Print Form

O-130-21

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

Applicant/Program: Kentucky Shakespeare, Inc./Shakespeare in the Parks ROMEO AND JULIET 2021 tour Applicant Requested Amount: \$14,250 \$39,000 Appropriation Request Amount: \$3,750 \$15,750

**Executive Summary of Request** 

Kentucky Shakespeare plans to return with the annual Shakespeare in the Parks tour this May, bringing a production of ROMEO AND JULIET throughout the area. Monies will be used to fund performances in respective council districts. The cost is \$1,500 per performance.

Is this program/project a fundraiser?	Yes X No
Is this applicant a faith based organization?	🗌 Yes 🐹 No
Does this application include funding for sub-grantee(s)?	🗌 Yes   XNo

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

6 District #

Sponsor Signature

1,500 Amount 3/19/2021

Date

it

### **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.

N/A

#### Approved by:

Appropriations Committee Chairman

Final Appropriations Amount:

Date

1 | Page Effective May 2016

#### **Applicant/Program:**

Kentucky Shakespeare, Inc./Shakespeare in the Parks ROMEO AND JULIET 2021 tour

## **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 Born Sh	\$\$
District 3	
District 4	\$
District 5	\$
District 6_DOM	\$
District 7 _ Bal MEing	\$\$
	\$1500
District 9 <u>Bill Hollander</u>	750
District 10 Eawar P Multihill	\$\$
District 11	\$
District 12 Rick Blackwell	\$\$
District 13	\$
District 14 Lindi Fowler	\$\$
District 15	\$

2 | Page Effective May 2016

## Applicant/Program:

Kentucky Shakespeare, Inc./Shakespeare in the Parks ROMEO AND JULIET 2021 tour

## **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	11/27	\$\$
District 18		\$
District 19		\$
District 20	Stud Bon	\$
District 21		\$
District 22		\$
District 23	James Peden	\$
District 24		\$
District 25		
District 26		
3   Page Effective Ma	y 2016	

Legal Name of Applicant Organization Kentucky Shakespeare, Inc.

Program Name and Request Amount Shakespeare in the Parks ROMEO AND JULIET 2021 tour

<del>\$14,250</del> **\$39,0**00

Program Name and Request Amount Shakespeare in the Parks ROMEO AND JULIET 2021 tour	<del>\$14,250</del> <b>\$</b> 35
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	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?	Yes
Is the entity in good standing with: <ul> <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>	Yes
is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
s the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes
s the most recent annual audit (if required by organization) included?	Yes
s a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
s the IRS Form W-9 included?	Yes
s the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	Yes
Prepared by: Shalanna Taylor Date: 03/19/2021	

## Harward, Sonya

From: Sent: To: Cc: Subject: Taylor, Shalanna Wednesday, March 31, 2021 12:20 PM Harward, Sonya Stenberg, Beth RE: For Shakespeare in the Park

Follow Up Flag: Flag Status: Follow up Flagged

Matt is sending that email over to us.

Councilwoman Fowler contributed \$1,500

Thank you,



Shalanna Taylor Legislative Assistant President David James District 6 Office 601 W. Jefferson Street Louisville, Ky 40202 |Office: 502-574-1106| |Direct: 502-574-3910| Click here to subscribe to the District 6 Newsletter

From: Harward, Sonya <Sonya.Harward@louisvilleky.gov>
Sent: Friday, March 26, 2021 3:39 PM
To: Taylor, Shalanna <Shalanna.Taylor@louisvilleky.gov>
Cc: Stenberg, Beth <Beth.Stenberg@louisvilleky.gov>
Subject: For Shakespeare in the Park

Shalanna,

We need to know how much Councilwoman Fowler is contributing so that can be added to the signature page. Since she didn't add it, can you provide an email from her so we know we're ok to amend that for her?

Also, Beth says that she's had this conversation with Matt before regarding the amount he requests because he never asks for enough. Can you please ask him to send an email asking for the amount he needs for the program (not just what Council Members have currently contributed), so that the other Council Members can add on if they choose too because we cannot appropriate more than what is requested.

## Harward, Sonya

From:	Taylor, Shalanna
Sent:	Wednesday, March 31, 2021 12:23 PM
To:	Stenberg, Beth; Harward, Sonya
Subject:	FW: Shakespeare in the Parks Tour NDF
Follow Up Flag:	Follow up
Flag Status:	Flagged

Please see the email below from Matt. Is this what you were needing?



Shalanna Taylor Legislative Assistant President David James District 6 Office 601 W. Jefferson Street Louisville, Ky 40202 |Office: 502-574-1106| |Direct: 502-574-3910| Click here to subscribe to the District 6 Newsletter

From: Matt Wallace <Matt@kyshakespeare.com>
Sent: Wednesday, March 31, 2021 12:21 PM
To: Taylor, Shalanna <Shalanna.Taylor@louisvilleky.gov>
Subject: Shakespeare in the Parks Tour NDF

# CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

#### Good afternoon Shalanna,

For our Shakespeare in the Parks 2021 tour, it is \$1500 per performance. Therefore the maximum amount it would be, if all 26 Council members signed on for their districts, would be: \$39,000.

Thank you! Matt

Matt Wallace Producing Artistic Director Kentucky Shakespeare

SECTION 1 – APPLICANT INFORMATION					
Legal Name of Applicant Organization: Kentucky Shakespeare, Inc.					
(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>					
Main Office Street & Mailing Address: 323 W. Broadway, Suite 401, Louisville, KY 40202					
Website: www.kyshakespeare.com					
Applicant Contact:	Matt Wallace     Title:     Producing Artistic Director				
Phone:	502.574	1.9900, ex. 12	Email:	matt@kyshakespeare.com	
Financial Contact:	Matt W	allace	Title:	Producing Artistic Director	
Phone:	502.574	.9900, ex. 12	Email:	matt@kyshakespeare.com	
Organization's Repres	sentative	who attended NDF Train	ing: Matt Wall	ace	
GEOG	RAPHICA	LAREA(S) WHERE PROG	RAM ACTIVITIES	ARE (WILL BE) PROVIDED	
Program Facility Loca	tion(s):	10 - See Attached Sheet			
Council District(s):		10 - See Attached Sheet	Zip Code(s)	: 10 - See Attached Sheet	
	SECT	ON 2 - PROGRAM REQU	EST & FINANCIAL	INFORMATION	
PROGRAM/PROJECT I	NAME: S	hakespeare in the Park	s ROMEO AND	JULIET 2021 tour	
Total Request: (\$)	39000	Total Metro A	ward (this progra	am) in previous year: (\$) 11875	
Purpose of Request (c	heck all t	hat apply):			
Operating Full	unds (gen	erally cannot exceed 33%	of agency's tota	l operating budget)	
Programmin	g/service	s/events for direct benef	it to community c	or qualified individuals	
Capital Proje	ect of the	organization (equipment	, furnishing, build	ling, etc)	
The Following are Rec	uired At	tachments:			
IRS Exempt Status Det	terminatio	n Letter	Signed lease if	frent costs are being requested	
Current year projecte	d budget		IRS Form W9		
Current financial state	ement		Evaluation for	ms if used in the proposed program	
Most recent IRS Form	990 or 11	20-Н	Annual audit (	if required by organization)	
Articles of Incorporati	on (curre	nt & signed)	Faith Based O	rganization Certification Form, if applicable	
Cost estimates from p	roposed v	endor if request is for			
capital expense					
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.					
Source: EAF Funding - Libraries tour Amount: (\$) 14000					
Source: E					
Source:	ource: Amount: (\$)				
Has the applicant contacted the BBB Charity Review for participation?					
Has the applicant met the BBB Charity Review Standards? 🔳 Yes 🗌 No					



#### SECTION 3 - AGENCY DETAILS

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

#### Mission

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

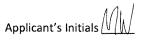
#### Vision

To use Shakespeare's universal truths and the power of the arts to transform lives. Shakespeare belongs to everyone.

#### About Kentucky Shakespeare

Founded in 1949, Kentucky Shakespeare currently serves Louisville annually through the Kentucky Shakespeare Festival in Central Park, education programs in schools, public performances, and community outreach. As the most comprehensive in-school arts education provider in Kentucky, in 2019 Kentucky Shakespeare toured to 83 counties, serving 70,000+ students with interactive educational programming directly tied to academic standards, helping impact student achievement. Our many community programs explore conflict resolution, empathy building, and communication, in a range of settings from preschools to senior centers.

Kentucky Shakespeare has been recognized by the Folger Library and the Kentucky Humanities Council for exemplary programming, is a multiyear recipient of the National Endowment for the Arts Shakespeare in American Communities program, and is a past recipient of the Kentucky Governor's Award in the Arts. Kentucky Shakespeare has been awarded multiple LEO Weekly Reader's Choice Awards, Broadway World Louisville Regional Awards, the 2015 Center for Nonprofit Excellence's Art of Vision Pyramid Award, and the 2017 Louisville Awards in the Arts Bobby Petrino Family Foundation Arts Impact Award.



SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF		
Board Member	Term End Date	
Elizabeth Cherry Siebert, Chair - LG&E	8/2022	
Kerry Wang, Treasurere - Humana	8/2020	
Liam Felsen, Secretary - Frost, Brown, Todd	8/2019	
Anya Bond-Beckley - DDW	8/2022	
Phillip Allen - AJ Capital Partners	8/2023	
Mera Cossey Corlett - Community Liaison	8/2020	
Blake Counsell - Republic Bank	8/2022	
Rosie Felfle - Liquid Design	8/2019	
Jonese Franklin - 89.3 WFPL	8/2024	
Kevin Gibson - Humana	8/2023	
Joan Gould - Baptist Health	8/2022	
Shannon Harris - UPS	8/2022	
ane Hettich - AssuredPartners	8/2023	
aShondra Hood - Louisville Central Community Center	08/2024	
Kay Madrick Howard - Norton Healthcare	08/2023	
Erin Paternoster-Vice - Brown-Forman	8/2023	
Brooke Zimmerman, White Clay	8/2021	

#### Describe the Board term limit policy:

Three year terms and three-term limit.

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

Three Highest Paid Staff Names	Annual Salary
Matt Wallace, Producing Artistic Director	95,000
Robert Silverthorn, Dir. of Operations and Marketing	62,473
Amy Attaway, Associate Artistic Director	44,290

Applicant's Initials

#### 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.):

Kentucky Shakespeare returns with the annual Shakespeare in the Parks tour this April-May, bringing an 80-minute, 7-actor production of ROMEO AND JULIET to parks. We are booked in several Indiana and non-Louisville Metro Parks, and we plan to tour the to Louisville Metro Parks, pending permits. (If we are unable to get the event permit from Louisville Metro, we will not proceed and withdraw the request.) We are in the process of scheduling the 2021 dates of the performances. We know the NDF approval process takes time, therefore we are submitting the paperwork now, with amendments later as needed. Some council members have expressed interest signing on later if/when Metro event permits are possible. 4/23/21 - 6:30PM - Carrie Gaulbert Cox Park - Councilwoman Paula McCraney, District 7 (\$1,500) 4/24/21 - 2:00PM - Emerson Park - Councilman Patrick Mulvihill, District 10 (\$1.500) 4/25/21 - 2:00PM - Riverview Park - Councilman Rick Blackwell, District 12 (\$1,500) 4/25/21 - 6:30PM - Hounz Lane Park - Councilman Markus Winkler, District 17 (\$1,500) 5/2/21 - 2:00PM - Victory Park - Councilman/Council President David James, District 6 (\$1,500) 5/2/21 - 6:30PM - Sun Valley Park - Councilwoman Cindi Fowler, District 14 (\$1,500) 5/6/21 - 6:30PM - Highview Park - Councilman James Peden, District 23 (\$1,500) 5/8/21 - 2:00PM - Petersburg Park - Councilwoman Barbara Shanklin, District 2 (\$1,500) 5/9/21 - 2:00PM - Broad Run Park - Councilman Stuart Benson, District 20 (\$1,500; non-metro park) 5/16/21 - 2:00PM - Tyler Park - Councilwoman Cassie Chambers Armstrong, District 8 (\$1,500) 5/23/21 - 6:30PM - Story Avenue Park - Councilman Bill Hollander, District 9 (\$750; White Clay w/ 1/2)

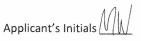
# **B:** Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The cost is \$1,500 per park performance which covers the cost of the cast of professional actors, stage manager, sound/microphone engineer, costuming, director, education director, dramaturg, and partial

manager, sound/microphone engineer, costuming, director, education director, dramaturg, and partial rehearsal cost.

Kentucky Shakespeare covers the cost of sound system and all technical elements. In the event of rain, we will work to reschedule with the sponsor. (We will not have rain space option this year due to COVID-19.) Kentucky Shakespeare covers booking logistics, the cost of paid advertising on social media, postering neighborhoods, and two signs in each park.

Explanations, please note:

- For the Story Avenue performance, White Clay Consulting is again co-hosting and splitting the \$1,500 cost with Councilman Hollander.



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

Not applicable. This event is not a fundraiser. It's a free, event/program for all of our community.				
<b>D: For Expenditure Reimbursement Only</b> – The grant award period begins with the Metro Council approval date				
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:				
<ul> <li>The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:</li> <li>✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.</li> <li>The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the</li> </ul>				
grant agreement.				
<ul> <li>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):</li> <li>Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.</li> <li>Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.</li> </ul>				

Page 5 Effective May 2016

Applicant's Initials

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

This free community arts event will encourage families throughout the city to experience the arts together as we come together, safely - distanced and outdoors, to heal through accessible arts experiences.

As there is no charge for the event, all community members will have the opportunity to attend and experience this unique community service and event in their own neighborhood park.

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

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

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

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

Kentucky Shakespeare has been working with Louisville Metro Parks and Olmsted Parks to take this historic step and branch out into multiple area Parks - 28 total parks booked in spring of 2020 pre-COVID. Olmsted and Metro Parks help to publicize the events.

2021 parks tour currently sponsored by ten Louisville Metro Council Members/Districts.

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



#### 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	39000	12750	<del>-51570</del> 51,7
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel		4000	4000
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts		5000	5000
H: Program Materials		9000	9000
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment		2750	2750
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	39000	33500	<del>71940</del> -72,50
% of Program Budget	54 %	46 %	100%

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

Other State, Federal or Local Government	15000
United Way	
Private Contributions (do not include individual donor names)	18500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	33500

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

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

Applicant's Initials

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
			-
Total			

Applicant's Initials

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ı your buc	dget from	the current fi	scal yea
•	your bu	your budget from	your budget from the current fi



#### **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.

#### Council President James is an Honorary/Emeritus (non-voting) Kentucky Shakespeare Board Member.

#### **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.

Signature of Legal Signatory:			MAANIL			Date:	3.18.21
Legal Signatory: (please print):		Matt	Wallace			Title:	Producing Artistic Dir.
<b>Phone:</b> 502-574-9900			Extension:	12	Email:	matt@kyshak	espeare.com

Page 10 Effective May 2016 Applicant's Initials \_\_\_\_\_

# **SECTION 1 - ATTACHMENT (version 3.15.21)**

## **Program Facility Locations:**

Broad Run Park, Highview Park, Hounz Lane Park, Riverview Park, Emerson Park, Carrie Gaulbert Cox Park, Tyler Park, Story Avenue Park, Victory Park, Petersburg Park

## **Metro Council Districts:**

2, 6, 7, 8, 9, 10, 12, 17, 20, 23

## Zip Codes where performances will take place:

40204, 40205, 40206, 40207, 40218, 40219, 40210, 40223, 40258, 40291

(Audience members will also come from neighboring zip codes and from throughout the Metro area)



#### Louisville Metro Government Office of Management and Budget

#### **Neighborhood Development Fund Training Attestation**

Grantee Organization Name: _	Kentucky Shakespeare	
Grantee Representative Name:	Matt Wallace	

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

 $\sqrt{}$ 

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

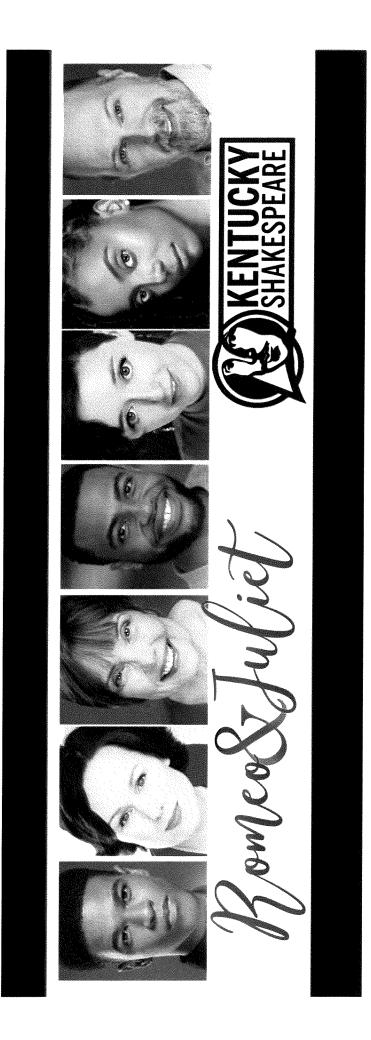
- 1. The NDF funding your agency received is a gift from LMG? True or False
- 2. Name the three budget categories that require a detail list. <u>Client Assistance, Community Events and Festivals</u>, and <u>Other Expenses</u>.
- 3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
- 4. Which four questions should your financial support documentation answer at all times? <u>Who, What, When, and Where.</u>
- 5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
- 6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

<u>3.8.21</u> Date

NOTE: Please return to Roxanne Steele

**Grantee Representative Signature** 

E-mail address:	Roxanne.Steele@louisvilleky.gov	Fax:	502-574-3219
Mailing Address:	Louisville Metro Government		
	ATTN: NDF Coordinator		
	611 West Jefferson St.		
	Louisville, KY 40202		



## Kentucky Shakespeare Romeo and Juliet Spring Tour CAST BIOS



**Mollie Murk** (Juliet) With Kentucky Shakespeare: *Titus Andronicus* (Lavinia), as well as several KSF touring productions. At Actors Theatre of Louisville: *Dracula: A Radio Play* (Mina Harker), *The Wolves* (#8), *Dracula* (Mina, u/s Lucy), and *Are You There?* in the 44th Humana Festival. Mollie co-founded Hope Summer Repertory Theatre's education program, and has taught for several other theatre companies across the country. Mollie is an alum of Hope College and Shakespeare & Company's Center for Actor Training, and is a proud member of the Ring of Keys Network for Queer theatre artists.



