARTICLE I**

**Name**

The name of the corporation shall be Malden Theatre Corporation.

**ARTICLE II**

**Duration**

The duration of the corporation shall be perpetual.

**ARTICLE III**

**Purpose**

The corporation is organized exclusively for charitable, educational and literary purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended; and in particular to foster, encourage, promote and develop appreciation of and participation in the performing arts; to provide means, equipment and facilities to afford young persons an opportunity to acquire knowledge of the science of stagecraft and practical experience in theatre production; to provide means, equipment and facilities to afford qualified young authors, directors, performers or other youthful artists a medium through which their skills in theatrical form may be produced and presented to the public; to own, lease, operate and maintain

workshops and theatres; to provide instruction in the the theatre and the performing arts; and to cultivate, promote, foster, sponsor and develop an understanding and appreciation of the performing arts.

#### ARTICLE IV

##### Principal Office

The mailing address of the corporation's principal office shall be 233 West Broadway, Louisville, Kentucky 40202.

#### ARTICLE V

##### Powers

The corporation is empowered:

(a) to solicit, receive, accept, or acquire donations of public or private funds;

(b) to distribute its funds for charitable, educational and literary purposes consistent with the provisions of these Articles, the by-laws of the corporation, and all applicable laws and regulations;

(c) to buy, own, sell, convey, assign, mortgage, or lease any interest in personal or real property, and to construct, maintain and operate improvements on such real property, necessary or incident to the accomplishment of the purposes set forth in Article III hereof;

(d) to do and perform all acts and to exercise all powers given to nonprofit corporations under the provisions of Chapter 273 of the Kentucky Revised Statutes, which are reasonably

necessary to accomplish the purposes set forth in Article III hereof and which are not inconsistent with the corporation's qualification under Section 501(c)(3) of the Internal Revenue Code of the 1986, as amended (or under the corresponding provision of any future United States Internal revenue law), as a corporation organized exclusively for charitable, educational and literary purposes.

#### ARTICLE VI

##### Operations of the Corporation

The corporation shall, in the conduct of its purposes, be independent, non-sectarian, and non-denominational, and shall not discriminate on the grounds of sex, age, race, creed, color, physical disability, or national origin.

#### ARTICLE VII

##### Internal Affairs

The corporation shall have no capital stock nor shall it operate for pecuniary profit. The corporation shall have no power to issue certificates of stock nor to declare dividends. The corporation is dedicated to and operated exclusively for charitable, educational and literary purposes and no part of the net earnings of the corporation shall inure to the benefit of any private shareholders or individuals except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in ARTICLE III hereof.



No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any activities inconsistent with the corporation's qualification under Section 501(c)(3) of the Internal Revenue Code of the 1986, as amended (or under the corresponding provision of any future United States Internal revenue law), as a corporation organized exclusively for charitable, educational and literary purposes.

#### ARTICLE VIII

##### Members; Board of Directors

The corporation shall have no members. The affairs of the corporation shall be managed and conducted by its duly elected Board of Directors in compliance with these Articles of Incorporation, the by-laws of the corporation, and all applicable laws and regulations. The election of directors shall be as prescribed by the by-laws. Any one or more of the corporation's directors may be removed from office by a majority vote of the directors of the corporation then in office whenever in those directors' judgment the best interest of the corporation will be served thereby.

Directors may make and adopt by-laws not inconsistent with the provisions of these Articles or the laws of the Commonwealth

of Kentucky. Adoption of by-laws and subsequent amendments thereto shall be effective only upon the affirmative vote of a majority of the directors of the corporation.

#### ARTICLE IX

##### Dissolution of the Corporation

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the debts and liabilities of the corporation, distribute of all of the assets of the corporation (a) exclusively to further the purposes of the corporation, or (b) to such organization as shall at the time qualify as an exempt organization within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal revenue law), as the Board of Directors shall determine. Any such assets not so disposed of shall be distributed by the Circuit Court of the county in which the principal office of the corporation is then located, or to an organization or organizations to be used in such manner as in the judgment of the court will best accomplish the purpose for which the corporation was organized.

#### ARTICLE X

##### Limitation of Director Liability

The personal liability of a director to the corporation for monetary damages for breach of his/her duties as a director shall be eliminated; provided, however, that the liability of a

director shall not be eliminated as follows: (a) for any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation; (b) for acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or (c) for any transaction from which the director derived an improper personal benefit.

#### ARTICLE XI

##### Indemnification

The corporation shall indemnify each of its current or former directors or officers (and his or her heirs, executors and administrators) for expenses actually and reasonably incurred by such director or officer in connection with the defense of any action, suit or proceeding, civil or criminal, in which he or she is made a party by reason of being or having been such a director or officer; provided, that no director or officer shall be indemnified for expenses incurred, if he or she shall be adjudged in such action, suit or proceeding to be liable for willful misconduct or wanton and reckless disregard for human rights, safety or property in the performance of such director's or officer's duty to the corporation. The corporation shall also advance amounts to a current or former director or officer (and his or her heirs, executors and administrators) to be used in the payment of expenses arising in connection with the defense of any action, suit or proceeding, civil or criminal, in which any director or officer of the corporation is made a party by reason

of being or having been such director or officer, provided that the person receiving the advance agrees in writing prior to the receipt of such advance to reimburse the corporation for all amounts advanced if the person is adjudged liable for willful misconduct or wanton and reckless disregard for human rights, safety or property in the performance of his or her duty to the corporation. In addition, the corporation may provide indemnification to a current or former director or officer in other circumstances to the extent authorized by the bylaws of the corporation or by a resolution of the Board of Directors, or as provided for in an agreement between the director or officer and the corporation.

9999X.30178  
75:sb  
NA31.178

069447

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

DREXELL R. DAVIS  
Secretary



FRANKFORT,  
KENTUCKY

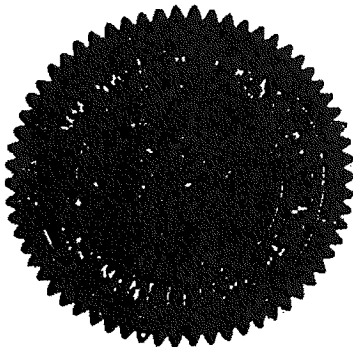
## CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky, certify that there has been delivered to my office articles of incorporation of  
**WALDEN THEATRE CORPORATION**

The name and address of the registered agent of this corporation is

NANCY N. SIXTON  
904 BELLEWOOD ROAD  
ANCHORAGE, KENTUCKY  
CITY STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, DREXELL R. DAVIS, Secretary of State, issue this Certificate of Incorporation.



SECRETARY OF STATE

Issued this 30TH day of APRIL, 1976,  
at Frankfort, Kentucky.

*Drexell R. Davis*

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

CH 100 1100

*Donald C. Davis*  
SECRETARY OF STATE  
*DD*

ARTICLES OF INCORPORATION

OF

WALDEN THEATRE CORPORATION

The undersigned, acting as sole incorporator of a nonstock, nonprofit corporation under the provisions of Chapter 271 of the Kentucky Revised Statutes, hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I

NAME

The name of the corporation shall be Walden Theatre Corporation.

ARTICLE II

DURATION

The period of duration of this corporation shall be perpetual.