**Tony Reimoneng III** (Romeo) is a recent graduate of the University of Southern Mississippi. He attained his Bachelors of Fine Arts degree in May 2020 and began working at Kentucky Shakespeare as an Artist Educator in August. Tony is so excited to tell the story of Romeo and show how stony limits cannot hold love out.



**Georgette Kleier** (Nurse/Prince/Apothecary) is very excited to join the cast of *Romeo and Juliet*. Previous Roles with KSF include Maria (*Twelfth Night*) Duchess of York (*Richard III*) Julia (*The Two Gentlemen of Verona*) Nurse (*R&J*) and Alice (*Henry V*). She is an Adjunct Professor with the IUS Theatre Department after having taught for fifteen years at The Youth Performing Arts School. She lives in New Albany with her husband, Michael, and their dog, Riley.



**Abigail Bailey Maupin** (Mercutio/Lady Montague/Balthazar) has worked with Kentucky Shakespeare on a regular basis since 2014, when she played Gertrude in the *Hamlet* spring tour. Her last onstage visit to Verona was in the 2016 summer season productions of *Two Gentlemen of Verona* and *Romeo and Juliet*, appearing as Speed and Lady Capulet, respectively.



**Gregory Maupin** (Lord Capulet/Friar Lawrence/Gregory) and Abigail (his wife) are ukulele duo Rannygazoo; in 2004 they co-founded Le Petomane Theatre Ensemble. Kentucky Shakespeare appearances include: *Twelfth Night* (Malvolio), *Much Ado* (Benedick), *As You Like It* (Touchstone), *Rosencrantz & Guildenstern Are Dead* (Guildenstern), *Taming* (Petruchio), *Midsummer* (Bottom). With Actors Theatre: *Luna Gale* (Cliff), *At the Vanishing Point* (Martin), *Our Town* (Simon Stimson), *Macbeth*, *43 Plays for 43 Presidents.* 



**Brittany "BeeBee" Patillo** (Tybalt/Lady Capulet/Peter/Friar John) is a Louisville native, recent graduate of the University of Louisville, and current acting apprentice at Actors Theatre of Louisville. Credits include: *The Green Book* (Neena) and *When Fishies Rain Down From the Sky* (Maya) at Bunbury Theatre; *Hamlet* (Horatio/Rosencrantz/Player Queen) with Kentucky Shakespeare's Spring Tour; *Baltimore* (Alyssa) and *Eurydice* (Loud Stone) at the University of Louisville, *The Reviews* (Imani) with Ain't I a Woman Playfest and *Baltimore* (Alyssa) with the National Black Theatre Festival. She is an active volunteer in her community and serves as the reigning 2019 Kentucky Derby Festival Queen.



**Shaquille Towns** (Benvolio/Paris/Watch) is excited to be joining the spring tour team! Shaq is a local actor and a graduate from the American Music and Dramatic Academy in New York where he studied musical theater. Some of his credits and favorite rolls include Asagai (*A Raisin In The Sun*), Seaweed (*Hairspray*), Dauntless (*Once Upon a Mattress*), Prince Philippe (*Snow White and the Prince*) C.C. White (*Dreamgirls*) and Pharus Young (*Choir Boy*).

# **Past Shakespeare in the Parks Tour Production Photos**



## IRS Internal Revenue Service P.O. Box 2508 Cincinnati OH 45201

In reply refer to: 0752857510 Nov. 17, 2014 LTR 4168C 0 61-6036654 201312 67 00021617 BODC: TE

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

014000

Employer Identification Number: 61-6036654 Person to Contact: TAX EXEMPT & GOVERNMENT Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

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

0752857510 Nov. 17, 2014 LTR 4168C 0 61-6036654 201312 67 00021618

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

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

Sincerely yours,

aley

Kim D. Bailey Operations Manager, AM Operations 3

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# Kentucky Shakespeare - 2020-2021 Approved Budget

INCOME		2020-2021
3000 CONTRIBUTE	DINCOME	
3010 Corj	porate	
	Total 3010 Corporate	\$85,000
3020 Fou	ndation	
	Total 3020 Foundation	\$210,017
3030 Gov	rernment	
	Total 3030 Government	\$91,000
3040 Indi	viduals	
	3041 Barreling/Park	\$35,700
	3042 Board	\$31,199
	3043 Patrons - Restricted	\$12,000
	3044 Patrons - Sustainers	\$5,000
	3045 Patron - Unrestricted	\$185,801
	Total 3040 Individuals	\$269,700
Total 3000 Contribu	ted Income	\$655,717
4000 EARNED INCO	ME	
	luction - Summer	
	4011 Bar	\$43,000
	4012 Concessions	\$10,000
	4013 Merchandise	\$18,000
	Total 4010 Production Summer	\$71,000
4100 Prog	rams	
-	4110 Touring Programs	\$170,000
	4200 Youth Tuition	\$52,000
	Total 4110 Touring Programs	\$222,000
4300 Fall	Production	
	4310 Tickets	\$25,000
	4320 Bar	\$0
	4330 Merchandise	\$3,000
	Total 4300 Fall Production	\$28,000
4500 Othe	er Earned Income	
	4510 Miscellaneous Income	\$5,000
	4520 Rentals	\$1,000
	4530 Special Events	\$20,000
	Total 4500 Other Earned Income	\$26,000
Total 4000 Earned Ir	ncome	\$347,000
5000 IN-KIND CONT	RIBUTIONS	
Total In-Kind Contrib	outions	\$30,082
5100 Disc	ounts	\$15,000
TOTAL INCOME		\$1,017,799

## EXPENSE

6000 ADMINISTRATION	
6010 Communications - phone, Internet	\$2 <i>,</i> 500
6030 Equipment leases (meter, copier)	\$2,800
6050 Membership and Dues	\$2,349
6060 Miscellaneous	\$500
6070 Office Supplies	\$1,500
6090 Postage	\$1,200
6100 Professional Fees	
6101 Auditor	\$10,000
Total Professional Fees	\$10,000
6110 Rent	
6111 Office	\$20,692
6112 Parking	\$8,500
6113 Warehouse	\$13,020
Total 6110 Rent	\$42,212
6120 Refund	\$1,000
6130 Salaries	
Total 6130 Salaries	\$287,668
6140 Service Fees and Charges	
Total 6140 Service Fees and Cha	\$9,922
6150 Subscriptions and Publications	\$882
Total 600 Administration	\$361,533
Total 600 Administration	\$361,533 \$13,650
Total 6200 Development	\$13,650
Total 6200 Development Total 6300 Education	\$13,650 \$160,135
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall	\$13,650 \$160,135 \$30,998
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer	\$13,650 \$160,135 \$30,998
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES	\$13,650 \$160,135 \$30,998 \$292,792
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES 7010 Insurances	\$13,650 \$160,135 \$30,998
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES 7010 Insurances Total 7010 Insurances	\$13,650 \$160,135 \$30,998 \$292,792 \$79,405
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES 7010 Insurances Total 7010 Insurances 7020 Sales and Use Tax	\$13,650 \$160,135 \$30,998 \$292,792 \$79,405 \$3,700
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES 7010 Insurances Total 7010 Insurances 7020 Sales and Use Tax 7025 Longterm Liabilities	\$13,650 \$160,135 \$30,998 \$292,792 \$79,405 \$3,700
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES 7010 Insurances Total 7010 Insurances Total 7010 Insurances 7020 Sales and Use Tax 7025 Longterm Liabilities 7030 Payroll Expenses	\$13,650 \$160,135 \$30,998 \$292,792 \$79,405 \$3,700 \$25,000
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES 7010 Insurances Total 7010 Insurances 7020 Sales and Use Tax 7025 Longterm Liabilities 7030 Payroll Expenses Total 7030 Payroll Expense	\$13,650 \$160,135 \$30,998 \$292,792 \$79,405 \$3,700 \$25,000 \$39,401
Total 6200 Development Total 6300 Education Total 6400 Production 1 - Fall Total Production - Summer 7000 OTHER TYPES OF EXPENSES 7010 Insurances Total 7010 Insurances Total 7010 Insurances 7020 Sales and Use Tax 7025 Longterm Liabilities 7030 Payroll Expenses Total 7030 Payroll Expenses Total 7030 Other Types of Expenses	\$13,650 \$160,135 \$30,998 \$292,792 \$79,405 \$3,700 \$25,000 \$39,401 \$147,506

# Kentucky Shakespeare, Inc.

# BALANCE SHEET

As of August 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1000 Republic Bank - Checking	313,108.62
1010 Republic Bank - Savings	50,015.92
1020 Fifth Third - Checking	0.00
1030 Fifth Third - Savings	0.00
1040 In-Kind	0.00
Total Bank Accounts	\$363,124.54
Accounts Receivable	
1100 Accounts Receivable	129,666.68
Total Accounts Receivable	\$129,666.68
Other Current Assets	
1200 Undeposited Funds	276.93
Total Other Current Assets	\$276.93
Total Current Assets	\$493,068.15
Fixed Assets	
1300 Furniture and Equipment	-880.00
1305 Property & Equipment	72,058.43
1310 KSF Equipment	128,313.12
1311 Vehichles	79,961.00
1312 Accum Deprec Vehichles	-38,497.61
1313 Lighting & Sound Equipment	80,972.00
1320 Accum Deprec Equipment	-166,972.60
1321 Accum Deprec Furn/Fix	-1,254.16
1330 Leasehold Improvements	521,717.10
1340 Accum Deprec Leaseholds	-322,258.81
1350 Furniture & Fixtures	2,280.27
Total 1300 Furniture and Equipment	355,438.74
Total Fixed Assets	\$355,438.74
TOTAL ASSETS	\$848,506.89

# Kentucky Shakespeare, Inc.

## BALANCE SHEET As of August 31, 2021

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
2010 Credit Card Charges	
2011 Chase	0.00
2012 Lowes	0.00
2013 American Express	. 0.00
Total 2010 Credit Card Charges	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	
2100 Other Current Liabilities	
2110 Cash Banks	0.00
2120 Sales&Use Tax Payable	0.00
Total 2100 Other Current Liabilities	0.00
2200 Payroll Liabilities	0.00
2210 Federal Withholding - 941	-1,042.15
2220 State Withholding - K1	-2,149.40
2230 Local Witholding - W1	1,732.60
2240 Direct Deposit Liabilities	9,605.53
2250 Medicare	65.25
2251 Employee	-13,329.77
2252 Company	0.00
Total 2250 Medicare	-13,264.52
2260 Social Security	279.00
2261 Employee	-56,930.64
2262 Company	0.00
Total 2260 Social Security	-56,651.64
Total 2200 Payroll Liabilities	-61,769.58
2270 Employee 403B Retire Plan	-1,478.27
2271 403B Company Match	458.45
2272 403B Employee Contribution	-217.05

# Kentucky Shakespeare, Inc.

## BALANCE SHEET

## As of August 31, 2021

	TOTAL
Total 2270 Employee 403B Retire Plan	-1,236.87
Direct Deposit Payable	0.00
Payroll Liabilities	
American Funds	18,192.49
Federal Taxes (941/944)	0.00
Humana-Dependent	3,310.28
KY Income Tax	3,437.20
KY Local Tax	20.19
KY Unemployment Tax	314.14
Rent	0.00
Total Payroll Liabilities	25,274.30
Total Other Current Liabilities	\$ -37,732.15
Total Current Liabilities	\$ -37,732.15
Long-Term Liabilities	
2300 Long Term Liabilities	
2310 Prior Years - Federal	87,191.68
2311 SBAD Loan	149,900.00
2312 CL SBA Loan	10,000.00
2320 Prior Years - Unemployment	0.00
2330 Chrysler Town & Country	0.00
Total 2300 Long Term Liabilities	247,091.68
Total Long-Term Liabilities	\$247,091.68
Total Liabilities	\$209,359.53
Equity	
2340 Opening Balance Equity	72,823.11
2370 Unrestricted Net Assets	381,029.69
Net Income	185,294.56
Total Equity	\$639,147.36
OTAL LIABILITIES AND EQUITY	\$848,506.89

		~~~	** PUBLIC DISCLOSURE CO				OMB As. 1945-0042
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		anuary 2020)	Do not enter social security numbers on this form an			oations	. Bolo
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		of organization;		li Vesco	H(c) Group exer		tamber 🗩 tate of legal domacile: KY
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Activities & Gavernance	f	THEATRE	the organization's mission or most significant activities: PRESEN EXPERIENCES THAT EDUCATE, INSPIRE,	AND	ENTERTAI	N,	
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g	8		ng members of the governing body (Part VI, line 1a)		用于 解子 一起,小都边 不 不少"	3	18
<b>क</b>	4		ipendent voting members of the governing body (Part VI, line 1b)			4 5	<u>18</u> 13
ŧ	6		f volumbers (estimate if necessary)		a na sana sa	6	50
đ	7		business revenue from Part VIII, column (C), line 12			7a	
~			usiness faxable income from Form 990-1, line 39	5 - 8 - · · · • s - · · · · · ·		7ь	0.
					Prior Year		Current Year
ų	8		nd grants (Part VIII, ine th)		743,30	2,	747,124.
Hevenue	9		s revenue (Part VIII, line 2g)		391,05		89,697.
Нę	10		me (Part VIII, column (A), lines 3, 4, and 7d)	Parlane et de la co	-1,25	10426-0179136-0 <mark>9</mark> 1042-1040-1040-	0.
	11		Part Mill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		-1,43	1000 Advantage of the second sec	526.
. Ali fasto e si suffato	12 13		add lines 8 through 11 (must equal Part VIII, column (A), line 12) liar amounts paid (Part IX, column (A), lines 1-3)	MAANTER CONTRACTOR	1,131,67	and the second s	837,347.
	13		or for members (Part IX, column (A), lines 1-3)		************************************	<u>0.</u>	0.
43	15		compensation, employee banelits (Part IX, column (A), inas 5-10)		393,63		408,599.
Expenses	1		draising less (Part IX, column (A), line 11s)	a substation and		<u>0.</u>	0.
20			o expenses (Part IX, column (C), line 25) 🕨 62, 391	· · ·		* *	
Ŵ	í -		(Part IX, column (A), lines 11a 11d, 111/24e)	-2	615,16	1.	327,225.
	18	Total expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)		1,008,79		735,824.
	19	Revenue less ex	penses. Subtract line 18 from line 12		122,87	8.	101,523.
New Assets or Fund Balances		_		Begi	nhing of Current Ye		End of Year
	20	Total assets (Pa			561,22	and the second second second second	717,012.
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Pa	22 Irt II		nd balances. Subtract line 21 from line 20 Block	<u></u>	320,44		421,964.
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:	n 990 (2019) KENTUCKY SHAKESPEARE, INC. rt III Statement of Program Service Accomplishments	61-603665	4 Pag
hannen seder	Check II Schedule O contains a response or note to any line in this Part III		1
1	Briefly describe the organization's mission:		
	GROUNDED IN THE WORKS OF SHAKESPEARE, WE ENRICH OUR COM	MUNITY BY	
	PRESENTING ACCESSIBLE PROFESSIONAL THEATRE EXPERIENCES	THAT EDUCA	ΤE,
	INSPIRE AND ENTERTAIN PEOPLE OF ALL AGES.	na n	an a
2	Did the organization undertake any significant program services during the year which were not listed on the	ann an tha ann an tha aig an tha ann an an an ann an an ann an an an an	
	prior Form 990 or 990 E2?		(es X)
	≇ "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?		(es X
	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 exper	15-88
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and atocations to other	ers, the total expens	e6, and
	revenue, if any, for each program service reported.		
ð		t	4,294
	THE OFFICIAL SHAKESPEARE FESTIVAL OF THE COMMONWEALTH OF	F KENTUCKY	<b>L</b> e mingine conserve a
	KENTUCKY SHAKESPEARE, INC. PRODUCES A SEASON OF WILLIAM	SHAKESPEAL	RB
	PLAYS EACH SUMMER. EACH PRODUCTION IS PERFORMED BY PROFI AND IS FREE TO THE PUBLIC.	ESSIONAL A	CTORS
	AND IS FREE IN IRB FUBLIC.		
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	THE ORGANIZATION OPERATES AN EDUCATIONAL OUTREACH PROGRA THROUGHOUT THE KENTUCKIANA AREA WITH PROGRAMS FOR SCHOOL VETERANS, AND VULNERABLE GROUPS WITHIN THE COMMUNITY. K SHAKESPEARE, INC. IS THE MOST COMPREHENSIVE IN-SCHOOL AR PROVIDER IN THE COMMONWEALTH OF KENTUCKY.	M OFFERED S, ADULTS, ENTUCKY TS EDUCATI	<ul> <li>Michael Construction and Constructin and Construction and Construction and Construction and Con</li></ul>
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Fcrm 990 (2019)	KENTUCKY	SHAKESPEARE	, INC
Part IV Checklist of	<b>Required Scheo</b>	lules	Berner (1997)

		g-000000000	Yes	s No
	1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	10000		
	If 'Yes,' complete Schedule A Is the streamization mouted to complete Schedule & Schedule of Constitutions	1	Constant Constant of Constant	
	- A summary reduced to consistence of octobality of Costa 1000183	2	<u>X</u>	_
1	additional and a second and the second and the point at the second and the second and the second attes for	post-resulting	and and a second second	
		3		X
-	during the tax up of 2 the 1 complete Solved to 0 and the tax and the tax of the tax and the tax tax and the tax and tax a	1		
		4	_	X
	similar andunts as defined in Revenue Procedure 98 197 // "Yes, "complete Schedule C, Part III			
f		6		X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I			
7	<ul> <li>Did the organization receive or hold a conservation easement, including easements to preserve open space,</li> </ul>	6	+	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8		2		X
	Elementaria de la compansión de la compansi			v
9	y is a proved by any instantion of the provides device and an and an antipacture of the second se	8		X
	amounts not listed in Part X; or provide credit counsoling, dobt management, credit repair, or debt negotiation services?		ľ	
	If "Yes," complete Schedule 0, Part IV	9		x
10	A Rest of the second se Second second secon second second sec	<u> </u>	-	<b></b>
	or in quasi endowments? // "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			A.
	as applicable.		TO Contraining of the second	
1	Did the organization report an amount for land, buildings, and equipment in Part X, the 107 // "Yes," complete Schedule D,			
	Part V	11a	x	
t	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 14		
	assats reported in Pan X, line 16? If "Yes," complete Schodule D, Part WI	116		X
C	Dd the organization report an amount for investments program related in Part X line 13, that is 5% or more of its total			or a shirt for a sec
	assels reported in Part X, line 187 // "Yes," complete Schedula D, Part Wil	110		X
¢	Did the organization report an amount for other assets in Part X and 15, that is 5% or more of its total assets reported in			TopeTopping
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X. Ine 25? // "Yes," complete Schedule D. Part X	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- Collectual Control
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Photolice/Indepe
	Schedule D, Perts XI and XII	12a	X	Without and the second
þ	Was the organization included in consolidated, independent audited financial statements for the fax year?			
et. Bibe	If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts X and XII is optional	12%		X
18	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ð	Did the organization have apgragate revenues or expenses of more than \$10,000 from grammaking, fundraising, business,		S.C.	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more 2.6 Vices i presented in Science 2.6 Vices in the Science 2.6 Vice			
15	or more? If "Yes," complete Schedule F, Perts Land IV	146		X
10	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? // "Yes," complete Schedule F, Parts II and IV			~-
18		15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
17	or for kreign individuals? If "Yes," complete Schedule F, Parts II) and tv Did the omanization report a total of some than \$15,000 of one for a first state of the second state of the sec	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, originary (4) lines 5 and 11e2 (f 12ec 1 complete Scherchite C). First for		C. CONTRACT	
18	column (A), lines 6 and 1147 // 'Yes.' complete Scheckle G, Part f	17	the second second second second	<u>X</u>
4 ×2 8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8e? // "Yes," complete Schedule & Part //			
19	To and 8e? // *Yes, * complete Schedule G, Part // Do the organization report more than \$15,000 of gross income from gaming activities on Part VIII, inc 9a? // *Yes, *	18	X	n-000,0000006-
10	concluse organization report man \$10,000 or gross sicome from gaming activities on Parl VIII, ine 9a7 // 'Yea, '		-	
20a	complete Schedule G, Part (I) Did the president operate one is mem bornelist to 21/11/2019 (11/2019)	19	over the second second second	X
b	Did the organization operate one or more hospital facilities? If 'Yes, complete Schedule H If "Yee" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Old the organization report more than \$5,000 of grants or other assistance to any domestic ergenization or	206		Martin
	domestic government on Part IX, column (A), and 17 // *Yes,* complete Schedule (, Parts Fand II			<b>1</b> .0
		21	)90 (2)	X
		ronni	79U [2	1121

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# Furm 990 (2015) KENTUCKY SHAKESPEARE INC. Part IV Checklist of Required Schedules (continued)

22	a war terretti alanti tuma tuki dalada ni Alguda re Anigi uzwarutent sit tu de Ofilifais, sitadistis (bila			25 A
23	Part IX, column (A). Ine 27. If "Yes," complete Schedule I, Parts I and III	22		
£.3	a second of the			
	and former officers, directors, trusteps, key employees, and highest compensated employees? If "Yes," complete Schedula J	and the second		Ì.
24	<ul> <li>Bid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the</li> </ul>	23	ŀ	
1997 F	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		******	
	Calmentals V II then t and the DEs			
1	<ul> <li>Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?</li> </ul>	24:	UNEX OF CONTRACTOR	3
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to detease	241	2	
	any tax exempt bonds?			
¢	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	ina ng manana ng man Nga ng manana ng mana	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25		ĸ
b	Is the organization aware that it engaged in an excess banefit transaction with a disgualified person in a prior year, and	2.06	4	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E22 if "Yes," complete			
	Schedule L, Part I	255	1	X
28	Did the organization report any smount on Part X, line 5 or 22, for receivables from or payables to any current	400		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 38%			
	controlled entity or family member of any of these persons? If "Yes," complete Schodule L, Part U	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, mustee, key employee,	i series and	1	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		Ĩ	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule 1, Part iv	- A Presson		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1	MPC - Lancas	000000
	"Yes," complete Schedule L, Part IV	280	5-11 AV	X
þ	A family member of any individual described in line 28a? // 'Yes.' complete Schedule L. Part IV	265		X
C	A 35% controlled entity of one or more individuals and/or organizations described in trees 28a or 28b? If			-
	"Yes," complete Schedule L, Part IV	Re		X
20	Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M	20		X
ю	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Τ
	contributions? If "Yes," complete Schedule M	30		X
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?# "Yes," complete			
	Schedule N, Part II	32		X
13	Did the organization own 100% of an unity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? // *Yes, * complete Schedule R, Part /	33		X
	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, Mee 3	34		X
	Dd the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
ŋ i	If 'Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
- 	within the meaning of section 512(b)(13/7 // "Yes," complete Schodule R, Part V, Inc.2	35b		n endonudo
109. j	Section 50 (c)(3) organizations. Old the organization make any transfers to an exemption-charitable related organization?			
7 (	I "Yes." complete Schedulo R, Part V, Ine 2	30	9 - Gora	X
er v	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and the function is a partnership to follow:			
8 I	and that is treated as a partnership for lederal income tax purposes? If "Yes, " complete Schedule R, Part VI	. 37		X
ດ ເ 	No the urganization complete schedule C and provide explanations in Schedule C for Part VI, Incs 11b and 197 Note: All Form 990 files are required to complete Schedule C			
Part		38	X	÷
langipunginin pingin	Check # Schedule O contains a response or note to any line in this Part V			********
Mahan Watara ya	A STATE AND A STATEMENT OF STATEMENT OF TRADING & TRADIN OF HIS PUT 1915 PUT V	•••••	1	Land
1a ¢	inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b F			-	
	Inter the number of Forms W2G included in line 1a. Enter 0 if not applicable <u>1b</u> 0 Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	**P()))		
fi	in second a film when we have a second s			
		<u>1c  </u>	X	2019]

	m 990 (2019) KENTUCKY SHAKESPEARE, INC. 61-603 art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	665(	<u>l p</u>	ape 5
Ľ		51474-1425-11974(1988 <b>1</b> 994	1.	Γ
0	a Enter the number of employees reported on Form W3. Transmittal of Wege and Tax Statements.		Yes	No
-				
	b. Host benefit one is considered on the Doublid the manufaction file at a stand of strend and the strength the strength one of the strength on	1	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-Me (see instructions)	20		
3	<ul> <li>a Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> </ul>			x
	<ul> <li>b) the organization have an entrate organization greats accurate or similar or an explanation on Schedule O</li> <li>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> </ul>	3a 3b	·	<u>^</u>
	<ul> <li>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a</li> </ul>	30	+	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	43		x
1	II "Yes " enter the name of the foreign country.	43		<u>^</u>
	See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA/0	and a second second	100	
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>6</b> a		X
	Did any tabable party notify the organization that if was or is a party to a prohibited tax shelter transaction?	5b		X
	" "Yes" to line 5a or 5b, did the organization file Form 8886 T?	50		n
6:				- Anna (n. 1996). Anna (n. 1997)
	any contributions that were not tax deductible as charitable contributions?	6:0		Х
ł	If "Yes," did the organization include with every solicitation an express statement that such contributions or gits			41.
-	were not tax deductible?	65		
7	Organizations that may receive deductible contributions under section 170(c).		on or a second	and the second
		78	x	
t	It "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	- an admit biferandala
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		uhimmenidelitaises
	to file Form 82827	70		Х
c	If "Yes," indicate the sumber of Forms 8282 field during the year 76	1.20		WAR
e	Did the organization receive any lunds, directly or indirectly, to pay premiums on a parsonal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?	7g		08 100 - 10 - 10 - 10 - 10 - 10 - 10 - 10
h		7h		
8	Sponsoring organizations maintaining denor advised funds. Did a donor advised fund maintained by the			9400-0750-00-00-
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining denor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4965?	<b>0</b> 2		
b	Did the sponsoring organization make a distribution to a denor, donor advisor, or related person?	9b		
10	Saction 501(c)(7) organizations, Enter		Í	MAID MICH.
ធ	Initiation fees and eaptal contributions included on Part VIII, ine 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	white server		
11	Section 501(c)(12) organizations. Enter:			
<b>A</b>	Gross income from members or shareholders 1ta			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	
	amounts dus or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	120		
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b		96097993629 <u>3</u> 22	
13	Section 50 t(c)(29) qualified nonprofit health insurance issuers.			
ø	Is the organization licensed to issue qualified health plans in more than one state?	13a	ľ	denomentar.
	Note: See the instructions for additional information the organization must report on Schedule O.	1	1	OND CHANGE AND A CHAN
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is idensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
140	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it fied a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		nyi maininai ce -
14	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachule payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	- 1000 (000 (000 (000 (000 (000 (000 (00	er de State en La sena	ngegegienen honor
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	18		Х
	If "Yes," complete Form 4720. Schedule O.			

Form **990 (**20 19)

\$22065 C1-28-30

Sec			
	tion A. Governing Body and Management		
			Ye
1a	Enter the number of voting members of the govorning body at the end of the tax year 1a 1	8	
	If there are material differences in voting rights among members of the governing body, or if the governing body.		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule ()		
2	Enter the number of roting members included on line 1a, above, who are independent <u>the 1</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	8 B	
<b>.</b>	a Ministri a Manufatan Barantan an Barana an Barana Pi		
3	Did the organization delegate control over management duties customarily partormed by or under the direct supervision	2	1
~	of officers, directors, trustees, or key employees to a management company or other person?	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholdere?	<b>F</b>	*********
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		NU 0010000000000000000000000000000000000
	more intembers of the governing body?	7я	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1
	persons other than the governing body?	715	
8	Eid the organization contemporaneously document the meetings held or writtee actions undertaken during the year by the tollowing:		en evenininsiaisia
	The governing body?	80	X
	Each committee with authority to act on behalf of the governing body?	86	X
	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
	organization's making address? // "Yes," provide the names and addresses on Schedule O	0	-
sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	nen entre en composition	\$ 1053Kituadia
			Yes
	Did the organization have local chapters, branches, or afiliates?	100	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affisites,		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	106	And an address of the
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110	<u>X</u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
	Did the organization have a written conflict of interest policy? If "No," go to Ino 13	120	
	Were officers, directors, or trustees, and key employees required to disclose annually increats that could give rise to conflicts?	125	