18133

ARTICLE III

PURPOSE

The corporation is organized exclusively for charitable, educational and cultural purposes; and in particular to foster, encourage, promote and develop appreciation of and participation in the performing arts; to provide means, equipment and facilities to afford all persons an opportunity to acquire knowledge of the science of stagecraft and practical experience in theatre production; to provide means, equipment and facilities to afford qualified young authors, directors, performers or other youthful artists a medium through which their skills in theatrical form may be produced and presented to the public; to own, lease, operate and maintain workshops and theatres; to provide instruction in the theatre and the performing arts; and to cultivate, promote, foster, sponsor and develop the understanding, taste and appreciation of the performing arts.

ARTICLE IV

POWERS

a. The corporation shall have and may exercise any and all powers set forth in Chapter 271 of the Kentucky Revised Statutes which are necessary, suitable and proper for the attainment of its foregoing purposes.

b. The corporation shall have and may exercise in a manner consistent with its

purposes all other powers given to nonprofit corporations under the provisions of Chapter 273 of the Kentucky Revised Statutes.

c. The corporation shall, in the conduct of its purposes, be independent, non-sectarian, and non-denominational, and shall not discriminate on the grounds of sex, race, creed, color or national origin.

d. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons; except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in ARTICLE III hereof.

e. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

#### ARTICLE V

##### REGULATION OF AFFAIRS

The affairs of the corporation shall be managed by the Board of Directors in compliance with these Articles of Incorporation and the By-Laws of the corporation.

#### ARTICLE VI

##### BOARD OF DIRECTORS

a. There shall be no members of the corporation.

b. The Board of Directors shall be composed of three (3) persons, all of whom shall have demonstrated their interest in and appreciation of the arts, and

In particular the theatrical arts. One Director shall be the Producer-Director of the Walden Theatre, one Director shall be the Headmaster of the Walden School, and the third Director shall be a member of the Board of Directors of Walden School Corporation and be appointed by the first two in accordance with the procedure set forth in the By-Laws of the corporation. The Board of Directors of Walden Theatre Corporation shall have authority to elect officers and committees, and to exercise any and all powers granted to Boards of Directors or to the members of nonstock, nonprofit organizations established under Kentucky law. The Board of Directors shall, at its organizational meeting, establish the terms of the initial members of the Board.

c. The names and addresses of the initial Board of Directors are as follows:

1. Nancy N. Sexton, 904 Bellewood Road, Anchorage, Kentucky 40223; Producer-Director, Walden Theatre;
2. Edward F. Vermillion, 12306 Mistletoe Road, Anchorage, Kentucky 40223; Headmaster, Walden School; and
3. John G. Carroll, Kentucky Home Life Building, Louisville, Kentucky 40202, appointed.

#### ARTICLE VII

##### REGISTERED OFFICE AND AGENT

The registered office of the corporation shall be 904 Bellewood Road, Anchorage, Kentucky 40223, and the registered agent of the corporation shall be Nancy N. Sexton, 904 Bellewood Road, Anchorage, Kentucky 40223.

#### ARTICLE VIII

##### AMENDMENTS

These Articles of Incorporation may be amended by a majority vote of the members of the Board of Directors having a right to vote and present at a duly called meeting of said Board at which a quorum is present.

#### ARTICLE IX

##### INCORPORATOR

The sole incorporator of the corporation is Nancy N. Sexton, 904 Bellewood Road, Anchorage, Kentucky 40223.

#### ARTICLE X

##### DISSOLUTION

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corpora-



IN TESTIMONY WHEREOF, witness the signature of the sole incorporator, this

NANCY N. SEXTON

I, a Notary Public, in and for the State and County aforesaid, do hereby certify that the foregoing Articles of Incorporation of Walden Theater Corporation were this day produced before me in the State and County aforesaid and were signed and acknowledged by HARRY N. BEXTON, as the sole incorporator thereof, to be her free and voluntary act and deed.

My Commission Expires: August 17, 1978

Notary Public, by Robert L. Ray.

JOHN C. CARROLL  
Attorney at Law  
209 Kentucky West Life Building  
Louisville, Kentucky 40202  
262-1063



Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
"Creating joyful, community-driven learning through accessible, quality arts experiences, and  
encouraging imaginative pathways to social & academic growth."

*Complete Survey for chance to Win a \$100 Amazon Gift Card!*

\* 1. Name of Performance Site:

2. Grade(s) you teach:

Other (please specify)

3. Your Name (Please include title if applicable):

4. Your email address:

\* 5. The ways in which this program is thoughtful (shows consideration for the needs of people) -please select all that apply:

- ☐ is a productive use of time
- ☐ provides a safe space for students to learn
- ☐ celebrates the social and cultural importance of storytelling
- ☐ none of the above

Please provide us with any feedback you have on the thoughtfulness of this program. We greatly value examples of thoughtfulness. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 6. The ways in which this program is relevant (connected or appropriate to the matter at hand) -please select all that apply:

- ☐ helps to teach/ reinforce standards
- ☐ encourages participation among students
- ☐ increases awareness of the arts
- ☐ none of the above

Please provide us with any feedback you have on the relevance of this program. We greatly value examples of relevance. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 7. The ways in which this program is imaginative (has or shows creativity or inventiveness) -please select all that apply:

- ☐ approaches subject matter in a new way for students
- ☐ provides students an opportunity to experience creative expression
- ☐ inspires new classroom activities (that continue after the program)
- ☐ none of the above

Please provide us with any feedback you have on the creativity of this program. We greatly value examples of creativity. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 8. The ways in which your students were challenged (tested in their abilities) - please select all that apply:

- ☐ participated outside of their comfort zone
- ☐ considered new points of view before making judgements
- ☐ self-assessed their learning through provided materials (i.e. teacher guide and suggested lesson plan activities)
- ☐ none of the above

Please provide us with any feedback you have on how/ if your students were challenged during our programming. We greatly value examples of student achievement. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 9. The ways in which your students were captivated (interested in and attentive to the programming)- please select all that apply:

- ☐ following performance asked questions to further understanding
- ☐ unreservedly participated
- ☐ gave full attention when others were speaking/ performing
- ☐ none of the above

Please provide us with any feedback you have on how/ if your students were captivated during our programming. We greatly value examples of student achievement. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 10. The ways in which your students were uplifted (excited to learn/ had their spirits raised) -please select all that apply:

- ☐ enjoyed the performance
- ☐ demonstrated ability to engage with performers
- ☐ expressed a desire to learn more
- ☐ none of the above

Please provide us with any feedback you have on how/ if your students were uplifted during our programming. We greatly value examples of student achievement. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 11. The ways in which our touring company is professional (engaged and respectful) - please select all that apply:

- ☐ on time and ready to perform/ guide the program
- ☐ attentive to students
- ☐ kind and courteous
- ☐ none of the above

Please provide us with any feedback you have on the professionalism of our artist-educators. We greatly value examples of their professionalism. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 12. The ways in which our touring company is knowledgeable (well informed) - please select all that apply:

- ☐ confidently interacted with students
- ☐ communicated what is expected of audience members
- ☐ give helpful answers to questions/ advice for student success
- ☐ none of the above

Please provide us with any feedback you have on the knowledge of our artist-educators. We greatly value examples of their knowledge. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 13. The ways in which our touring company is passionate (enthusiastic/ believe in the programming) - please select all the apply:

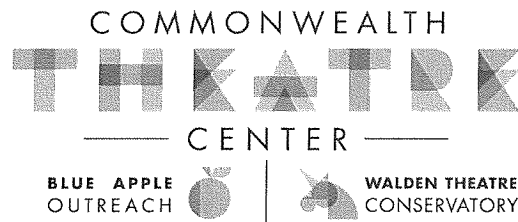
- ☐ eagerly perform
- ☐ committed to student engagement
- ☐ inspire student curiosity and creativity
- ☐ none of the above

Please provide us with any feedback you have on the passion of our artist-educators. We greatly value examples of their passion. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 14. I (or one of our teachers/ counselors/ employees) will incorporate/have incorporated the following into our own classes/ programming - please select all that apply:

- ☐ family take-home activity page
- ☐ teacher resource guide
- ☐ suggested lesson plan activities
- ☐ none of the above

Please provide us with any feedback you have on the materials offered through this program. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!