з (	in Schedule O how this was done Dd the organization have a witten wisstleblower policy?	120	
4 ſ	Id the organization have a written document referition and destruction policy?	13	
	20 the process for determining companisation of the following persons include a review and approval by independent	11	
	be the increase in outerstanding comparisons in a tensioning parasets increase a review and approval by independent bersens, comparability data, and contemporaneous substantiation of the deliberation and decision?		
	The organization's CEO, Executive Director, or top management official	15a	х
ьζ	Ther officers or key employees of the organization	158	<u>n</u>
	*Yee" to line 15a or 15b describe the process in Schedule O (see instructions).	100	9989,010,000,000,000,000,000
	Id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	exable entity during the year?	16a	
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	la noon maaaaa
	i joint venture amangements under applicable federal tax law, and take steps to safeguard the organization's		
	xempt status with respect to such energements?	16b	
	on C. Disclosure	inger 1	
7 L	Is! the states with which a copy of this Form 900 is required to be filed <b>&gt;KY</b>	<del>649400000000000000000000000000000000000</del>	(25kkironenonaa
	oction 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)	en enertrut	- zawosili
	x public inspection, indicate how you made these available. Check all that apply,	we we can get	· 44. 4 99. 14
I	Own website Another's website X Upon request Other feablish on Schedule O		
9 D	lescribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	j finan	olai
	talements svalable to the public during the tax year.		~* P688
	tate the name, address, and telephone number of the person who possesses the organization a books and records.		
	ENTUCKY SHAKESPEARE, INC (502) 574-9900		
	23 W. BROADWAY, SUITE 401, LOUISVILLE, KY 40202		

Form 990 (2019) KENTUCKY SHAKESPEARE, INC.	61-6036654 Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and independent Contractors									
Check II Schedule D contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
tal Complete this table for all persons required to be listed. Report compensation for the calendar year ending v	with or within the organization's tax year.								
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regional and the second sec</li></ul>	ardless 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 correct 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.

See instructions for the order in which to list the persons above.

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		(C) Position (to not of set more than one box, unless perior is both ar					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	neis Row I i i Wi			inerii 	Patricange sales	densi;	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
()) ELIZABETH CHERRY SIEBERT	1.00							•		
CEAIR	1 00	X		X						<b>.Q.</b> :
(2) LIAM FELSEN	1.00	х		X				0.	0.	Q.
SECRETARY (3) KERRY WANG	1.00	^				1				สองจันจันจันจันจันจากเรื่องที่สามาร์
VARACURER		X		x		TOTAL COLOR		0.	0.	D.
(4) PHILLIP ALLEN	1.00			4.2			ur ve denta	an a	n a fra nha chi fi ni haba na harina a shinya yayaya yaya shini ku ku ku ku	tala na mana anta ana ant mana 1988 any kao
DIRECTOR		X						0.	0.	0.
(5) ANYA BOND BECKLEY	1.00		VIDENCE OF		Provide and			n na hanna ann an Anna ann an Anna ann an Anna an Anna ann an A		2.00.000/000200000000000000000000000000
DIRECTOR		X						0.	0.	<u>0.</u>
(5) NERA CORSEY CORLETT	1.00	arout 12 actual					STERATOR			
DIRECTOR		X						0.	0.	0.
(7) BLAKE COUNSELL	1.00	_								
<u>HIRREYOR</u>	4	X						0.	0.	0.
(6) COLLERN DEVLIN	1.00		-					a.	•	~
DIRECTOR	1.00	X						0.	0.	0.
(9) ROBIE FELFLE	Respondences and an	x	<b>Service</b>					o.	0.	٥.
(10) KEVIN GIBSON	1.00	•						<u>V.</u>	<u>v.</u>	<u>V.</u>
	<b></b>	x		A real second				0.	0.	0.
LIRECTOR (11) JOAN GOULD	1.00	-	-	******	-		*****	<u> </u>	<u> </u>	
DIRECTOR	Carrow and a contract the state of the state	X		27 menungan				0.	0.	С.
(12) CULVER HALLIDAY	1.00				.4.6/2448		18.025	S. J. M. S. M. S. M. M. S. M. M. S. M.	n and met and how how how how how he had the first of the	ร พระการสมเราสมเราสา การประวัตรณ์ที่สืบเป็น
DIRECTOR	Construction of the second sec	X		Network	-			0.	0.	0.
(13) SHAMOOR HARAIC	1.00							The second s		annan (ar f. f. 2006) a gard fa Gard (ar gard fa gard f
di rector		X						0.	0.	0.
{14   LANE DENALT RETTICH	1.00				Nonaterio de					
DIRECTOR		X						0.	0.	0.
(15) KAY RADRICK HOMARD	1.00			FOMOLOGIA	<b>Selected</b>					
RIRECTOR	LEDSLOAD DE TERRITER FOR THE REPORT OF THE PROPERTY OF T	X	ogeneticen er					0.	0.	<u>0.</u>
(16) JEFF KOLEDA	1.00			-		and the second se	dua miliana ly			×
DIRECTOR		X		instance in the			nooraa 1		0.	<u>0</u> .
(17) ERIN PATERNOSTER VICE	1.00							¢.	~	<u>م</u>
DIRECTOR 832307 01 70 20		X	*	-				<u>V.</u>	0.1	0 . (2019) OGE mini

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Form 990 (2019) KENTU	CKY SHAKE	<u>PE</u>	AR	Β.	I	NC	de .		61-603	665	4	Page
Part VII Section A. Officers, Director	<u>s, Trustees, Key Er</u> (B)	nploj	Yee	i, ari	id H C)	ighe	<u>st C</u>	Compensated Employe		T		dithining out to give
Nante and title	Average hours per week	840 aM	Positic orst chest no a, missis perso for and a direc			i tinene ins tagi	0.94 C	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim erriou oth	ated Int of
	(itst any hours for related organization below fine)	w bdr2tii huits er cheto	NGD DOCH THEIR		1412 2 2 July	attent of the sales	ferew	the organization (W-2/1099-MISC)	orgarizations (W-2/1099-MISC)	÷	from rgana vid re	talion
(18) BROCKE SIMMEEMAN DIRECTOR	1.00	x		a a cologi (	9960044 	- Too No againg	cotcorcatore	0.		T		
(19) DAVID JAMES	1.00		ndar geliker (m.	**********	e marine e e e e e			<u></u>	0	<b>£</b>		Č
EX OFFICIO/EMERITUS		x						Ο.	0			0
(20) DR. PETER TANGUAY	1.00				*******	. intin internet				•	******	0
EX OFFICIO/ENERITUS	<u> </u>	x						Ο.	0	****		n
(21) JEAN WEST	1.00					n an				-		0
EX OFFICIO/EMERITUS		x			ľ		N/CERCONANA	٥.	0			~
(22) DR. JONATHAN C. SMITH	1.00		-1	40342 mj. mj.gr.	THE PARTY IS	1		2	V.	-	ununungalarikarnan tarr	Q.
X OFFICIO/EMERITUS		X						ο.	0.			A
231 DIANE BAILEY-BOULET	1.00			-		weatering		<u> </u>	<b>V</b>	4		0.
DIRECTOR (PREVIOUS)		x	i i	and the second		(Handolanda		ο.	0.			ο.
24) REGAN NICHOLS	1.00				t.	·	wei	·····	••••••••••••••••••••••••••••••••••••••			<u> </u>
IRECTOR (PREVIOUS)		x					the second	ο.	0.	a contract of the second		٥.
25) MATT WALLACE	40.00		-+	$\neg \uparrow$	Companying of			<u> </u>	Vi		and the second secon	
REFUCING ARTISTIC DIRECTOR			and the second	x				92,923.	0.		<u>e</u> :	264.
							000000000000			Î	<u>v</u> 1.	
1b Subtotal	S NGAN NG GALOON AN INCIDENCIDE AND		].	I.				92,923.			0 1	264.
c Total from continuation sheets to Pa	art VII. Section A	.,	r				•	0.	<u> </u>		012	0.
d Total (add lines to and to)								92,923.	0,		8.2	264.
<ol> <li>Total number of individuals (including it</li> </ol>	but not limited to th		stect	l atx	ove)	whe	na c		WC of reportable	1		
compensation from the organization											Yes	0 No
3 Did the organization list any tormer off	cer, director, truste	e, ke	<u>у</u> юл	npla	YRA.	ort	igne	off compensated emply	wee on	[	1	146
line 1a? If "Yes," complete Schedule J	for such individual							,	•	а		x
4 For any individual listed on line 1a, is the	>> sum of reportable	e con	1. 10 00 00	sati	on a	nd d	nhe	r compensation from th	o organization	rari-zanian u.		1
and related organizations greater than	\$150,0007 // "Yes,"	com	c.left	e Sc	hed	ula .	l for	such individual		4		X
5 DKI any person listed on line 1a receive	e or secrue compon	satio	n fre	ന മ	ny u	nrek	aled	l organization or individe	ial for services			aloonal services
rendered to the organization? if "Yes, *	complete Schedule	Jior	SIAC	<u>n cs</u>	ws(x	2 	فمغفمة	Lastracities and a stress of the transmission of the stress of the stress of the stress of the stress of the st		6		X
ection B. Independent Contractors	an mar a spectra party and a since have a second considerated at some states are set blackers.	an a		d identification		-						
Complete this table for your five highes	a compensated ind	орони	dant	C0/	atrac	NO 18	tha	I received more than \$1	100,000 of compens	aciona i	nom	1997 (J. 1997)
the organization. Report compensation		ar en	dıng	wit	<u>h cr</u>	with	<u>ên 18</u> T	<u>Ne organization's tex ye</u>	ar,		7075975183020202	kinninanna.
(A) Name and busin			da anta					(B) Description of ser		(0		
S A STATE OF A ST		NOM	415	-1-sintoiseise				Case: Curue OI 854	vices G	ompe	nsato	n.
		VANDANCESKON	WEAK-MARKETS	The Association of the	fferen af lefeldmoord	Marrie - e i			with a second	nanan ayarta ya ya ya		
MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	an a san ang ang ang ang ang ang ang ang ang a					Mageron	And a second sec		l			
												00mmmatrix-000-000, 5
	na, fazi nala, fantara maganimeteren en an magana de en anteres en anteres en anteres en anteres en anteres en				ana da secolo	1. A State State of St		<b>₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</b>				alampunos secare
					1. column			an a she want want want want want want want want				Millioter
Total number of independent contractor \$100,000 of compensation from the org	re (including but not	t ismrt	od t	o th	056	liste	d at:	sove) wha received mor	e than	indenia (edinos f		Sector Constants

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Part		(2019) KENTUCKY SHAT	KESPEARE,	INC.		<u>61-6036</u>	<u>654 Pa</u> ;
ran	V			5 / 1 M			1-
		Check if Schedule O contains a response	<u>e or note to any år</u>	ia in this Part VIII , (A)	1 (8) 1	(C)	(0)
				Total revenue	Related or exempt	Unrelated	Hevenue exsk.
				P - 9 90 - 40	function revenue	weiness revonue	from lax une
-			· · · · · · · · · · · · · · · · · · ·			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	sections 512 -
and Other Similar Amounts		p Federated campaigns ta	and the second				
<b>Š</b>		b Mesnbership dues 16	and and the set of the state of				
ξį.	(	c Functraising events 1c	8,557.				
<u>b</u>	(	d Pekaled organizations 1d					
Ē	•	B Government grants (contributions)	209,913.				
50		All other contributions, gifts, grants, and	<ul> <li>A strategy of contrasts on the strategy of the st</li></ul>				
£		similar amounts not included above 11	528,654.				
δ	e	Noncesh centrifurions includes in lines ta-11 1g S	5,000.				
Z	10 8-	Total, Add ines ta If		747,124.			
1		s surger, cruch comin tal is another that the	Business Code	141,164,			TYTE STREET
	~	PRIVALETAN DOGODING	In second record and the second second	يتوريده العراقين		· · · · · · · · · · · · · · · · · · ·	
1 8	г г		711190	66,602.		1994 Maria Maria Maria Matrice and a state of the	
â	b	PRODUCTIONS	711190	23,095.	23,095.		
5	C						
Ç	d	an Provins 11 1919 State State and public operation of the state stat					
050000	e	NAME AND STATEMENT OF THE					<ul> <li>Constant - Anno 1998</li> </ul>
our and the second	ŧ	All other program service revenue				ana maphan at a	A Contraction of the second second
	g	Total. Add lines 2a-21		89,697.			
a		investment income (including dividends, intere	est arct				
		other similar amounts)	•				
1 4		income from investment of taxexempt bond p				a an	979924559934469994446999444699989899999999999999
5		Royalies				and a second	1
		(i) Real	(iii) Personal			datare e	· ··· Instantination
E	3	Gross rents 6a	· · · · · · · · · · · · · · · · · · ·				
	b		a a a a a a a a a a a a a a a a a a a				
	¢	Renta income or (icss) 6c	www.communication.com.com				
Normania	đ	Net rental income or (loss)	oladina 🕨 📘				
7	2	Gross amount from sales of 00 Securities	() Other			100 C	<ul> <li>Provide the strategy and the providence of the providence of the strategy of the</li></ul>
		assets other than inventory 7a			3		
	ь	Less: cost or other basis	PPPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOPPOP				
-		and sales expenses 76					
	~	Gan or (loss) 7c	<ul> <li>Contraction of the second secon</li></ul>				
		Net gain or (loss)	5-2. mm		a construction for a second second		
			TRACTOR IN THE CONSISTENCE .	· · · · · · · · · · · · · · · · · · ·	1998 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	and a standard and a	
0		Gross income from fundraising events (non					
-		including \$ 8,557. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	10,653.				
	b	Less: direct expenses 80	15,812.				
	¢	Net income or (loss) from fundraising events		-5,159.			5,159
9	8	Gross income from gaming activities, See					annen anna dhaanaa ay ay ay ay
		Part IV, line 19 9a	1,030.				
		Less: direct expenses 9b	<u>_,</u> .				
8		Nel income or (loss) from gaming activities	<u> </u>	1,030.	gan, second a la faite se a secondo de la seconda de la casa de		1 7 7 7
1		Gross sales of inventory, less returns		4143A1	······································		1,030
102.6				- CHOOLEGE			
		and allowances 10a					
		Less cost of goods sold 10b		ารการการการการการการการการการการการการกา			
6	<u>c</u>	Not income or (loss) from sales of inventory	<u> </u>				0504000
			Business Code				
11 6	э (	OTHER INCOME	711190	4,655.	4,655.		<b></b>
L L	ð						
ć	5				anna an		
ŕ	, J	All other revenue	·				namena and a state of the state
-		Total, Add lines 11a 11c		4,655.			
, e		a analogue a filleter per tester t S.52 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	· · · · · · · · · · · · · · · · · · ·	ಇಂತ ಆ ಭಾನಾ ಕಾ)			

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#### Form 990 (2019)

#### KENTUCKY SHAKESPEARE, INC. 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 (B) Program service (D) Fundraising Do not include emounts reported on lines 6b, (A) Total expenses (C) Management and 7b, 8b, 9b, and 10b of Part VIII. **Expenses** peneral expenses exponses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22. Grants and other assistance to foreign 3 organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 Benelits paid to or for members 4 £ Compensation of current officers, directors, trustees, and key employees 106,103. 45.625. 18,037. 42,441. Compensation not included above to disquisified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 251,775. 198,135. 47,375. 6.265. R Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits 24,006. 19,454 4,546. 6. 10 Payrol taxes 26.715. 18,413. 4,894. 3.408. Fees for services incremployees): 11 8 Management b Legal 10,000. C Accounting ... 10,000. Lobbying đ Professional fundralsing services. See Fact M, Inc 17 Ð 4 Investment management less Other. (If the 1 ig amount exceeds 10% of the 25, a column (A) amount, list line 11g expenses on Sch (t) 24,113. 12 Advertising and promotion 1,519. 16,006. 6,588. 13 Office expenses 19,069. 1,733. 13,700. 3,636. tđ. information technology 15 Royallies Occupancy 26,233. 16 19,712. 6,474. 47. 15.635. 13,295. 17 Travel 2,340. Payments of travel or entertainment expenses 18 for any faderal, state, or local public officials 3,634. 19 Conferences, conventions, and meetings 3,634. 20 Interest 4,287. 4,287. 21 Payments to affiliates 22 Depreciation, depletion, and amortbation 49,477. 47,004. 2,473. 14,936 23 losucence 13.442. 1,494. Other expenses, Remize expenses not covered 24 above (I ist miscellaneous expenses on line 24e, it lice 24e amount exceeds 10% of line 25, column (A) amount, let line 24e expenses on Schedule (1) A EDUCATION EXPENSE 52,311. 52,311 ACTORS CONTRACTS 51,551. b. 51,551. C PRODUCTION EXPENSE 43,517. 43,517. 9,927. d BANK CHARGES 9,927. All other expenses 2,535. 2,535. Total Intelional expenses. Add lines 1 strongh \$4a 735,824. 25 540,198. 133,235. 62,391. 28 Joint costs. Complete this line carry if the proparization reported in course (B) joint costs from a combined 80/Cational campaign and fundralsing splicitshop. Check here 🕨 🔄 il kitneing SCIP 65 5 (ASC 068-7516

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Foim 990 Part X	2019) KENTUCKY SHAKESPEARE, INC.	line e sentenen for fan	n strinstan	036654 Page 11
	Check if Schedule O contains a response or note to any line in this Part X	an fan de fan In fan de fan		
		(A) Beginning of year		(B) End of year
1	Cash non interest bearing	38,237.	1	224,809
2	Savings and temporary cash investments	s waaraana taa maaray sha	2	e ne nyek yezh e we to overtet tradistationere.
3	Pindges and grants receivable, net	218,664.	3	176,562
4	Accounts receivable, nel	2,782.	4	1,009
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Leans and other receivables from other disqualitied persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)		6	n an chuir a chuir an chuir a
STARTS B	Notos and loans receivable, not			
в В	Inventorios for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
· · · ·	Prepaid expenses and deferred charges	916.	9	28,840.
10.a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 755, 779, Less: accumulated depreciation 10b 469, 987.	300,626.	10c	285,792.
11	Investments - publicly traded securities		11	
te	Investments - other securities. See Part IV, find 11	anala muu uu uu uu aa aa aa aa aa aa aa aa aa a	12	nije ji Jonesi i Genteri in ministeren naslitusud tije ja ma konjegnja konorodi unostisu ka
13	investments - program-related. See Part IV, Ine 11		13	

		basis. Complete Part VI of Schooule D 10a 755, 779,			
	b	Less: accumulated depreciation 10b 469, 987.	300,626.	10c	285,792
	11	Investments - publicly traded socurities		11	
	t:	Investments - other securities. See Part IV, line 11	r m 14. a series de la companya de l La companya de la comp	12	en ben bieren bie fan te fan te reken in en weken werken in de en werken en de eksemente bieren weken weken we
	13	Investments - program-related. See Part IV, Ine 11		13	
	14	intangibis assols		14	
	15	Offier assets. See Part IV, fine 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	561,225.	16	717,012
0	17	Accounts payable and accrued expenses	237,328.	17	107,670
	18	Grants payable		18	
	10	Deferred revenue	3,456.	19	27,378
	20	Tax exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
n	22	Losns and other payables to any current or former officer, director,			
Liabilities		trustee, kny amployae, creator or founder, substantial contributor, or 35%			
ā		controlled entity or family member of any of these persons		22	
ן ב	23	Secured mortgeoes and notes payable to unrelated third panies		23	160,000
And a local design	24	Unsecured notes and loans payable to unrelated third parties		24	an a
transmont size	25	Other liabilities (including federal income tax, payables to related third		refer - William Million - Aller I and generations	anna anns an anns anns ann ann ann ann a
9 fstrykgeskuis		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Scheckile D		25	
	26	Total liabilities. Add lines 17 through 25	240.784.	26	295,048.
	19000200204666	Organizations that follow FASB ASC 958, check here 🕨 🔀		ana guyan na katana	
		and complete lines 27, 28, 32, and 33.			
		Net assets without donor restrictions	125,045.	27	218,736.
Sources ound to succes tak	28	Net assets with donor restrictione	195,396.	28	203,228.
		Organizations that do not fellow FASB ASC 958, check here			
in l		and complete lines 20 through 33.			
5		Capital stock or trust principal or current funds		29	
Ř		Paid in or capital surplus, or land, building, or equipment fund	den blensk hale de komponier gemeinige faak meelingen met werdig gegen de de gemeinige gegen.	30	
č		Relained earnings, endowment, accumulated income, or other funds		31	
1		Total net assets or fund balances	320,441.	32	421,964.
		Total liabilities and net assets/fund balances	561.225.	33	717,012.

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Part XI Reconciliation of Net Assets	61-60	3665	<u>4</u>	2000 12
Check & Schedule O contains a response or note to any line in this Part XI				£
	in the second			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	0	37	347.
2 Total expenses (must equal Part IX, column (A), line 25;				<u>347.</u> 824.
3 Revenue lass expenses. Subtract fine 2 from line 1				523.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>441.</u>
5 Net unteskzed gains (losses) on investments		1977. and 197	601	<u>441.</u>
6 Consted terrices and use of facilities		92 March and Antonia and An	50-000 <b>100 100</b>	a maaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
7 Inväätment expenses	* *	a ta a a a a a a a a a a a a a a a a a	1794000404749888	
B Prior period adjustments		#1053-1326/mmonosamaanaa	Balance and a second	alaan oo too too too too too too too too too
9 Other changes in net assets or fund balances (explain on Schedule O)		any """ and a constraint of the second		0.
10 Net assets or fund batances at and of year. Combine lines 3 through 9 (must equal Part X, line 32,	·	an a		<u>v.</u>
column (E)	10	<i>4</i> 7		1.6 +
column (B) Part XII Financial Statements and Reporting	1 10		<u>له :</u>	964.
Check if Schedule O contains a response or note to any line in this Part XU				
	Herri Berrikanan		Yes	NUL DISCOURSE (***
1 Accounting mathod used to prepare the Form 990: Cash [ X] Accrual 🛄 Other		Contract of the second	6 42 38	reo
If the organization changed its method of accounting from a prior year or checked "Others" evolution in School	Ja Ci			Trooman and
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	ansa vez.			
If "Yes," check a box below to indicate whether the linancial statements for the year were compiled or review	an a	28		X
separate basis, consolidated basis, or both:	មនា ប៉ាប់ អ៊ី			
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountars?				
# "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ		25	X	
consoldated basis, or both	nen masis'	Í		
X Separate basis Consolidated basis Both consolidated and separate basis				
c # "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of it	LNG			
roview, or compilation of its financial statements and selection of an independent accountant?	ore alon.			
It the organization changed either its oversight process or selection process during the tax year, explain on Se	nensesses in a	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	cnadule ().			
ACI and OMB Carridat A.1997	iingle Audil			
b. It "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req		30	Ť	X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	uned ande		l	
THE YEAR OF A THE AND A TH		86		-

Form 990 (2019)

925018-01-20.55

SCHEDULE A	Dublic Oberity Ot
(Form 990 or 990-EZ)	Public Charity St
() OF 11 000 () 000 -CE/	Complete if the organization is a
	4947(e)(1) not
Department of the Treasury	Attach to F
Internal Revenue Service	

# atus and Public Support

a section 501(c)(3) organization or a section nexempt charitable trust. orm 990 or Form 990-EZ.

**Open to Public** Inspection er identification number

OMB No 1545-6047

And designed and designed	100300			CONTRACTOR OF THE OWNER O
Name	of	the	oncar	nizatio

21128-011	· 1/2 - 05 + 6	Go to www.irs.gov/Form990 for instructions and the latest information.		inspection
Nan	ne of	the organization	Employer	identification num
		KENTUCKY SHAKESPEARE, INC.	6	1-6036654
La straite and	nt I	Reason for Public Charity Status (All organizations must complete this part.) See instruction	8.	
The	pigar	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)		<ul> <li>The other products of the manufacture of an appropriate production.</li> </ul>
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 E2).)		
3		A hospital or a cooperative hospital service organization described in section 170(b) (NAViii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A	,Xiii), Enter f	ihe hospita's name,
	1000000000	city, and state:		
5		An organization operated for the benefit of a college or university owned or operated by a governmental it	mit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)		

вL		A federal, state, or local (	government or governmentation#	described in section 170(b)(1)(A)(v).
----	--	------------------------------	--------------------------------	---------------------------------------

7	X	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 1)

8	provense alleg	A community trust	described in a	section	170 b)(1)(A)[vi).	(Complete	Part II.)
---	----------------	-------------------	----------------	---------	-------------------	-----------	-----------

	 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
_	

n Í	1	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fass, and gross receipts from
98° 4.		The experimentative according records. ( ) more that be more that subplice network the contractives, measured resp, and graphs sub-
		activities related to its exampt functions - subject to certain exceptions, and (2) no more than S3 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
	an ang	See section 509(a)(2). (Complete Part III.)

2	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, 12l, and 12g

	£					•		424
8	Ľ	Type I, A supporting organization of	perated, s	supervised, c	w controlle	d by its supported or	ganization(s), typi	cally by giving
		the supported organization(s) the p	ower to re	quiarly appo	int or elec	I a majority of the div	or trustees	of the supporting
		organization. You must complete I	Part IV, Se	ections A an	d 8.			
	1							

þ	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.

5		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	r	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

đ 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.

ľ						om the IRS that it	is a Type I, Type 8, Type	8.8
	functional	y integrated,	or Type III non	n functionally is	ntegrated suppor	ting organization.		

f Enter the number of supported organizations

			, r						• •		
¢	Provide the	following	informa	tion about	the supp	ortec	i ore	Janizs	dio	еЮ	a).

(i) Name of supported organization	(1) EIN	(III) Type of organization (described on lines 1-10	Tell Sille organization is ted https://governing.documenti		(v) Amount of monetary	(vi) Amount of other
	a an a gan an a	និងជាមេ (នៃទទ ខែនិងរបស់លោះ)	Yes	No	export (see instructions)	support (see instructions)
					ananananan manananan kananan kata karanan kata karanan karana mata ang kata karana karana karana karana karana	nd Miller 1997 (1997) (1997) and Stanlar and Adams Assessed as a stage of the stag
**************************************					and a second	1. 19 Million - Constant of the state of the
					and a second stand of the second stand second stand	
	Panaghay Thema have another Chine Jodean englished geber	n maan ministration (ministration)		a an		
	and the second	tera la companya de l				
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, 12021 (2021) Section - Schedule A (Form 990 or 990-EZ) 2019

2019.05060 KENTUCKY SHAKESPEARE, INC. 697301 1

# Schudule A/Form 990 or 990 E2) 2019 KENTUCKY SHAKESPEARE, INC. 61 - 60 3 6 ( Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

61-6036654 Pape 2

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

S	ection A. Public Support	Hand and the second	45100.1.11.1000		Carrier and the second s		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
8	Gifts, grants, contributions, and	Parameterization and Provide Constraints		1	1 100 437 117	1 1013	(f) Tetal
	membership fees received. (Do not						
	include any "unusual grants.")	443,796.	529.027.	516,131.	743.302.	747 124	2979380.
8	Tax revenues levied for the organ		<ul> <li>The second s</li></ul>		1		1 <u>* 2 ( 2 3 0 0 .</u>
	ization's benefit and either paid to						
	or expended on its bahaf				Martin Consultation		
8	The value of services or facilities						and the second
	furnished by a governmental unit to						
	the organization without charge						
4	a de penter a contra contra de la	443,796.	529,027.	516,131.	743,302.	747,124.	2979380.
5	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR			- Charlotai		······	
	by each person (other than a						
	governmental unit or publicly	1					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, colomn (f)						
	LANK MARKANA AND A CONTRACT OF A		addaaddaaan - Coolor - Coolor - Coolor	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			101,935.
- <del>0</del>	Public support, Sustant in 5 hom ing 4						2877445.
-			- a part - a		Protocological	1997 - Ser State and a second s	
	adar year (or liscal year segmeirs in) 🕨 Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(0) 2019	(n) Total
	Gross income from interest.	443,796.	529,027.	516,131.	743,302.	747,124.	2979380.
Ŷ			BADD I Concernant				
	dividends, payments received on securities loans, rents, royalties,				ľ		
	and income from smiler sources						
õ	Net income from unrelated business	1				1979, Tel. 7 ;	angeneration of the state of the
	activities, whether or not the	(19) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				19 Kilionen autori	
	business is regularly carried on				derme hQy iso		
	Other income. Do not include gain			and the second	Colorest and the second s	······	
	or loss from the sale of capital		Series of the second seco				
	assets (Explain in Part VI.)	13,779.	25.535.	11.871.			** ***
	Total support. Add lines 7 through 10	<u></u>	62,333.	TT'OLY	4,462.	4,655.	60,302.
	Gross receipts from related activities, et	to topo instrumin	ne)				3039682.
18	First five years. If the Form 990 is for th	no. yooo asanaaya na amaniyadine (	ia) first connal islad	Annesemble and Alline barr	• • • • • • • • • • • • • • • • • • •	12 1,	<u>800,991.</u>
	urganization, check this has over each b	Lahoran da				50 % (c)(3)	an and a second s
Sec	tion C. Computation of Public	Support Per	centage				<u></u>
14	Public support percentage for 2019 (inc	a 6. column (f) divi	idad by line 11 ro	human AfA		14	94.66 %
15	Public support percentage from 2018 S	chedule A. Parl II.	line 14	••••••••••••••••••••••••••••••••••••••		MC/05/D2/980/rolated	5 6 <i>6 8</i>
	33 1/3% support test - 2019. If the org			ine 13 and line 14	in 99 17996 or ma	net seiten er felter er ber er se	93.26 %
ź	stop here. The organization qualifies as	a publicly support	ned organization		, nor serve to solve the fields	IC, CRECK HER GOS	enco ► X
04	is wan support test - 2018. If the org	anization did not (	check a bax on in	a 13 or 16a and ir	an 16 <i>i</i> n 33 1/384 A	a more chart ditte	Review.
6	and stop here. The organization qualitie	s as a publicly su	pported organizati	on			
1112	www.secca-and-cecumstances test - 1	2019. n me organ	N2abon did not chi	ack a box on ino 1	3, 16a, or 16b, and	1 kna 14 is 1096 ee	78467884
6	ind 🗟 the organization meets the "facts-	and circumstance	is" test, check this	box and stop her	e. Explain in Part V	A how the mountain	. Bloom
ť	neets the "facts-and-circumstances" tes	st. The organizatio	in qualilies as a p.	iblicly supported a	rganization		<b>N</b>
(P 1	V» -IOCIS-and-circumstances (es) - ;	2018. If the organ	ization did not che	≥ck á box on line ¶	3, 168, 16b, or 17;	1, and line 15 is 10	ж. <del>г</del>
11	nore, and if the organization mosts the "	"acts-and-circums	stances" test, che	ok this box and at	op here. Explain m	Part VI how the	
c	ganzation meets the flacts and circum	rstances" tost. Th	in olganization qu	alifies as a publicity	supported organs	ration	▶ []]
<u>18 (</u>	rivate foundation. If the organization of	id not check a be	<u>a on line 13, 16a, 1</u>	16b, 17a, or 17b, o	theck this box and	see ristractions	
					S 14 COLLARSHIP REPORTED IN COLLARS	In A /Easons DOG au	000 EX 05.0

Schedule A (Form 990 or 990-EZ) 2019

V22022 CP-25-19

#### Schedule A Form 990 or 990 FZ) 2019 KENTUCKY SHAKESPEARE, INC. 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.)

ų s	AUXIST CITER'S	ACRE 81 822 148	als halls
A		ALC: NOT THE OWNER OF THE OWNER OF	
Section A.	Public	Subbo	177
	3 W 10 P 1 W	0.00000	

Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<ol> <li>Gfts, grants, contributions, and</li> </ol>						
membership fees received (Do not	n the said back		**			
include any "unusual grants")				1		
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					second to the bay and the second	
are not an unrelated trade or bus iness under section 513						
4 Tax revenues levied for the organ					lalata e construit ser a s	
ization's benefit and either paid to						
or expended on its behalf						A region of the second s
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		te de la formalisme	and the second sec			
3 received from disquailled persons						
b Amounta included on lines 2 and 3 received from other than disqualified persons that second the groater of SA 050 or 1% of the amount on-line 12 for the year						n til hen staat kan alle hen skalen op hen stad generatieren stad generatieren stad generatieren stad generatie
c Add lines 7a and 7b					, <b>.</b>	
8 Public support. (Scoud ins Training 6)						
Section B. Total Support		1972 (Marina da Calendra da	A dennéricie internération de la construction de la construction de la construction de la construction de la co	L		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(c) 2019	(I) Total
9 Amounts from line 6		an an an the state of the second	an a		A Statistics of the second second	
10a Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated tursiness taxable income	*****			and a second		a da serie d
(less section 511 hase) from businesses						
acquired after June 30, 1975						
e Add lines 10a and 10b		۵۳۵٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				nn f f m a gi sann (da fin nginganna a n nn ng <b>agasan</b> a)	n na sense na sense Na sense na s	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		his à na de califier 2) ann a san gair gui ann an de California ann an de California			99 (999)	MELLIN MONTANA LIGAN AND A SAGE STATE AND A SAGE STATE
13 Total support. Additions () No. 19, and 17)					1	
14 First five years. If the Form 990 is for t	he organization's f	first, second, thir	d, fourth, or with ta	x year as a sactio	n 501(c)(3) organiza	ition,
check this box and stop here	An the Analysian and the Analysian and			-		Battan
Section C. Computation of Public	Support Perce	centage				
15 Public support percentage for 2019 (in	e 8, column (1), div	ided by line 13, i	501.umn (fi)		15	••••••••••••••••••••••••••••••••••••••
16 Public support percentage from 2016 §	Schedule A, Pert III	Lline 15			16	
Section D. Computation of Invest				telesendek az kierek ez ereketek anti-		
17 Investment income percentage for 201	9 fine 10c. column	) (I), divided by 🕷	ne 13. column (N		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2019. If the o	rganization did not	t check the box o	mline 14, and line	15 is more than 3	Westerleicher werden der State ander ander ander ander ander ander ander	
more than 33 1/3%, check this box and						•
b 33 1/3% support tests - 2018. # Me o						n <b>d</b>
line 18 is not more than 33 1/3%, check						<b>b</b>
20 Private foundation. If the organization	-	-			<b>D4</b>	• 1
02001 05-55-10			and a second		edule A (Form 990 -	Dr 900-EZ1 9040
				un an o'r s		manages in the second sec

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# Schedule A (Form 990 or 990 EZ) 2019 KENTUCKY SHAKESPEARE, INC.

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Yes

No

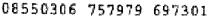
(Complete only if you checked a box in the 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and F. If you checked 31d et Part I, complete Sections A. D. and F. If you checked 31d et Part I, complete Sections A. D. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I, complete Sections A. B. and F. If you checked 31d et Part I and the Pa

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)? // "Yes." soswar (b) and (c) below.
- b Did the organization contirm 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 to place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization )? Μ "Yes," and N you chocked 12s or 12b in Part I, enswer (b) and (c) below.
- b Old 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 control and 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(ci(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)(D) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes " enswer (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 ection; (iii) the euthority under the organization's organizing document authoriting such ection; and (iv) how the action was accomplished (such as by emendment 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 prants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charable 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 cetail 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 Lot Schedule L (Form 996 or 990-EZ).
- 8 Did the organization make a loan to a disquestied person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule (, (Form 990 or 990-E2).
- 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 54) hold a controlling interast in any entity in which the supporting organization had an interest? If "Yes," provide detail in Pert VI.
- c Did a discussified person (as defined in tine 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organication also had an interest? # "Yes," provide defail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (mgarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, \* answer 10th 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.)

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 Schedute A (Form 900 or 990-EZ) 2019

# Schedule A (Form 990 or 990 EZ) 2019 KENTUCKY SHAKESPEARE, INC. Part IV Supporting Organizations (continued)

f - source			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
1	<ul> <li>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)</li> </ul>			i.
	below, the governing body of a supported organization?	110		j.
	b A family member of a person described in (a) above?	11b		
	c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ction B. Type I Supporting Organizations	11c	1	<u> </u>
		and the second	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1. Contraction of the second	-	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		dimetric lands	
	tax year? If *No,* describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or matrictions, if any, applied to such powers during the tax year.	4		Į
2	Old the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how previoing such benefit carried out the purposes of the supported organization(s) that operated,			
10000000	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	Nacion Mild Malakeoure constantion of the		1
			Yes	No
1	Were a majority of the organization's directors or inustees during the fax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
eres E – –	the supported organization(s).	1		
280	tion D. All Type III Supporting Organizations		S.F.	
1	first the exercise territies to easily of the communications, in the last day of the first second of the	1994 - 4000 - 1994 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -	Yes	No
•	Od the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is the user. (i) a watter paties depending the time and around of support day itself during the paties the			1
	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?	4		
2	Wore any of the organization's officers, directors, or frustees either () appointed or elected by the supported			
<u>i</u>	organization(s) or (i) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	~~~~		
43k	sign#cant 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? // 'Yes,' describe in Part VI the role the organization's		Cardiologian	
	supported organizations played in this regard.	з		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			124 (H)-44(H)(H)(H)(H)(H)
1	Oneck the box next to the method that the organization used to satisfy the integral Part Test during the yeatage instruction	กคลา	*****	Internet and the second s
	The organization satisfied the Activities Test. Complete line 2 below.	ded of the fam		
ь	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	k.	
2	Activities Test. Answer (a) and (b) below.		and the second	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	an a	Two Store Parkets	an anti-
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and cuplain 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.	22		
Ð	Dd the activities described in (a) constitute activities that, but for the organization's involvement, one or more			BRIDGE AND CONTROL
	of the organization's supported organization(s) would have been engaged in? If "res," experim in Part VI the			