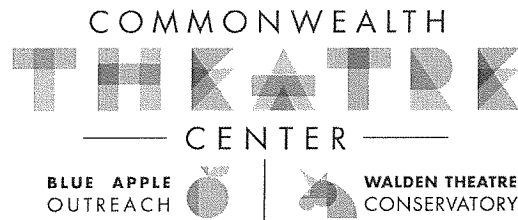
Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
"Creating joyful, community-driven learning through accessible, quality arts experiences, and  
encouraging imaginative pathways to social & academic growth."

District 1 - Jessica Green

*This touring production was sponsored by **Councilwoman Jessica Green**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 1  
601 W. Jefferson Street  
Louisville, KY 40202**

15. Final comments?



Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
"Creating joyful, community-driven learning through accessible, quality arts experiences, and  
encouraging imaginative pathways to social & academic growth."

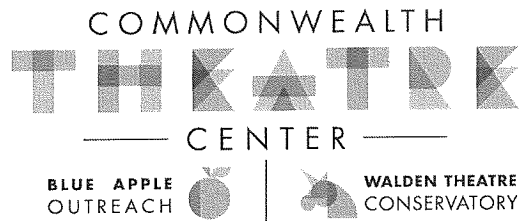
District 2 - Barbara Shanklin

*This touring production was sponsored by **Councilwoman Barbara Shanklin**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 2  
601 W. Jefferson Street  
Louisville, KY 40202**

16. Final comments?





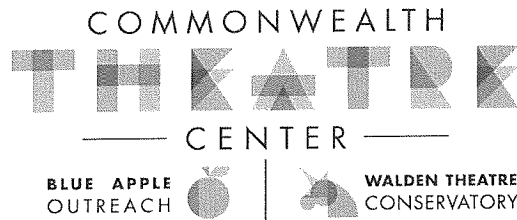
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District 3 - Keisha Dorsey

*This touring production was sponsored by **Councilwoman Keisha Dorsey**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 3  
601 W. Jefferson Street  
Louisville, KY 40202**

17. Final comments?



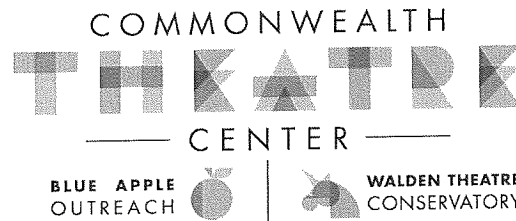
Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
"Creating joyful, community-driven learning through accessible, quality arts experiences, and  
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District 4 - Barbara Sexton Smith

*This touring production was sponsored by **Councilwoman Barbara Sexton Smith**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 4  
601 W. Jefferson Street  
Louisville, KY 40202**

18. Final comments?



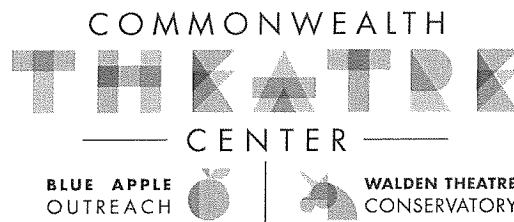
Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
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District 5 - Donna Purvis

*This touring production was sponsored by **Councilwoman Donna Purvis**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 5  
601 W. Jefferson Street  
Louisville, KY 40202**

19. Final comments?



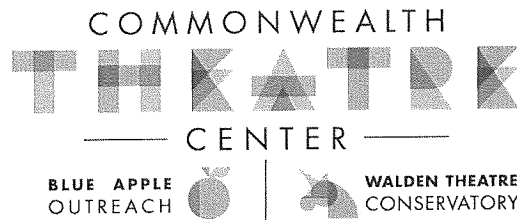
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District 6 - David James

*This touring production was sponsored by **Councilman David James**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 6  
601 W. Jefferson Street  
Louisville, KY 40202**

20. Final comments?



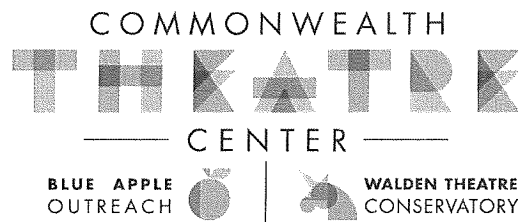
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District 7 - Paula McCraney

*This touring production was sponsored by **Councilwoman Paula McCraney**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 7  
601 W. Jefferson Street  
Louisville, KY 40202**

21. Final comments?



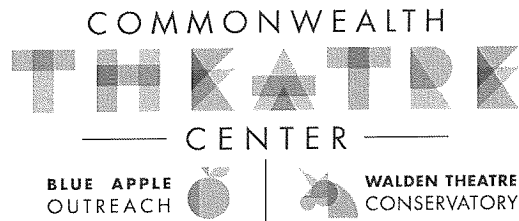
Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
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District 9 - Bill Hollander

*This touring production was sponsored by **Councilman Bill Hollander**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 9  
601 W. Jefferson Street  
Louisville, KY 40202**

22. Final comments?



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District 10 - Pat Mulvihill

*This touring production was sponsored by **Councilman Pat Mulvihill**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 10  
601 W. Jefferson Street  
Louisville, KY 40202**

23. Final comments?



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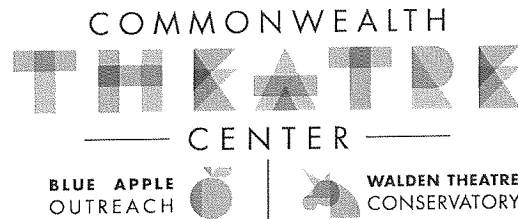
District 11 - Kevin Kramer

*This touring production was sponsored by **Councilman Kevin Kramer**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 11  
601 W. Jefferson Street  
Louisville, KY 40202**

24. Final comments?





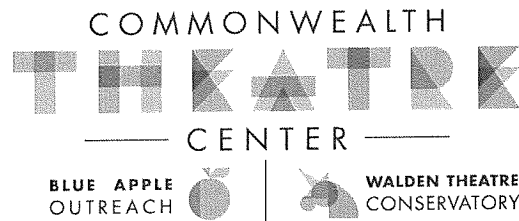
Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
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encouraging imaginative pathways to social & academic growth."