	In the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	25		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	Dat the organization have the power to regularly appoint or elect a majority of the officiers, directors, or	dere gins dagen.		
-	Insteas of each of the supported organizations? Provide details in Part VI.	За		
in.	Did the organization everytise a substantial degree of direction over the policies, programs, and activities of each			
<b>*</b> **	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this reserd.	36		
912051	Checking and a second of a contraction of the payed of the organization of the together of the second of the secon		י ס-בי:	2019
· · • • • • • •	were been to be a start and a start and a start			

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F	And A Form 990 or 990 E212019 KENTUCKY SHAKESPEARE . Ant V Type III Non-Functionally Integrated 509(a)(3) Support	inn Orae	nizatione	61-6036654 Pa
	Check here if the organization satisfied the Integral Part Text as a quality	and to sel on	New 20 1070 (agains	in Dark (D. Prostorsky, a king
	other Type III non-functionally integrated supporting organizations must	comolate Sr	nde 20, stro (expan) ictions A showed F	el lor añ der Breunchos
30	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Yası (optional)
1	Net short-term capital gain	1	n. Sanjan nya ni ili katana katana katang	
2	Recoverles of prior year distributions	8	**************************************	inizian anti-anti-anti-anti-anti-anti-anti-anti-
3	Other grose income (see instructions)	3		
	Add lines 1 through 3.	4		
5	Depreciation and depletion	5	and a second	
3	Portion of operating expensies paid or incurred for production or		(20) на продоктивности на последни развители на последни и последни и последни и последни и последни и после последни и последни и по последни и последни и по последни и последни и после ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ ПОСЛЕДНИ И ПОСЛЕДНИ И ПО ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДИ И ПОСЛЕДИ И ПОСЛЕДНИ И ПОСЛЕДИ И ПОСЛЕДИ ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДНИ И ПОСЛЕДИ И ПОСЛЕДИ И ПОСЛЕДИ И ПОСЛЕДИ И ПОСЛЕДИ И ПОСЛЕДИ И ПОСЛЕДИ ПОСЛЕДНИ И П	
	collection of gross income or for management, conservation, or			
7.	maintenance of property held for production of income (see instructions)	6		
1	Other expenses (see instructions)	7	nannya ku	
ļ	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<ul> <li>- 1 · · · · · · · · · · · · · · · · · ·</li></ul>	
2(	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non exempt use assets (see		nennen er er en den er en en andere er er er andere er er a An er	
-	instructions for short tax year or assets held for part of year;			
ŝ	Average monthly value of securities	te	New York Control of State (2010)	
ł	Average monthly cash balances	1b	en manen en	
<u>,</u>	Fair market value of other non-exempt-use assets	10		n an
ſ	Total (add ines 1a, 1b, and 1c)	10	nanna an ann an an ann an A	
6	Discount claimed for blockage or other		annan an Annan an Anna a' an ta an Annan an Annan Annan Annan Annan Annan Annan Annan Anna Annan Anna Anna Anna	an a
-	factors (explain in detail in Part VI):			
) 	Acquisition indebtedness applicable to non-exempt-use assets	2	anna ann an Stain ann an Aonaichte an Aonaichte an Aonaichte ann ann ann ann ann ann ann ann ann an	
-41-21	Subtract line 2 from line 1d	3	nen en	
k	Cash deemed held for exempt use. Enter 1-1/296 of time 3 (for greater amount,			
1404	see instructions).	4		
10 S	Net value of non-exempt-use assets (subtract ine 4 from the 3)	6	аны алынын каландагын калартар түрүүнүн байр бараар каландаган каланан каланан каланан каланан каланан каланан Калар	
N CSA	Multiply line 5 by 035	6	anna an an Anna anna an Anna anna anna anna anna anna anna anna	
	Recoveries of prior-year distributions	7	<b>nan se </b>	
_	Minimum Asset Amount (add lino 7 to line 8)	8	an a	
<b>1</b>	ion C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line B, Column A)	1	an a	
	Enter 85% of line 1.	2	MAN SET TATUE STUDIED LING ALL NO AL NOT DEPARTMENT AND ALL AND	
	Minimum asset amount for prior year (from Section R, line 8, Column A)	3	(2) The Design of the set of the state of the State of the State of the State of the set of the set of the State of the	
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5	N Vérkő észettéketen menteketészereszeretetetetetetetetetetetetetetetetetete	an a
	Distributable Amount, Subtract line 5 from line 4, unless subject to	ana a a a a a a a a a a a a a a a a a a	e "na 14") e a de a chairte da da construcció discono Mindersona e marco a dessa amplianya populary	
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2019

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Section D - Distributions       Current Yes         1 Amounts paid to supported organizations to accomplish exempt purposes       2         2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity       3         3 Administrative expenses paid to accomplish exempt purposes of supported organizations       4         4 Amounts paid to acquire exempt use assets       5         5 Oueified set aside amounts (prior IRS approval required)       6         6 Other distributions (describe in Part VI). See instructions.       7         7 Total annual distributions, Add lines 1 through 6.       6         8 Distributions to attentive supported organization is responsive (provide details in Part VI). See instructions.       6         9 Distributions to 2019 from Section C, line 6       10         10 Line 8 amount divided by line 9 amount       (i)       (ii)         (ii)       (iii)       (iii)         (iii)       (iii)       (iii)		hedule A (from 990 or 990 fiz) 2019 KENTUCKY SHA) art V   Type III Non-Functionally Integrated 50		6 anizations (continued)	1-6036654 Page
Amounts paid to supported organizations to accomplish exempt purposes     Amounts raid to perform activity that electly turbles exempt purposes of supported     corperizations, in exceeds of noom from activity     Administrative expanses paid to accent accent activity     Administrative expanses paid to accent accent activity     Administrative expanses paid to accent accent accent activity     Administrative expanses paid to accent acc	5e				Current Year
2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. <ul> <li>Administrate expenses paid to accurse source from activity</li> <li>Administrate expenses paid to accurse exempt use assets</li> <li>Costing data statutions (accurse exempt use assets)</li> <li>Costing data statutions (accurse)</li> <li>Costing data statutions (accurse)</li> <li>Distributions to attentive supported organizations to which the organization is responsive (accurse)</li> <li>Distributable amount (accurse)</li> <li>Distributable amount (accurse)</li> <li>Distributable amount for 2019 from Section C, line 6</li> <li>Underdistributions</li> <li>Distributable amount for 2019 from Section C, line 6</li> <li>Underdistributions dany for years prior to 2018 (mission asing accurse regimes and cause regulated explain in Part VU. See instructions</li> <li>Excess distributions carryover, it any, to 2018</li> <li>From 2014</li> <li>From 2015</li> <li>From 2015</li> <li>Totat distributions of prior years</li> <li>Applied to underdistributions of prior years</li> <li>Applied to underdistributions of prior years</li> <li>Applied to 10019 data busines of prior years</li> <li>Applied to 2019 data busines of prior y</li></ul>	1	Amounts paid to supported organizations to accomplish ex	empt purposes	nar hennet. Yn ei ei e'n '' eitherent ferske die hen die henne felsen blende beneren en en ei yn ei yn ei yn eg	a com or constant anna School anna an School anna an School
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3       Administrative expanses peid to accumption exempt proposes of supported organizations         4       Amounts paid to acquire exempt use assets         5       Cupitfield set saids exemutins (pion IRES approval required).         6       Citien distributions, (Add Inse 1 through 6.         7       Total annual distributions, Add Inse 1 through 6.         8       Distributions to etherine supports or organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to etherine supports or organization.         9       Distributions to etherine supports or organization.         9       Distributions to etherine supports organization.         9       Distributions to etherine supports organization.         9       Distributions to etherine supports organization.         9       Distribution Allocations (see instructions)         9       Distributions.         9       Distributions.         9       Distributions.         9       Distributions.         10       Distributions.         9       Distributions.         9       Distributions.         9       Distributions.         9       Distributions.         9       Distributions.         9       Distr					
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B       Distributions to attentive supported organizations to which the organization is responsive torxide details in Part VII. See instructions.       Image: Comparison of the organization is responsive torxide details in Part VII. See instructions.         B       Distributable amount (or 2019 from Section C, line 6       (ii)       (iii)         Section E - Distribution Allocations (see instructions)       (i)       Underdistributions       (ii)         1       Distributable amount (or 2019 from Section C, line 6       (iii)       Underdistributions       (iii)         2       Inderdistributions, if any, for years prior to 2019 (reason able oause required explain in Part VI). See instructions       (iii)       Distributable amount (or 2019 from Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reason able oause required explain in Part VI). See instructions       (iii)       Distributable amount (or 2019 from Section C, line 6         2       Underdistributions of prior years       (iii)       (iii)       Distributable amount (or 2019 from Section C, line 6         3       From 2014       (iii)       (iiii)       (iiii)       Distributable (iiiii)         4       From 2015       (iiii)       (iiiiiii)       Distributable (iiiiiiii)       Distributable (iiiiiii)         4       From 2014       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	15.00 <del>0</del>		(5) 2. University of a constraint statement of the second statement of the	nnessets (1) - Esti (1) Nestensischi the Servery Exploration	an ang Karantan.
iprovide details in Part VII. See instructions.       9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount dovided by lere 9 amount       (i)       (ii)         Section E - Distribution Allocations (see Instructions)       (i)       (ii)       (iii)         1       Distribution Allocations (see Instructions)       (i)       (iii)       (iii)         2       Underdistributions.       any, for years prior to 2019 from Section C, line 6       2         2       Underdistributions.       fany, for years prior to 2019 (ressonable cause required explain in Part VI). Sea instructions       2         3       Excess distributions carryover, if any, to 2019       2       2         a From 2014       5       5       5         b. From 2015       5       5       5         c. From 2018       5       5       5         1       Totat of times 3a through e       5       5         a. Applied to underdistributions of prior years       5       5       5         b. Appled to 2019 distributions amount       6       6       5         c. Applied to 2019 distributions of prior years       5       6       6         d. Applied to 2019 from Section ID.       5       6       6       6       6	310.000		the croanization is responsive	namenen er er er en de fan de fan Re	anananan katalah katan dari bertan kenalah katalah Katalah Katalah Katalah Katalah Katalah Katalah Katalah Kata
9       Distributable amount for 2018 from Section C, line 6         10       Line 6 amount divided by line 9 aneurol         61       (ii)         Section E - Distribution Allocations (see Instructions)       (i)         1       Distributions amount for 2019 from Section C, line 6         2       Underdistributions         3       Distributions fary, for years prior to 2019 (reson         3       Distributions fary, for years prior to 2019 (reson         3       Excess distributions         3       Excess distributions         4       From 2014         5       From 2017         6       From 2018         1       Total of loss 3s through e         1       Applied to underdistributions of prior years         2       Applied to underdistributions for years         3	-		n in Serrangeren og i redereren i	-	
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Section E - Distribution Allocations (see Instructions)     Excess Distributions     Underdistributions Pre-2019     Distributable Amount for 201       1     Distributable amount for 2019 from Section C, Ime 6		The operation of add by high 2 buildenin	/21	6115	ALIIY
2       Underdistributions: if any, for years prior to 2019 (reasonable cause required explain in Part VI). Sea instructions         3       Excess distributions carryover, if any, to 2019         a       From 2014         b       From 2015         c       From 2016         d       From 2017         e       From 2017         e       From 2018         1       Total of lines 3a through e         p       Applied to underdistributions of pror years         h       Applied to 2019 distributies amount         1       Carnover from 2014 not applied (see Instructions)         j       Bernelicer: Site of prior years         h       Applied to 2019 distributies ag. 3h, and \$ from 31         4       Databutions for 2019 from Section D.         inee 7:       \$         a       Applied to 2019 from Section D.         inee 7:       \$         a       Applied to 2019 distributions of prior years         b       Applied to 2019 distributions of prior years         b       Applied to underdistributions of prior years         b       Applied to 2019 from Section D.         inee 7:       \$         a       Applied to 2019 distributions for years         b       Applied	Sec	tion E - Distribution Allocations (see Instructions)		Underdistributions	Distributable Amount for 2019
able cause required explain in Part VD. Sea instructions       3     Excess distributions carryover, if any, to 2019       a     From 2014       b     From 2015       c     From 2016       d     From 2017       e     From 2018       1     Total of lines 3a through e       p     Applied to underdistributions of prior years       h     Applied to addistributions of prior years       h     Applied to addistributions of prior years       h     Applied to 2019 distributeble amount       i     Carryover from 2014 not applied (see instructions)       j     Bemainder. Subtract lines 3g, 3h, and 3i from 31       4     Datributions for 2019 from Section D.       ine 7:     \$       a     Applied to 2019 distributions of prior years       b     Applied to 2019 distributions of prior years       c     Bemainder. Subtract lines 3g, 3h, and 3i from 31       4     Datributions for 2019 from Section D.       ine 7:     \$       a     Applied to 2019 distributions of prior years       b     Applied to 2019 from Section D.       ine 7:     \$       a     Applied to 2019 from Section D.       ine 7:     \$       c     Remaining underdistributions for years prior to 2019.4       any     Subtract l	in the second second	Distributable amount for 2019 from Section C, line 6			
3       Excess distributions carryover, if any, to 2019         a       From 2014         b       From 2015         c       From 2016         d       From 2017         e       From 2018         1       Total of lines 3a through e         p       Applied to underdistributions of prior years         h       Applied to 2019 distributable emount         i       Carryover from 2014 not applied (see Instructions)         j       Bemainder, Subtract lines 3g, 3h, and 3 from 31         4       Distributions for 2019 from Section D.         ince 7:       \$         a       Applied to underdistributions of prior years         b       Applied to underdistributions of prior years         c       Bernainder, Subtract lines 3g, 3h, and 3 from 31         4       Distributions for 2019 from Section D.         ince 7:       \$         a       Applied to underdistributions of prior years         b       Applied to 2019 distributable emount         c       Bernainder, Subtract lines 4a and 4b from 4         f       Remaining underdistributions for 2019, A         any Subtract lines 3g and 4a from line 2. For result greater         trian tero, explain in Part VI. See instructions.         6	2	Underdistributions, if any, for years prior to 2019 (reason-		And	
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Schedule A (Form 990 or 990-EZ) 2019

845527 64-25-19

Part VI	(Form 990 or 990 EZ) 2019 KENTUCKY SHAKESPEARE, INC. 61-6036654 Supplemental Information. Provide the explanations required by Parl 8, lise 10; Part II, line 17a or 17b; Part III, line 12; Parl 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 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 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.)
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Whited Ison The representation and a state	
674 08-26-10	Schedule A (Form 990 or 990-EZ)

#### or 990-PF) Descriment of the Triacery Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gowForm990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

KENTUCKY	SHAR	ESPEA	RE.	INC.
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Organization	type (check	one): –
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Filers of:	Sector:
Form 990 or 990 EZ	X 501(c) 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 890-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt chantable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is ocvered by the General Rule or a Special Rule. Note: Only a section 5D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.

#### General Rule

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

#### **Special Rules**

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-E2 that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-E2), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-E2, line 1. Complete Parts Land II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chartable, scientific, literary, or educational purposes, or for the prevention of crusity to children or animals. Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ or 990-PF

Schedule 8 (Form 990, 990-EZ, or 890-PF) (2019)

Name of organization

Employer identification number

61-6036654

# KENTUCKY SHAKESPEARE, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Totsi contributions	Type of contribution
3° ∼		\$ <u>128,687.</u>	Person X. Payrell Noncash (Complete Part II for noncash contributions )
(8)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Tatal contributions	Type of contribution
		<u> </u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(a)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>25,000.</u>	Person X Payrall Noncash (Camplete Part II for soncesh contributions.)
(p)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$27 <u>,538.</u>	Person X Payroli Noncesh (Complete Part II for noncesh contributions.)
(8)	(b)	(c)	(d)
No.	Name, eddress, and ZIP + 4	Total contributions	Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6 023482 12-08-40			Person X Payroli Noncash Complete Part II (or rencash contributions.)

Schedule E (Form 890, 990-EZ, or 890-PF) (2019)

Name of organization

Employer identification number

61-6036654

#### KENTUCKY SHAKESPEARE, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
**************************************		s <u>22,900.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s <u>22,000</u> .	Person X Payroll Noncash C (Complete Part II for noncash contributions.)
(#)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 9		<u>ε 25,000.</u>	Person X Payroli Noncash Omplete Part II for noncash contributions }
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1.0		s <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
[8]	(5)	(o)	(d)
10.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		s <u>45,630.</u>	Person X Payroll Noncash (Complete Part I) for concash contributions.)
a)	(b)	(c)	(ơ)
k).	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$ 77,600.	Person X Payrell Noncash (Complete Part II for noncash contributions.)

23

2019.05060 KENTUCKY SHAKESPEARE, INC. 697301\_1

Employer identification number

#### KENTUCKY SHAKESPEARE, INC.

61-6036654

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(8) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		s <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions )
(0) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d; Type of contribution
			Person Payroll Noncash Oconcash (Complete Part II for noncash contributions.)
(a) No.	(b) Nama, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Š	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		••••• •• •• ••	Person Payrell Noncesh (Complete Part II for noncesh contributions.)
(a) No.	(b) Name, address, and Z# <sup>2</sup> + 4	(c) Total contributions	(d) Type of contribution
N I T 100 Adver		<b>S</b>	Pérson Payroll Noncash (Complete Part II for noncash contributions.)
(ə) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II for Pencash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

24

623452 11-0B-18

Name of organization

Employer identification number

61-6036654

#### KENTUCKY SHAKESPEARE, INC.

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

(e) No. from Pert I	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	RENTAL SPACE		
		\$ <u>17,832.</u>	08/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(8) No. from Part i	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. Irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. ram 'ar1 l	(b) Description of noncesh property given	(C) FMV (or estimate) (See instructions )	(d) Date received
NUMBER OF A DESCRIPTION			
(8) No. Irom Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Dete received
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25 2019.05060 KENTUCKY SHAKESPEARE, INC. 697301\_1

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<u>KENTUC</u> Part III	KY SHAKESPEARE, INC.	and the second	61-6036654
1 GAN 6 1988			i section 501(c)(7), (8), or (10) that total more than \$1,000 for the antry. For organizations
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Part	(o) Liebošt () (liif	(c) Use of gift	(d) Description of how gift is held
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2019.05060 KENTUCKY SHAKESPEARE, INC. 697301\_1

Department of the Treasury Internal Revenue Service	Part IV, line 6, 7, 8, 9,	ntal Financial Statemen organization answered "Yes" on Form 9 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or Attach to Form 990. m990 for instructions and the latest info	90, 12b.	2( Open	to Public ection
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<ul> <li>5 Does the organization haviolations, and enforcem</li> <li>6 Staff and volunteer hour</li> <li>7 Amount of expenses inc</li> <li>8 Does each conservation and section 170(h)(4)(5)(</li> <li>9 In Part XIII, describe how balance sheet, and inclu organization's accountin</li> <li>Part XIII Organization</li> <li>Part III Organization electe of art, historical treasures service, provide in Part X</li> <li>b If the organization electe art, historical treasures service, provide in Part X</li> <li>b If the organization electe art, historical treasures, or provide the following arm (i) Revenue included on fii) Accost included in Fe</li> <li>2 If the organization receive the following amounts re- a Revenue included on Formation Part</li> </ul>	ave a written policy regarding the p nent of the conservation easemants is devoted to monitoring, inspecting, burred in monitoring, inspecting, has been assessed to monitoring, inspecting, has been assessed to monitoring, inspecting, has been assessed to be applicable, the text of the foo- ganization reports conserva- ide, if applicable, the text of the foo- ing for conservation easements. <b>S Maintaining Collections</b> is ganization answered "Yes" on For- red, as permitted under FASB ASC 9 is, or other similar assets held for public for other similar assets held for public ounts relating to these items: in Form 980, Part Vill, line 1 oum 990 Part X ed or held works of art, historical tr iquired to be reported under FASB rm 990, Part Vill, line 1	eriodic monitoring, inspection, handling of a it holds? g. handling of violations, and enforcing conserv- ove satisfy the requirements of section 17 ation easements in its revenue and expension into the organization's financial stater of Art, Historical Treasures, or C m 980, Part IV, line 8 259, not to report in its revenue statement ublic exhibition, education, or research in the 158, to report in its revenue statement is exhibition, education, or research in the 158, to report in its revenue statement and 158, to report in its revenue statement and 159, as report in its revenue statement and 150, 950 relating to these items:	nservation easement (ation easement) (a)(4)(8)(4) (a)(4)(8)(4) (a)(4)(8)(4) (a)(4)(8)(4) (a)(4)(6)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)	ements during the yea Its	9 y9691
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<ul> <li>5 Does the organization havialations, and enforcem</li> <li>6 Staff and volunteer hour</li> <li>7 Amount of expenses inc</li> <li>8</li> <li>9 Does each conservation and section 170(h)(4)(5)(</li> <li>9 In Part XIII, describe how balance sheet, and inclu organization's accountin</li> <li>Part XIII Organization</li> <li>Part III Organization electe of art, historical treasures cervice, provide in Part X</li> <li>b If the organization electe of art, historical treasures or vice, provide in Part X</li> <li>b If the organization electe art, historical treasures, or provide the following amounts reasures received included on feel</li> <li>c If the organization receive the following amounts reasures included on feel</li> <li>b Assets included in Form</li> </ul>	ave a written policy regarding the p nent of the conservation easemants is devoted to monitoring, inspecting, burred in monitoring, inspecting, has been assessed to monitoring, inspecting, has been assessed to monitoring, inspecting, has been assessed to be applicable, the text of the foo- ganization reports conserva- ide, if applicable, the text of the foo- ing for conservation easements. <b>S Maintaining Collections</b> is ganization answered "Yes" on For- red, as permitted under FASB ASC 9 is, or other similar assets held for public for other similar assets held for public ounts relating to these items: in Form 980, Part Vill, line 1 oum 990 Part X ed or held works of art, historical tr iquired to be reported under FASB rm 990, Part Vill, line 1	eriodic monitoring, inspection, handling of a tholds? g, handling of violations, and enforcing conserv- ove satisfy the requirements of section 17 ation easements in its revenue and expension extends to the organization's financial stater of Art, Historical Treasures, or C m 990, Part IV, line 8 369, not to report in its revenue statement ublic exhibition, education, or research in t ancial statements that describes these ite 168, to report in its revenue statement ancial statements that describes these ite 169, to report in its revenue statement and 169 arbitition, education, or research in tur 160 exhibition, education, or research in tur 160 exhibition, education, or research in tur 160 exhibition, education, or research in tur	nservation easemen (ation easemen (0(h)(4)(B)(4) (at statement a ments that doe <b>Other Simil</b> and balance s <b>balance shee</b> therance of put (balance shee therance of put (balance shee (balance shee (balance shee) (balance shee (balance shee) (balance shee) (bala	ements during the yea Its	

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	Part III   Organizations Maintaining	KY SHAKESP	EARE	INC.				<u>61-6</u>	0366	54	Pag
£		Conections of	Art, 11150	orical II	reasures, o	r Oth	er Simil	er As:	iots <sub>ico</sub>	ntinure	sc)
	3 Using the organization's acquisition, access collection items (check all that apply):	asion, and onservedo	ids, check	any of the	I following that	mako	significent	use of i	ts.		
	a Public exhibition		. <b>.</b>								
	b Scholarly research		d []	080 OF exc	shango progra	18					
			• [] 0	ther	and the second		and the second	an a tha an		62.3425° 147.	
د	- manual the second second and the data is a										
	Provide a description of the organization's	collections and expa	sin how the	y fuither i	he organizatio	n's exe	mpt purpo	se in Pi	ort XIII.		
ł	and the second second second we we were the second s	of receive donations	i of ant, hist	orical trea	sures, or othe	r elmita	r assots				
C	to be sold to raise funds rather than to be r	vaintained as part of	the organi	zation's co	alaction?		ورمورا وسنعشط فرقات		Yes	[	. Currona
	art IV Escrow and Custodial Arra reported an amount on Form 990, P	ngements, Como	lete if the o	rganizatio	n answored *\	(es. ou	Form 990	, Pæt IV	(, line 9,	or	
1	a is the organization on agent, busine, custo		diary for co	otribution	s or offner ass	ere nos	nråided		on Maintainean an Anna Anna Anna Anna Anna Anna An	-0996-09 <u>2544-05-</u> 0096-000	
	on Form 990, Part X7							Г	Yes	r	
	If "Yes," explain the arrangement in Part XII	and complete the M	Nowing tab	Na <sup>.</sup>	1 1 1 1 1 1 1 1 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1	88 0 <b>9</b> 08 8 8 8 8 8 8	tirit va a ann	, ,,,,, <b>b</b> aya		Lane	ownerse f
		• • • • • •						i ana-na-anyende	Amou		00000000000000000000000000000000000000
	<ul> <li>Beginning balance</li> <li>Additions during the wave</li> </ul>						10	1936 galanta ang sa	rauan		
(	Lundering and the Arte							CORrelena en en esta esta esta esta esta esta esta esta		ana na nangari pu	-Winejamone
1	Distributions during the year	······································		· ·····························	· · · · · · · · · · · · · · · · · · ·		1e				
1	Ending balance	3 J. A. Martine and K. A.		· · · · · · · · · · · · · · · · · · ·	eneren en en en en en en		11			alater and project (in the sec	(Sameran providence)
24	Did the organization include an amount on F	orm 990, Part X, Ine	21 for ner	100 05 0U	and the second of the second of the second	ni limin 200	- <u>L</u> .	T	1.	1	
	If "Yes," explain the arrangement in Part Xall	. Check here if the av	misnation I	ne hoon	ana idad an B			E	! Yes		4'
Pŧ	rt V Endowment Funds. Complete	I the organization an	ISWRIAD *Y	se" on Fou	m 990 Pert R	i line 1	<u></u>	teres to a constrained on the	<u></u>		
		(a) Current year	(b) Price	vear T	(c) Thoyeast	rank f	u. "ik Three sie			n or nor row i s	State Challenge and Sal
18	Beginning of year balance		10/11/0	Y HAI	ICT INV JED SI		op i oree yo:	ars odok	(e) rot	14 74558	<u>s ba</u>
	Contributions		~~://mtcliner/wt/kine//macroimaccia.com	Andrew C.C. Constanting and			delamatica esta esta esta esta esta esta esta est				in consistent
C	Net investment cannings, gains, and losses			tion and the second		987 - 1	- Service Control of Co	997197 <u>1-)iconaenaenae</u> n	•		1995 Madria
đ	Grants or scholarships			in the second	<b>551255429</b> 1252222224999999999999999999999999999999	· · · · · · · · · · · · · · · · · · ·		19-25 constant according		and the second second	estera i processo
e	Other expenditures for facilities	and an and a second		and the second			and the second	·····			Annone ann an Annorma
	and programs										
ŧ	Administrative expenses						••••••••••••••••••••••••••••••••••••••	1999 - Carlos Companya ang			
9	End of year balance				· · · · · · · · · · · · · · · · · · ·						Noncentrations
2	Provide the estimated percentage of the curr	L.				11 so destalarism			<b>1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.</b>	an a	S-Sections
A	Board designated or quasi endowment	aen Ansi, aust Diffició		വസ്ഥ (ജ്))	neki as						
ь			<b>.</b> *								
n											
	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages of the percentages	-									
4											
	Are there endowment functs not in the posses by:	esion of the brganiza	lion that an	e heid end	l administered	for the	organizati	on		-765/Gauterana	¢
	(i) Unrelated organizations									Yes	No
			ni i i s k ka		NAMES OF STREETS		·· 81 8-145.461.66		3a(i)		
	(ii) Related organizations	а в в вологи в во			e de la composición de	- <b>4</b> 4.24-114-11			38(11)		
2	If "Yes" on the 3a(i), are the related organizat	ions listed as require	d on Schad	iulio 197	en en en avere de		7	· · · # #6.2 · 7.2	30		
5 P	Describe in Part XIII the intended uses of the e t VI   Land, Buildings, and Equipme	arganization's endow	ment fund	k.							bookaanaataa
8 F											
	Complete if the organization answered			11a. See	Form 990, Pa	n X, lìn	a 10.				
	Description of property	(a) Cost or oth basis (investme	8 T	) Cost or basis (off	· · ·	ĸ	anulated	(	<b>d)</b> Book	i value	8
	Land	and the part of the second state of the second	en 11 kg	antarate (E114)	11776 <b>/</b>	aebi8	ciation	and the second second	interpolationenadesecod		abovie 127. 1
	Buildings			anna company contra a contra contr	1994 - Carlos Ca	Names provide the second second		www.ene			
*	Leasehold improvements			1 -							Mosauros
3	na na nasina ang gibari bali bili bili balibi bata baga pina pina pina na n				,357.		9,404			9:	
	Fautoment			1. M. M.	****					-	
j	Equipment			282	422.	15	0,583	<u>.</u>	131	.,8.	17,

Schedule D (Form 990) 2019

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

(a) Description of security or calegory incluans name of security	(b) Book value	(c) Method of valuation: Cost or and of year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
<u>(6)</u>		
(C)		and a statistic sources of the statistic sources and the statistic sources of the statistic sour
<u>(f)</u>		
<u> </u>		
<u>(C)</u>		
<u>(F1)</u>		
Total, (Col. (b) must doual Form 990, Part X, col. (6) 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
11		
<u></u>	n af fan am se fan af fal angen af hel falf an sea sy sy se an ar sy ster a sea an ar a sea an ar a s	
	n a na an	
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Tetră, (Col. (b) must equal Form 990, Part X, est. (8) âne 13.) 🕨 🛛	1	

#### Part IX Other Assets.

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

(a) Description	(b) Rook value
	n en
	$A_{\rm eff}(t) = (A_{\rm eff}(t)) A_{\rm eff}(t) A_{\rm eff}(t) = (A_{\rm eff}(t)) A_{\rm eff}(t) A_{\rm eff}(t) = (A_{\rm eff}(t)) A_{\rm eff}(t) A_{\rm eff}(t) A_{\rm eff}(t) = (A_{\rm eff}(t)) A_{\rm eff}(t) A_{\rm eff}(t) A_{\rm eff}(t) A_{\rm eff}(t) = (A_{\rm eff}(t)) A_{\rm eff}(t) A_{\rm eff}(t)$
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	29 de seu de la presión de la desta de la desta de la presión d

Total, (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 116 or 11f. See Form 990, Part X, line 26.

1.	(a) Description of lisbity	(b) Book value
	) Federal income taxes	
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<b>(</b> 9)		0 <b>7959/000510-</b> 0-045010-044000-04400-0-0-0-0-0-0-0-0-0-0-0-0
- 19	(Column dr) must equal Form 990, Part X, col. (GLine 25.)	
Total,	. (Column (b) must equal Form 990, Part X, col. (6) line 25.)	
	tal Marka al a second de la calega	

Lisbility for uncertain tax positions. In Part Xill, provide the text of the footnote to the organization's financial statements that reports the
organization's flability for uncertain fax positions under FASE ASC 740. Check here if the text of the tootnote has been provided in Part Xill.

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 KENTUCKY SHAKESPEARE, 1	INC.		61-6	036654 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	ntements With	Revenue per	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, If	ne 12a	e, m, e e e substitution fait la construction de la construction de la construction de la construction de la co	<b>T</b>	
<ol> <li>Total revenue, gains, and other support per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12;</li> </ol>	** *** # *********************	4. 100-14.0 - 10-14.4 - 10-25.0 - 21-15.	1	869,808.
	1			
a Not urreatized pains (losses) on investmente		an a 1991 an cha ann an 1866 an an 1866 an an 1866 an ann an 1866 an an 1866 an 1866 an 1866 an 1866 an 1866 a	4	
b Donated services and use of facilities		28,332	4	
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	24	4,129		
A AM 5 .		<pre>224E</pre>	2c	32,461.
3 Subtract line 2e bom line 1		1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	3	837,347.
4 Amounts included on Form 990, Part Vill, Ine 12, but not on line 1:				
a Investment expenses not included on Form 990, Part Vill, line 7b	40	nangani shi mba si she ayadangi kasa shekara		
b Other (Describe in Part XIII.)	46		] [	
c Add lines 4a and 4b		6 /1 X2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	40	Ο.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part 1, ine 12.)			8	837.347.
Part XII Reconciliation of Expenses per Audited Financial St	atements With	1 Expenses per	Return	).
Complete if the organization answered "Yes" on Form 990, Part IV, In	e 12a.			
1 Total expenses and losses per audited financial statements			•	768,285.
2 Amounts included on line 1 but not on Form \$90, Part IX, line 25:		• • • • • • • • • • • • • • • • • • •		and the second
a Donated services and use of facilities	20	28,332.		
b Price year adjustments		and a second		
c Other losses		an a spin contraction and an		
d Other (Describe in Part XIII.)		4,129.		
e Add lines 2a through 2d	Construction of the local division of the lo		20	32,461.
3 Subtract line 2e from line 1			3	735,824.
4 Amounts included on Form 590, Part IX, line 25, but not on ling 1:		NET EL CALL	3	
a Investment expenses not included on Form 990, Part Vill, line 7b	40			
b Other (Describe in Part XIII.)	Contraction of the second s	anga ang ang ang ang ang ang ang ang ang		
c Add lines 4a and 4b				^
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	1	1 E VE KINA KA	46	735.824.
Part XIII Supplemental Information.	<b>le de la constante de la const</b>	2. 2 (b. 192) 6. 1920 19 200 - 1970 1	6	135,844.

Provide the descriptions required for Part II, fines 3, 5, and 9; Part III, inos 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 XX, fines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE	ORG	IANI 7	ATIO	<u>N IS</u>	EXE	MPT	FROM	FEDER	lal,	STATE	AND	LOCAL	INCOME	TAX	es as	A
NOT	-FOR	-PRC	FIT	ORGAI	NIZA	TION	AS	DESCRI	BED	UNDER	SEC	TION 5	01(C)(3	) OF	THE	
int	ERNA	L RE	VENŲ	E COI	DE.	THE	ORG	ANIZAT	NOI	FILES	AN	INFORM	ATIONAL	TAX	RETUR	<u>RN</u>
IN	THE	<u></u>	FED	BRAL	JUR	ISDI	CTIO	N. HOW	EVER	, INCO	)me	FROM C	ERTAIN	ACTIV	TIES	3
NOT	DIR	ecti	YRB	LATEI	<u>) TO</u>	THE	ORGI	NIZAT	'ION'	S TAX	EXE	MPT PU	RPOSE M	AY BI	ç.	
SUB	JECT	то	TAXA	TION	AS I	UNRE	LATEI		NESS	TNCON	7定。					100,000 C

AS OF AUGUST 31, 2020 AND 2019, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

10-05-10 M

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PART XII AND XIII, LIN	<u>E 2D:</u>		aan kun too too too too too too too too too to	маланаричнаадалдалага соороосоо соороосоо соороосоо соороодаадар о	dagen de segun en en el el productor de la comercia de la garagita y comercia y s
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SCHEDULE G	Suppleme	ntal Information Regard	ding Fu	ndra	ising or Gaming	Actin	vities	OMB No. 1545-004
(Form 990 or 990-EZ)	Complete if the or	organization answered "Yes ganization entered more that	sn <b>8</b> 16,000	) on F	orm 990-EZ, line 6a	, or 19, N	or if the	2019
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	KENTUCKY	SHAKESPEARE,	INC.			-	61-603	6654
Part I Fundraisi	ng Activities.	Complete if the organization a	nswered *	Yes* (	on Form 990, Part IV,	, line 17	'. Form 990 (	7 filers are not
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		(event tγpe⊱	(event type)	(tötäl sumber)	and the second s
	Gross receipts	19,210			19,21
2	Less: Contributions	8,557			8,55
3	Gross income (line 1 minus line 2)	10,653			10,65
4	Cash prizes				
5	Noncash prizes				
6	Fient/facility costs	99999-99999999999999999999999999999999	na na mananang pang pang pang pang pang pang pa	over «	т. т.т. — так р.—Манина