District 12 - Rick Blackwell

*This touring production was sponsored by **Councilman Rick Blackwell**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 12**  
**601 W. Jefferson Street**  
**Louisville, KY 40202**

25. Final comments?



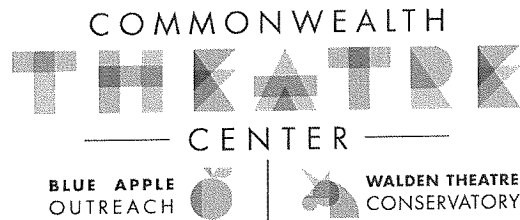
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District 17 - Markus Winkler

*This touring production was sponsored by **Councilman Markus Winkler**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 17  
601 W. Jefferson Street  
Louisville, KY 40202**

26. Final comments?



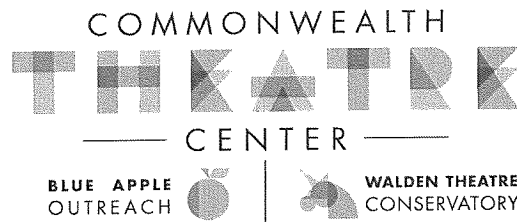
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District 21 - Nicole George

*This touring production was sponsored by **Councilwoman Nicole George**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 21  
601 W. Jefferson Street  
Louisville, KY 40202**

27. Final comments?



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District 23 - James Peden

*This touring production was sponsored by **Councilman James Peden**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 23  
601 W. Jefferson Street  
Louisville, KY 40202**

28. Final comments?



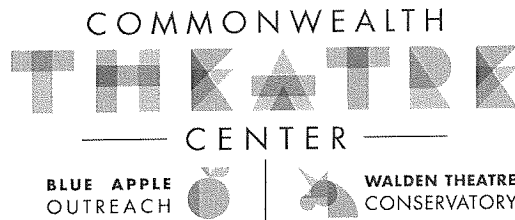
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#### District 24 - Madonna Flood

*This touring production was sponsored by **Councilwoman Madonna Flood**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 24**  
**601 W. Jefferson Street**  
**Louisville, KY 40202**

29. Final comments?



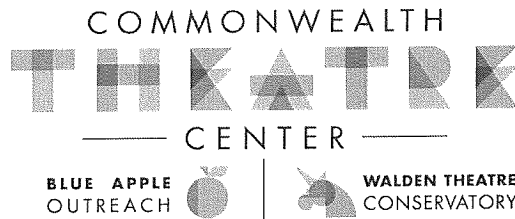
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District 25 - David Yates

*This touring production was sponsored by **Councilman David Yates**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Metro Council District 25  
601 W. Jefferson Street  
Louisville, KY 40202**

30. Final comments?



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## Fund for the Arts

*This touring production was sponsored by **The Fund for the Arts**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**The Fund for the Arts**  
**623 W Main Street #200**  
**Louisville, KY 40202**

31. Final comments?



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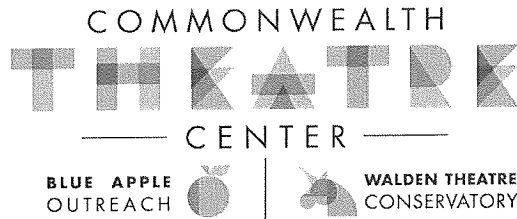
Bales/Duke Energy Foundation

*This touring production was sponsored by **Duke Energy, Bales, and Cochran Foundations.** If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Commonwealth Theatre Center  
c/o Margaret Phillips  
1123 Payne Street  
Louisville, KY 40204**

32. Final comments?





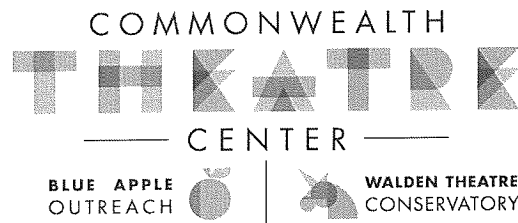
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Duke Energy Foundation

*This touring production was sponsored by **Duke Energy Foundation**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Commonwealth Theatre Center  
c/o Margaret Phillips  
1123 Payne Street  
Louisville, KY 40204**

33. Final comments?



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## The Crusade For Children

*This touring production was sponsored by **The Crusade For Children**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**The Crusade For Children**  
**520 West Chestnut Street**  
**Louisville, KY 40202**

34. Final comments?



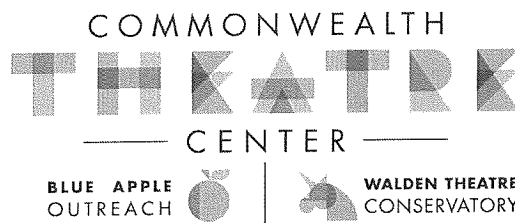
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Paula & Frank Harshaw

*This touring production was sponsored by **Paula & Frank Harshaw**. If you value their investment in providing educational theatre to the community, please consider sending letters and drawings to:*

**Commonwealth Theatre Center  
c/o Mera K Corlett  
1123 Payne Street  
Louisville, KY 40204**

35. Final comments?



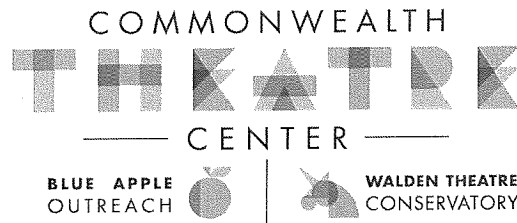
Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
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### Louisville Metro Government External Agency Fund

*This touring production was sponsored by **Louisville Metro Government's External Agency Funds.***

*As a grant recipient, Commonwealth Theatre Center is responsible for reporting outcomes following the performance at Kenwood Elementary. Please watch for how the musical impacted classroom discussions, creative or imaginative expressions, and learning goals in the weeks that follow. A second survey will be sent for you to document your observations. We thank you for your participation. It is vital to the continued funding of this program.*

36. Final comments?



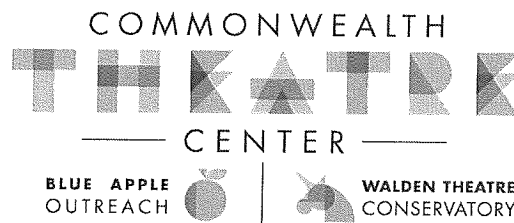
Copy of Nation In Crisis 2020 Teacher/Administrator Survey Blue Apple Outreach Mission:  
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Commonwealth Theatre Center

*This touring production was developed by the **Commonwealth Theatre Center**. If you value  
their investment in providing educational theatre to the community, please consider sending  
letters and drawings to:*

**Commonwealth Theatre Center  
c/o Outreach Department  
1123 Payne Street  
Louisville, KY 40204**

37. Final comments? (i.e. questions, unique story about student or class experience, concern, etc)



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

*Complete Survey for a chance to Win a \$100 Amazon Gift Card!*

\* 1. For Child to Answer:

Select the school or performance site you saw Nation In Crisis:

\* 2. For Child to Answer:

Check the sentence(s) that sounds like it is describing you.

(Select ALL that apply)

- ☐ This was the first play I have ever seen.
- ☐ I have seen other plays with my school.
- ☐ My family and I go to see plays together.
- ☐ This is the first virtual play that I have seen online.
- ☐ I got to talk with or ask questions with the Artist-Educator.
- ☐ I would like to see more plays

3. Did you learn something new about history?

- ☐ Yes
- ☐ No

\* 4. For Child to Answer:

Click all the stories and songs that were new to you . . .

- ☐ Tuskegee Airmen
- ☐ Jim Crow laws
- ☐ School segregation and Brown vs Board of Ed
- ☐ Death of Emmett Till
- ☐ Montgomery Bus Boycott
- ☐ Greensboro Sit-ins
- ☐ Voting Rights Act
- ☐ Martin Luther King Jr
- ☐ Malcolm X
- ☐ "Lift Ev'ry Voice and Sing" (The Black National Anthem)
- ☐ "Strange Fruit"
- ☐ "We Shall Overcome".
- ☐ Other (please specify)

\* 5. For Child to Answer: Tell us more! Why did you like that about the show?

\* 6. For Child to Answer: What did you learn from the play?

7. For Child to Answer:

What is happening in your town/state/country that you think would make a good play?

\* 8. For Parent/Guardian to Answer:

Based on your conversation with your child, what do you see is the value or benefit of him/her seeing a Blue Apple show from Commonwealth Theatre Center? - select all that apply.

- ☐ provides a safe space to learn
- ☐ increases awareness of the arts
- ☐ generates joy and activates imaginative play
- ☐ none of the above

Please provide us with any feedback you have on how/ if your child was impacted by seeing the show. We greatly value stories of lasting impressions theatre creates in young people. If you were unable to make a selection, we would appreciate knowing what we could do better next time. Thank you!

\* 9. For Parent/Guardian to Answer:

After receiving the Family Activity Page or discussing Nation In Crisis, did you have a conversation about Civil Rights history? - Select all that apply.

- ☐ Yes.
- ☐ Yes. We also talked about current events related to Civil Rights History
- ☐ Not yet, but we intend to later.
- ☐ No, and I do not plan to have this discussion.
- ☐ We did not receive a Family Activity Page.

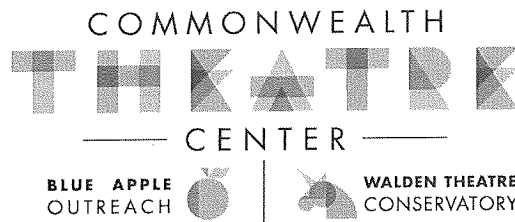
\* 10. For Parent/Guardian to Answer:

Did you see a Blue Apple musical when you were a child?

- ☐ I did, they visited my school.
- ☐ I was taken to a public performance at the Vogue/Brown or other theatre.
- ☐ Never had the opportunity, but I was familiar with the company before.
- ☐ I did not, this is the first I have heard of Blue Apple Players or Commonwealth Theatre Center

Please share any stories or memories you may have about the Blue Apple Players here:





Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 1 - Jessica Green

11. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

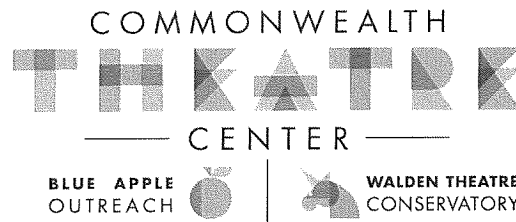
Mailing address

Phone Number

*This touring production was sponsored by **Councilwoman Jessica Green**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 1  
601 W. Jefferson Street  
Louisville, KY 40202**

12. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 2 - Barbara Shanklin

13. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

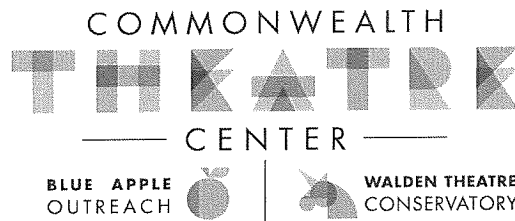
Mailing address

Phone Number

*This touring production was sponsored by **Councilwoman Barbara Shanklin**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 2  
601 W. Jefferson Street  
Louisville, KY 40202**

14. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 3 - Keisha Dorsey

15. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

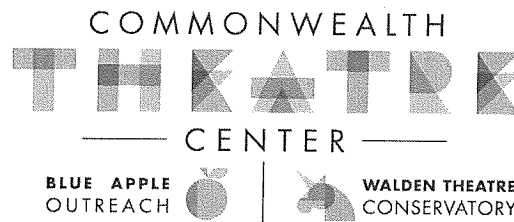
Mailing address

Phone Number

*This touring production was sponsored by **Councilwoman Keisha Dorsey**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 3  
601 W. Jefferson Street  
Louisville, KY 40202**

16. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 4 - Barbara Sexton Smith

17. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

Mailing address

Phone Number

*This touring production was sponsored by Councilwoman Barbara Sexton Smith. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 4  
601 W. Jefferson Street  
Louisville, KY 40202**

18. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### District 5 - Donna Purvis

#### 19. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

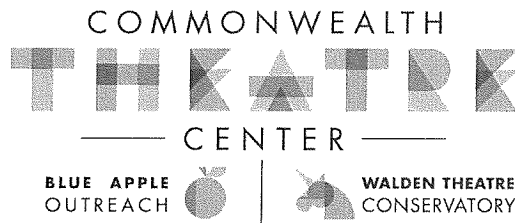
Mailing address

Phone Number

*This touring production was sponsored by **Councilwoman Donna Purvis**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 5  
601 W. Jefferson Street  
Louisville, KY 40202**

#### 20. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 6 - David James

21. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

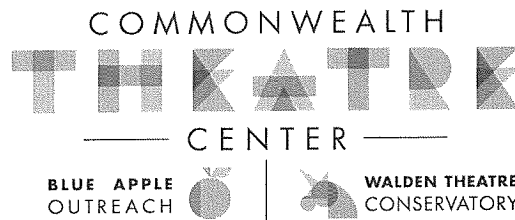
Mailing address

Phone Number

*This touring production was sponsored by Councilman David James. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 6  
601 W. Jefferson Street  
Louisville, KY 40202**

22. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### District 7 - Paula McCraney

23. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

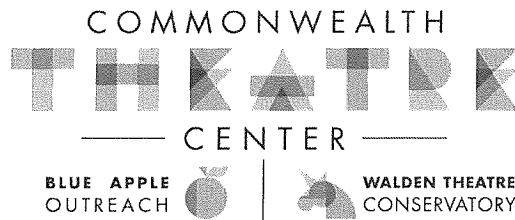
Mailing address

Phone Number

*This touring production was sponsored by **Councilwoman Paula McCraney**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 7  
601 W. Jefferson Street  
Louisville, KY 40202**

24. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 9 - Bill Hollander

25. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

Mailing address

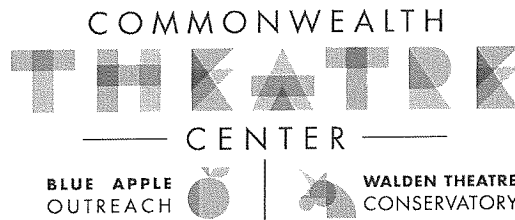
Phone Number

*This touring production was sponsored by **Councilman Bill Hollander**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 9  
601 W. Jefferson Street  
Louisville, KY 40202**

26. Final comments?





Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### District 10 - Pat Mulvihill

27. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

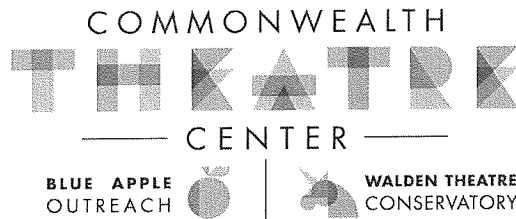
Mailing address

Phone Number

*This touring production was sponsored by **Councilman Pat Mulvihill**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 10  
601 W. Jefferson Street  
Louisville, KY 40202**

28. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

## District 11 - Kevin Kramer

29. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

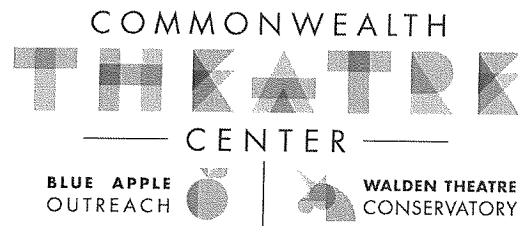
Mailing address

Phone Number

*This touring production was sponsored by **Councilman Kevin Kramer**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 11  
601 W. Jefferson Street  
Louisville, KY 40202**

30. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 12 - Rick Blackwell

31. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

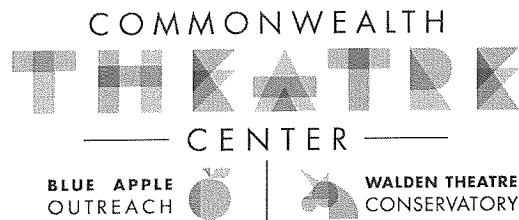
Mailing address

Phone Number

*This touring production was sponsored by **Councilman Rick Blackwell**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 12  
601 W. Jefferson Street  
Louisville, KY 40202**

32. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### District 17 - Markus Winkler

#### 33. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

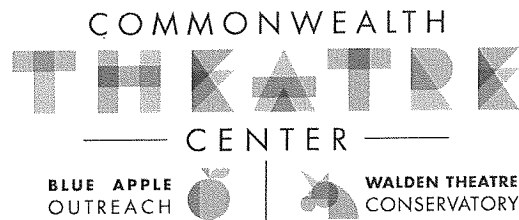
Mailing address

Phone Number

*This touring production was sponsored by **Councilman Markus Winkler**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 17**  
**601 W. Jefferson Street**  
**Louisville, KY 40202**

#### 34. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### District 21 - Nicole George

#### 35. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

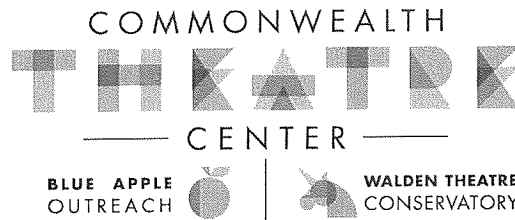
Mailing address

Phone Number

*This touring production was sponsored by **Councilwoman Nicole George**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 21**  
**601 W. Jefferson Street**  
**Louisville, KY 40202**

#### 36. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### District 23 - James Peden

37. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

Mailing address

Phone Number

*This touring production was sponsored by **Councilman James Peden**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 23**  
**601 W. Jefferson Street**  
**Louisville, KY 40202**

38. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

District 24 - Madonna Flood

39. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

Mailing address

Phone Number

*This touring production was sponsored by **Councilwoman Madonna Flood**. If you valued her investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 24  
601 W. Jefferson Street  
Louisville, KY 40202**

40. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

## District 25 - David Yates

41. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

Mailing address

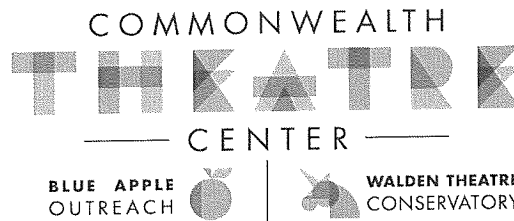
Phone Number

*This touring production was sponsored by **Councilman David Yates**. If you valued his investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Metro Council District 25**  
**601 W. Jefferson Street**  
**Louisville, KY 40202**

42. Final comments?





Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

## The Fund For The Arts

43. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

Mailing address

Phone Number

*This touring production was sponsored by **The Fund for the Arts**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**The Fund for the Arts**  
**623 W Main Street #200**  
**Louisville, KY 40202**

44. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### The Bales and Duke Energy Foundations

45. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

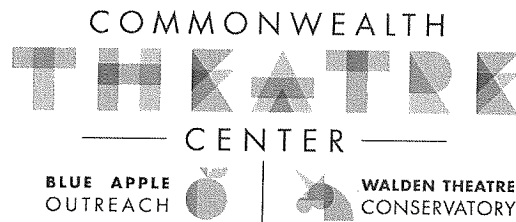
Mailing address

Phone Number

*This touring production was sponsored by The Duke Energy, Bales, and Cochran Foundations. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Commonwealth Theatre Center  
c/o Margaret Phillips  
1123 Payne Street  
Louisville, KY 40204**

46. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### The Duke Energy Foundation

47. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

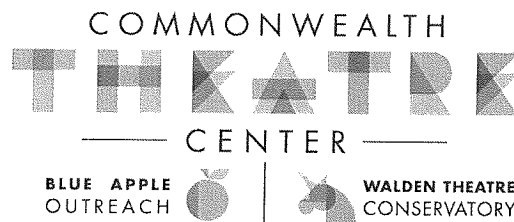
Mailing address

Phone Number

*This touring production was sponsored by **Duke Energy Foundation**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your class to:*

**Commonwealth Theatre Center  
c/o Margaret Phillips  
1123 Payne Street  
Louisville, KY 40204**

48. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

## The Crusade For Children

49. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

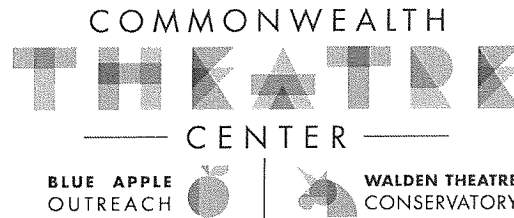
Mailing address

Phone Number

*This touring production was sponsored by **The Crusade For Children**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**The Crusade For Children  
520 West Chestnut Street  
Louisville, KY 40202**

50. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

Paula & Frank Harshaw

51. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

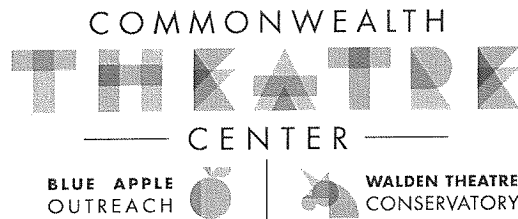
Mailing address

Phone Number

*This touring production was developed by **Paula & Frank Harshaw**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Commonwealth Theatre Center  
c/o Mera K Corlett  
1123 Payne Street  
Louisville, KY 40204**

52. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

### Louisville Metro External Agency Fund

53. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

Mailing address

Phone Number

*This touring production was sponsored by Louisville Metro Government's External Agency Funds.*

*As a grant recipient, Commonwealth Theatre Center is responsible for reporting outcomes following the performance at Kenwood Elementary. We would be very grateful if you would like to add a note below for our grant report about how the show impacted your child. We thank you for your participation. It is vital to the continued funding of this program.*

54. Final comments?



Parent/Child Survey Nation In Crisis Blue Apple Outreach Mission Statement: "Creating joyful, community-driven learning through accessible, quality arts experiences, and encouraging imaginative pathways to social & academic growth."

## Commonwealth Theatre Center

55. For Parent/Guardian to Answer:

Please provide a way for us to contact you about the gift certificate drawing. (Your information will not be given to a 3rd party)

Name

Email Address

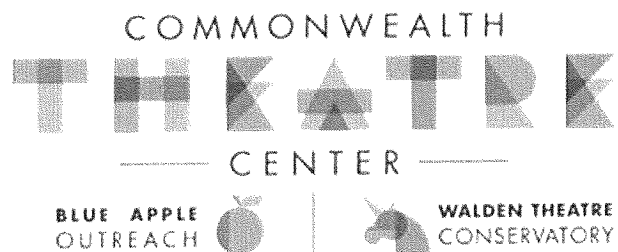
Mailing address

Phone Number

*This touring production was sponsored by **Commonwealth Theatre Center**. If you valued their investment in providing educational theatre to schools, please consider sending letters and drawings created by your child to:*

**Commonwealth Theatre Center  
c/o Mera K Corlett  
1123 Payne Street  
Louisville, KY 40204**

56. Final comments?



**Commonwealth Theatre Center, Inc.**

**Independent Auditors' Report**

**And Financial Statements**

**For the Years Ended**

**July 31, 2019 and 2018**



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Statements of Functional Expenses	4
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## **Independent Auditors' Report**

To the Board of Directors of  
Commonwealth Theatre Center, Inc.  
Louisville, Kentucky

We have audited the accompanying financial statements of Commonwealth Theatre Center, Inc. (a not-for-profit organization) which comprise the statements of financial position as of July 31, 2019 and 2018, 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 of 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 auditor's 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 Commonwealth Theatre Center, Inc. as of July 31, 2019 and 2018, 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.

*Baldwin CPAs, PLLC*

Louisville, Kentucky  
November 14, 2019

**Commonwealth Theatre Center, Inc.**  
**Statements of Financial Position**  
**July 31, 2019 and 2018**

	<b>Assets</b>	2019	2018
<b>Assets</b>			
Cash		\$ 159,785	\$ 128,733
Accounts receivable		11,701	7,460
Prepaid expenses		4,362	3,003
Security deposits		-	600
Land, building and equipment, net		194,743	151,251
<b>Total Assets</b>		<u><u>\$ 370,591</u></u>	<u><u>\$ 291,047</u></u>
<b>Liabilities and Net Assets</b>			
<b>Liabilities</b>			
Accounts payable and accrued expenses		\$ 19,577	\$ 16,256
Deferred revenue		18,727	37,473
<b>Total Liabilities</b>		<u>38,304</u>	<u>53,729</u>
<b>Net Assets</b>			
Without donor restriction		215,920	155,283
With donor restriction		116,367	82,035
<b>Total Net Assets</b>		<u>332,287</u>	<u>237,318</u>
<b>Total Liabilities and Net Assets</b>		<u><u>\$ 370,591</u></u>	<u><u>\$ 291,047</u></u>

**Commonwealth Theatre Center, Inc.**  
**Statements of Activities**  
**For the Years Ended July 31, 2019 and 2018**

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Revenue and support</b>						
Contributions and grants	\$ 523,534	\$ 116,367	\$ 639,901	\$ 377,559	\$ 82,035	\$ 459,594
Tuition	486,731	-	486,731	461,925	-	461,925
Program fees	155,256	-	155,256	131,788	-	131,788
Miscellaneous	13,004	-	13,004	6,881	-	6,881
Special events	25,522	-	25,522	27,534	-	27,534
Special events expense	(5,404)	-	(5,404)	(7,842)	-	(7,842)
<b>Net Assets Released from Restriction</b>	1,198,643	116,367	1,315,010	997,845	82,035	1,079,880
	82,035	(82,035)	-	15,328	(15,328)	-
<b>Total Revenue and Support</b>	1,280,678	34,332	1,315,010	1,013,173	66,707	1,079,880
<b>Expenses</b>						
Program services	966,131	-	966,131	927,206	-	927,206
Management and general	136,951	-	136,951	129,626	-	129,626
Fund raising	116,959	-	116,959	128,358	-	128,358
<b>Total Expenses</b>	1,220,041	-	1,220,041	1,185,190	-	1,185,190
<b>Change in Net Assets</b>						
Net assets at beginning of year	60,637	34,332	94,969	(172,017)	66,707	(105,310)
	155,283	82,035	237,318	327,300	15,328	342,628
<b>Net Assets at End of Year</b>	\$ 215,920	\$ 116,367	\$ 332,287	\$ 155,283	\$ 82,035	\$ 237,318

The accompanying notes are an integral part of these financial statements.

**Commonwealth Theatre Center, Inc.**  
**Statements of Functional Expenses**  
**For the Years Ended July 31, 2019 and 2018**

	2019			2018		
	2019		Fund	2018		Fund
	Total	Program Services	Management & General	Total	Program Services	Management & General
Salaries	\$ 678,682	\$ 509,679	\$ 85,692	\$ 680,547	\$ 514,833	\$ 82,959
Payroll taxes	61,408	46,116	7,754	60,620	45,859	7,390
Benefits	65,652	49,304	8,289	59,292	44,854	7,228
Theater expenses	53,256	53,256	-	46,962	46,962	-
Scholarship expense	41,773	41,773	-	31,929	31,929	-
Contract labor	138,989	137,109	1,880	105,431	104,541	890
Occupancy	22,466	20,220	1,123	29,587	26,629	1,479
Office expense/supplies	5,104	4,037	547	4,430	3,491	473
Professional fees	9,633	-	9,633	22,771	-	9,771
Advertising	12,027	12,027	-	13,625	13,625	-
Repairs and maintenance	46,116	41,504	2,306	42,556	38,300	2,128
Insurance	13,821	10,933	1,480	13,293	10,473	1,400
Printing	5,466	5,216	-	5,611	5,361	250
Bank fees	15,088	-	15,088	12,114	-	12,114
Fund raising supplies	9,390	-	-	8,557	-	8,557
Bad debt expense	1,014	1,014	-	391	391	-
Miscellaneous	20,169	15,954	2,160	24,751	19,507	2,638
Depreciation	19,987	17,989	999	22,723	20,451	1,136
Direct cost of special events	5,404	-	-	7,842	-	7,842
Total expenses	1,225,445	966,131	136,951	1,193,032	927,206	129,626
Less direct cost of special events	(5,404)	-	-	(7,842)	-	(7,842)
Total expenses included in expense section of statement of activities	\$ 1,220,041	\$ 966,131	\$ 136,951	\$ 1,185,190	\$ 927,206	\$ 128,358

The accompanying notes are an integral part of these financial statements.

**Commonwealth Theatre Center, Inc.**  
**Statement of Cash Flows**  
**For the Years Ended July 31, 2019 and 2018**

	2019	2018
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 94,969	\$ (105,310)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	19,987	22,723
Realized (gain) loss on disposal of property	-	4,700
(Increase) decrease in operating assets:		
Accounts receivable	(4,241)	(1,295)
Prepaid expenses	(1,359)	16,810
Security deposit	600	(100)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	3,321	(2,771)
Deferred revenue	(18,746)	10,937
<b>Net Cash Provided (Used) by Operating Activities</b>	<u>94,531</u>	<u>(54,306)</u>
<b>Cash Flows from Investing Activities</b>		
Purchase of equipment	(1,835)	(1,550)
Purchase of building improvements	(61,644)	-
<b>Net Cash (Used) by Investing Activities</b>	<u>(63,479)</u>	<u>(1,550)</u>
<b>Net Increase (Decrease) in Cash</b>	31,052	(55,856)
Cash at beginning of year	<u>128,733</u>	<u>184,589</u>
<b>End of Year</b>	<u><u>\$ 159,785</u></u>	<u><u>\$ 128,733</u></u>

**Commonwealth Theatre Center, Inc.**  
**Notes to Financial Statements**  
**July 31, 2019 and 2018**

**Note 1 - Summary of Significant Accounting Policies**

Organization

On January 1, 2016 Blue Apple Players, Inc. was merged into Walden Theatre Corporation. The organization officially changed its name in 2017 to Commonwealth Theatre Center, Inc. (a not-for-profit corporation) (the Theatre). Both organizations were incorporated in Louisville, Kentucky in 1976. The new entity integrates the two organizations' complementary strengths to create the region's largest, most comprehensive arts education program, reaching more than 50,000 youth (Pre K - Grade 12) per year through both in-school and extracurricular programming, as well as 5,000 adults annually. Its mission is to develop youth and the community through excellence in comprehensive theatre education and performance.

Funding is provided by individual, corporate and foundation contributions, tuition and program revenue and special events.

Basis of Accounting

The Theatre prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the Theatre is required to report information regarding its financial position and activities according to two classes of net assets. A description of the net asset categories follows:

Net assets without donor restrictions: expendable funds that are not subject to donor-imposed stipulations or invested in land, building and equipment.

Net assets with donor restrictions: stipulated by donors for specific operating purposes or are restricted by time. These include donor restriction requiring that the corpus to be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Cash

For purposes of the statement of cash flows, cash consists of all savings and checking accounts on deposit.

**Commonwealth Theatre Center, Inc.**  
**Notes to Financial Statements - Continued**  
**July 31, 2019 and 2018**

**Note 1 - Summary of Significant Accounting Policies - continued**

Accounts Receivable

Accounts receivable consist primarily of fees due from program services. The Theatre considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts is required. If amounts become uncollectible, they will be charged to operations when that determination is made.

Land, Building and Equipment

Land, building and equipment are recorded at cost if purchased and fair market value if donated and depreciated based on the straight-line method over the estimated useful life of the respective assets (3-40 years). The cost of property and equipment purchased in excess of \$500 is capitalized.

Deferred Revenue

Deferred revenue results from recognizing tuition revenue in the period in which the service is performed. Accordingly, tuition fees received for the next year are deferred until the instruction commences.

Contributions

Contributions received are recorded as net assets with donor restriction or net assets without donor restriction, depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in net assets without donor restriction if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in net assets with donor restriction, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restriction are reclassified to net assets without donor restriction and reported in the statement of activities as net assets released from restrictions.

Donated Services

No amounts have been reflected in the financial statements for donated services. The Theatre pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Theatre with programs and solicitations.

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. Directly identifiable expenses are charged to program and supporting services. The expenses that are allocated are compensation and benefits, which are allocated on the basis of estimates of time and effort and occupancy costs and depreciation, which are allocated on a square footage basis.

Advertising

Advertising costs are charged to expense when incurred. Advertising expense for the years ended July 31, 2019 and 2018 was \$12,027 and \$13,625, respectively.



**Commonwealth Theatre Center, Inc.**  
**Notes to Financial Statements - Continued**  
**July 31, 2019 and 2018**

**Note 1 - Summary of Significant Accounting Policies - continued**

Income Tax Status

The Theatre is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Theatre qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(1).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position.

Recently Issued Accounting Standards

For the year ended July 31, 2019 the Theatre adopted the Financial Accounting Standards Board's Accounting Standards Update (ASU) No. 2016-14 – *Not-for-profits (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A new disclosure was added to provide clarity about the liquidity and availability of resources for the upcoming fiscal year (see Note 9). The changes required by the update have been applied retrospectively to all periods presented. A key change required by ASU 2016-14 are the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

**Note 2 - Concentrations of Credit Risk**

Cash – The Theatre periodically has cash balances in financial institutions in excess of amounts federally insured. The risk is managed by maintaining all deposits in high quality financial institutions.

Receivables – Financial instruments that are exposed to credit risk consist of accounts receivable. Accounts receivable are principally with individuals living in the Louisville area. Realization of these accounts is dependent on various individual economic conditions.

**Commonwealth Theatre Center, Inc.**  
**Notes to Financial Statements - Continued**  
**July 31, 2019 and 2018**

**Note 3 - Land, Building and Equipment**

At July 31, 2019 and 2018, the cost and accumulated depreciation of land, building and equipment were as follows:

	2019	2018
Land	\$ 10,000	\$ 10,000
Building	79,700	79,700
Building improvements	206,608	153,491
Furniture, equipment, and vehicles	145,074	147,402
	<hr/>	<hr/>
Total costs	441,382	390,593
Less accumulated depreciation	(246,639)	(239,342)
	<hr/>	<hr/>
Land, building and equipment, net	\$ 194,743	\$ 151,251
	<hr/>	<hr/>
Depreciation expense	\$ 19,987	\$ 22,723
	<hr/>	<hr/>

**Note 4 - Line of Credit**

The Theatre has available a \$65,000 line of credit, expiring February 2020. Interest is payable monthly at the prime rate of interest (5.50% on July 31, 2019). There was no outstanding balance at July 31, 2019.

**Note 5 – Net Assets with Donor Restrictions**

Net assets with donor restrictions are available for the following purposes:

	2019	2018
Programs	\$ 114,814	\$ 82,035
Building Improvements	1,553	-
	<hr/>	<hr/>
Total net assets with donor restriction	\$ 116,367	\$ 82,035
	<hr/>	<hr/>

**Note 6 - Employee Benefit Plan**

The Theatre maintains a defined contribution salary deferral plan covering substantially all employees. Under the plan, the Theatre contributes up to a 3% match on behalf of the employees. The expense to the Theatre under this plan for the years ended July 31, 2019 and 2018 was \$15,554 and \$14,363, respectively.

**Note 7 - Rental Income**

Rental income is derived from rent received for use of the Theatre's facilities. Rental income for the years ended July 31, 2019 and 2018 was \$1,700 and \$761, respectively, and is included in miscellaneous income on the statements of activities.

**Commonwealth Theatre Center, Inc.**  
**Notes to Financial Statements - Continued**  
**July 31, 2019 and 2018**

**Note 8 - In-Kind Donations**

The Theatre records various types of in-kind support, including materials and other intangible assets. Contributed in-kind support is recognized in accordance with FASB ASC 958-605-25, "Accounting for Contributions Received and Contributions Made." This pronouncement requires recognition of professional services received if those services (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. The services received by the Theatre do not meet these criteria.

Contributions of tangible assets are recognized at fair market value when received. The amounts are reflected in the accompanying financial statements as support and are offset by like amounts included in expenses or assets. In-kind donations for the years ended July 31, 2019 and 2018 were \$14,600 and \$191, respectively.

**Note 9. Liquidity and Availability**

The following table reflects the Theatre's financial assets as of July 31, 2019, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid, not convertible to cash within one year, perpetual endowments, or funds donors or the governing board has set aside for a specific purpose. Board designations could be drawn upon if the board approves that action.

Financial assets	
Cash and cash equivalents	\$ 159,785
Accounts receivable	<u>11,701</u>
Financial assets available for general expenditure within one year	<u>\$ 171,486</u>

In addition to financial assets available to meet general expenditures over the year, the Theatre anticipates covering its general expenditures by collecting sufficient program and other revenues, and utilizing resources from current and prior year's gifts.

**Note 10 - Accounting Standards Updates**

Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending July 31, 2020. The Theatre has not yet selected a transition method and is currently evaluating the effect that the new standard will have on its financial statements.

**Commonwealth Theatre Center, Inc.**  
**Notes to Financial Statements - Continued**  
**July 31, 2019 and 2018**

**Note 10 - Accounting Standards Updates - continued**

Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958)

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (Topic 958)*, to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. The ASU will be effective for the Theatre for the year ending July 31, 2020. The Theatre is currently evaluating the effect that the new standard will have on its financial statements.

**Note 11 - Subsequent Events**

Management has evaluated subsequent events for recognition or disclosure in the financial statements through November 14, 2019, which was the date at which the financial statements were available to be issued.