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	Food and beverages	11,683,			11,68
6	Enterteerment	1,850.	an a	No	1,85
9	Other direct expenses	2.279.			2.27
10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I			Þ	<u>15,81</u> -5,15
377	III Gaming. Complete if the organization \$16,000 on Form \$90 EZ, line 6s.	answered 'Yes' on Forn	n 990, Part IV, line 19, or	reported more than	
	onandenskonden anden af herden for anden en en forskonden († 1947) af der sich sich forste forste sich sich and	(a) Bingo	(b) Pull tabs/ristant bingo/progressive bingo	(c) Other gening	(d) Total gaming (a col. (a) through col.
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5	Other direct expenses	and the second state of th			
6	Volunteer labor	L Yes %	Laura Yes % No	Yes%	
7	Direct expense summary. Add lines 2 through	s 5 in column (d)		•	
â	Net gaming income summary. Subtract line 7	trom line 1. column (c)			
				ak 2011 bit 2.2	
	er the state(s) in which the organization condu- le organization licensed to conduct gaming ac			<b>za za stani na stani Na stani na s</b>	Yes
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If "N		Million participante and a second			
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g and a star	a sour of the extension in exempt	unkod n <i>enondod</i> orte	eminuted during the tay	in the set	
Wer	e any of the organization's gaming licenses re- es " explain				Ves C

12	edule 6 (Form 980 or 990 EZ) 2019 KENTUCKY SHAKESPEARE, INC. 61-	the second se
	Does the organization conduct gaming activities with normembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other printy formed	L Yes L
	to administer charitable gaming? Indicate the percentage of participant in a manufacture of a partnership of other priory formed	
	and the second	
ដ	The organization's facility	
		109
\$4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130
	and the second	
15a (	Address	
	I "Yes," enter the amount of gaming revenue received by the organization I \$ and the amount of gaming revenue received by the organization.	he uncern B T \$65\$4
c	If gaming revenue retained by the third party > 5 and the amount	
G	"Yes," enlor name and address of the third party:	
N	ame 🕨	
<b>16</b> G	eming manager information:	and and the second second second second second second
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. I.	Director/officer	
17 Ma	mdatory distributions:	
	he organization required under state law to make chartable distributions from the domino proceeds to	
a ist rei <i>i</i>	he organization required under state law to make charitable distributions from the gaming proceeds to ain the state gaming license?	
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Schedule G Form 990 or 990 EZI KEN	h (continued)	61-6036654 P
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(Rov. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Reviewan Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8866 to request a 6-month automatic extension of time to file any of the forms isted below with the exception of Form 8870, information Return for Transfers Associated With Cartain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charitles-ead-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to the an income tax return other than Form 990-T §neluding 1120-C flers), partnerships. REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре от	Name of exempt organization or other filer, see instructions. Taxpayer identification number				er (TIN)		
print	KENTUCKY SHAKESPEARE, INC.				61-603665	А	
File by the day vote for	Number, street, and room or suite no. If a P.O. box, see instructions. 323 W. BROADWAY, NO. 401						
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#### **RESTATED ARTICLES OF INCORPORATION**

OF

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

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

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

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

#### ARTICLE I

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

#### <u>ARTICLE II</u>

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

#### ARTICLE III

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

#### ARTICLE IV

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

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

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

#### <u>ARTICLE V</u>

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

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

#### **ARTICLE VI**

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

#### ARTICLE VII

No Director of the corporation shall be liable for monetary damages for breach of his or her duty as a Director except in the manner provided under KRS 273.248. The above Restated Articles of Incorporation were adopted by resolution of the Board of Directors and submitted to a vote of the Directors at a special meeting. A written notice of which setting forth the proposed amendments was given to the Directors and that the above amendments were approved by a majority of the membership.

### ARTICLE VIII

The corporation shall be governed by its By-laws.

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

Form	W-	-9	
(Rev. C	ctober 2	2018)	
Departn	nent of th	e Treasury Service	,
Internal	Revenue	Service	

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

	<ol> <li>Name (as shown on your income tax return). Name is required on this line;</li> <li>Kentucky Shakespeare, Inc.</li> </ol>	do not leave this line blank.			
ë	2 Business name/disregarded entity name, if different from above			-	· · · · · · · · · · · · · · · · · · ·
	3 Check appropriate box for federal tax classification of the person whose n	of the	4 Exemptions (codes apply only to		
on page	following seven boxes.	_	_		certain entities, not individuals; see instructions on page 3):
Print or type. Specific Instructions or	Individual/sole proprietor or LL C Corporation LL S Corporate single-member LLC	on 🗋 Partnership	Trust/e	estate	Exempt payee code (if any)
	United liability company. Enter the tax classification (C=C corporation, Note: Check the appropriate box in the line above for the tax classificat		-	check	Evennetten from CATOA van antier
	LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	from the owner unless the c purposes. Otherwise, a sing	wner of the l ple-member L	LLC is	Exemption from FATCA reporting code (if any)
ecil	✓ Other (see Instructions) ► 501c3 not-for-profit	charitable organizatior	า		(Applies to accounts maintained outside the U.S.)
ŝ	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's	s name an	id address (optional)
See	323 W. Broadway, Suite 401				
••	6 City, state, and ZiP code				
	Louisville, KY 40202				
	7 List account number(s) here (optional)		<b></b>	,	
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backu	rour TIN in the appropriate box. The TIN provided must match the na o withholding. For individuals, this is generally your social security nu nt alien, sole proprietor, or disregarded entity, see the instructions for	mber (SSN). However, fo	bra 00		rity number
	s, it is your employer identification number (EIN). If you do not have a		ta		
Note:	f the account is in more than one name, see the instructions for line	1. Also see What Name a			lentification number
Numbe	er To Give the Requester for guidelines on whose number to enter.		6	1 -	6 0 3 6 6 5 4
Part	II Certification			II	
Under	penalties of perjury, I certify that:				
2. I am Serv	number shown on this form is my correct taxpayer identification nurr not subject to backup withholding because: (a) I am exempt from ba ice (IRS) that I am subject to backup withholding as a result of a failu inger subject to backup withholding; and	ckup withholding, or (b)	I have not b	been not	ified by the internal Revenue
3. I am	a U.S. citizen or other U.S. person (defined below); and				
	FATCA code(s) entered on this form (if any) indicating that I am exem				
you hav acquist	ation instructions. You must cross out item 2 above if you have been n e failed to report all interest and dividends on your tax return. For real es ion or abandonment of secured property, cancellation of debt, contribut an interest and dividends, you are not required to sign the certification, I	itate transactions, item 2 ions to an individual retire	does not ap ment arrand	ply. For r	nortgage interest paid, RA), and generally, payments
Sign Here	Signature of U.S. person ▶ N=H	D	<sub>ate</sub> ⊳ 3	.8.21	
	eral Instructions	Form 1099-DIV (divi funds)	idends, incl	luding th	ose from stocks or mutual
Section noted.	references are to the Internal Revenue Code unless otherwise		arlous type	s of Inco	me, prizes, awards, or gross

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.

#### **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 (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)

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

allen), 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.

Cat. No. 10231X

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

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

An individual who is a U.S. citizen or U.S. resident alien;

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

An estate (other than a foreign estate); or

• A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

 $\ensuremath{\mathsf{5}}$  . Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

#### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

#### What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

#### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

#### Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## **Specific Instructions**

#### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)	THEN check the box for				
Corporation	Corporation				
<ul> <li>Individual</li> <li>Sole proprietorship, or</li> <li>Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.</li> </ul>	Individual/sole proprietor or single- member LLC				
<ul> <li>LLC treated as a partnership for U.S. federal tax purposes,</li> <li>LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or</li> <li>LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</li> </ul>	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)				
Partnership	Partnership				
Trust/estate	Trust/estate				

#### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

 Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2-The United States or any of its agencies or instrumentalities

3-A state, the District of Columbia, a U.S. commonwealth or

possession, or any of their political subdivisions or instrumentalities 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

#### 5-A corporation

6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

 $7\!-\!A$  futures commission merchant registered with the Commodity Futures Trading Commission

8-A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10-A common trust fund operated by a bank under section 584(a)

11-A financial institution

 $12\mbox{--}A$  middleman known in the investment community as a nominee or custodian

13-A trust exempt from tax under section 664 or described in section 4947  $% \left( 1-\frac{1}{2}\right) =0$ 

#### Form W-9 (Rev. 10-2018)

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for				
Interest and dividend payments	All exempt payees except for 7				
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.				
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4				
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>				
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4				

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D-A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F-A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

#### Line 6

Enter your city, state, and ZIP code.

#### Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov.* You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

#### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:				
1. Individual	The individual				
<ol> <li>Two or more individuals (joint account) other than an account maintained by an FFI</li> </ol>	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>				
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account				
<ol> <li>Custodial account of a minor (Uniform Gift to Minors Act)</li> </ol>	The minor <sup>2</sup>				
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>				
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>				
<ol> <li>Sole proprietorship or disregarded entity owned by an individual</li> </ol>	The owner <sup>3</sup>				
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor*				
For this type of account:	Give name and EIN of:				
<ol> <li>Disregarded entity not owned by an individual</li> </ol>	The owner				
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>				
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation				
<ol> <li>Association, club, religious, charitable, educational, or other tax- exempt organization</li> </ol>	The organization				
12. Partnership or multi-member LLC	The partnership				
13. A broker or registered nominee	The broker or nominee				

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
<ol> <li>Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))</li> </ol>	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk: • Protect your SSN, • Ensure your employer is protecting your SSN, and • Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft. The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.ldentityTheft.gov* and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

#### **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# FINANCIAL STATEMENTS

Years Ended August 31, 2020 and 2019

## **Table of Contents**

	Page
Independent Auditors' Report	1 and 2
Financial Statements	
Statements of financial position	3
Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7-17

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# Independent Auditors' Report

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

We have audited the accompanying financial statements of Kentucky Shakespeare, Inc. (a notfor-profit organization), which comprise the statements of financial position as of August 31, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

#### Auditors' Responsibility

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

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

301 E. Elm Street New Albany, Indiana 47150 T: 812.945.5236 F: 812.949.4095

9300 Shelbyville Road Suite 1100 Louisville, Kentucky 40222 T: 502.426.9660 F: 502.425.0883

1

131 E. Chestnut Street Corydon, Indiana 47112 T: 812.738.3516 F: 812.738.3519

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

#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kentucky Shakespeare, Inc. as of August 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Dening, Malone, Lunary & Octroff

Louisville, Kentucky January 28, 2021

## STATEMENTS OF FINANCIAL POSITION

August 31, 2020 and 2019

Assets	2020	2019
Current Assets		
Cash and cash equivalents	\$ 224,809	\$ 38,237
Grants receivable	176,562	218,664
Other receivables	1,009	2,782
Prepaid expenses	28,840	916
Total current assets	431,220	260,599
Property and Equipment		
Leasehold improvements	473,357	473,357
Vehicles	59,986	41,497
Furniture, fixtures and equipment	222,436	218,892
	755,779	733,746
Less accumulated depreciation	469,987	433,120
	285,792	300,626
Total assets	<u>\$ 717,012</u>	<u>\$ 561,225</u>

Liabilities and Net Assets	2020	2019
Current Liabilities		
Accounts payable		\$ 110,209
Accrued expenses	\$ 107,670	127,119
Deferred revenue	27,378	3,456
Current maturities of notes payable	5,480	
Total current liabilities	140,528	240,784
Long-Term Liabilities		
Notes payable, less current maturities	154,520	
Total liabilities	295,048	240,784
Net Assets		
Without donor restrictions	218,736	125,045
With donor restrictions	203,228	195,396
Total net assets	421,964	320,441
Total liabilities and net assets	<u>\$ 717,012</u>	\$ 561,225

## STATEMENTS OF ACTIVITIES

Years Ended August 31, 2020 and 2019

	2020					
	Wit	Without Donor		ith Donor		
	Re	estrictions	Re	Restrictions		Total
Revenues and Other Support						
Grants	\$	115,862	\$	339,645	\$	455,507
Contributions		185,360		25,100		210,460
Small Business Administration grant		67,600		-		67,600
Gifts in-kind		33,332				33,332
Education programs		66,602				66,602
Productions		23,095				23,095
Special events (net of cost of direct benefits to						
donors of \$11,683 in 2020 and \$14,015 in 2019)		8,557				8,557
Loss on disposal of property and equipment						
Other income	<u> </u>	4,655				4,655
		505,063		364,745		869,808
Net assets released from restrictions		356,913	<u> </u>	(356,913)		
Total revenues and other support		861,976	<u></u>	7,832		869,808
Expenses						
Program services		559,614				559,614
Management and general		141,973				141,973
Fund-raising	<b>Barrows</b>	66,698		······		66,698
Total expenses		768,285				768,285
Net increase in total net assets		93,691		7,832		101,523
Net assets, beginning of year		125,045		195,396		320,441
Net assets, end of year	<u>\$</u>	218,736	\$	203,228	\$	421,964

			2019			
W	ithout Donor	W	ith Donor			
F	Restrictions	Re	estrictions	Total		
\$	\$ 95,015		395,831	\$ 490,846		
	213,602		27,318	240,920		
	38,832			38,832		
	300,590			300,590		
	90,467			90,467		
	6,536			6,536		
	(1,250)			(1,250)		
	4,462			4,462		
748,254			423,149	1,171,403		
<u> </u>	414,251		(414,251)			
	1,162,505		8,898	1,171,403		
	846,090			846,090		
	135,260			135,260		
	67,175			67,175		
	1,048,525			1,048,525		
	113,980		8,898	122,878		
	11,065		186,498	197,563		
<u>\$ 125,045</u>		<u>\$</u>	195,396	<u>\$ 320,441</u>		

## STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended August 31, 2020 and 2019

	2020									
					Total					
	Pr	oductions	Education		Program Services	anagement d General		Fund- Raising		Total
Salaries	\$	71,541	\$ 167,395	\$	238,936	\$ 63,505	\$	44,219	\$	346,660
Actors contracts		51,551			51,551					51,551
Education contract labor			48,121		48,121					48,121
Employee benefits		7,269	17,009		24,278	6,453		4,493		35,224
Rent		13,416	15,212		28,628	15,212		225		44,065
Production		32,089			32,089					32,089
Advertising		15,761	5,245		21,006	1,519		6,588		29,113
Payroll taxes		5,513	12,900		18,413	4,894		3,408		26,715
Travel			13,295		13,295	2,340				15,635
Insurance		10,455	2,987		13,442	1,494				14,936
Housing		3,033	9,950		12,983					12,983
Office supplies						7,142		3,528		10,670
Professional fees						10,000				10,000
Bank, credit card, and service fees						9,927				9,927
Equipment rental and expense		854	<del>9</del> 0		944	3,366				4,310
Interest						4,287				4,287
Education			4,190		4,190					4,190
Development								4,129		4,129
Conferences						3,634				3,634
Merchandise and concessions		3,001			3,001					3,001
Dues, subscriptions, taxes, and licenses						2,867				2,867
Miscellaneous						2,535				2,535
Telephone		108	1,625		1,733	 325		108		2,166
Total expenses before depreciation		214,591	298,019		512,610	139,500		66,698		718,808
Depreciation		39,582	7,422		47,004	 2,473		-#		49,477
Total	<u>\$</u>	254,173	<u>\$ 305,441</u>	\$	559,614	\$ 141,973	<u>\$</u>	66,698	<u>\$</u>	768,285

	2019								
			Total						
			Program	Management	Fund-				
<u>P</u>	roductions	Education	Services	and General	Raising	Total			
\$	68,125	\$ 161,454	\$ 229,579	\$ 229,579 \$ 61,059		\$ 332,118			
	186,159		186,159		\$ 41,480	186,159			
		83,717	83,717			83,717			
	6,816	16,153	22,969	6,109	4,150	33,228			
	14,106	15,340	29,446	15,340	225	45,011			
	67,947		67,947			67,947			
	37,990	12,138	50,128	388	3,812	54,328			
	5,802	13,751	19,553	5,200	3,533	28,286			
	222	27,507	27,729	516		28,245			
	23,973	6,849	30,822	3,425		34,247			
	4,806	300	5,106			5,106			
				4,756	8,799	13,555			
				9,074		9,074			
				10,995		10,995			
	18,329	1,343	19,672	3,751		23,423			
				4,283		4,283			
		10,579	10,579			10,579			
					4,941	4,941			
	21,218		21,218			21,218			
				1,948		1,948			
				5,729		5,729			
	234	3,512	3,746	702	235	4,683			
	455,727	352,643	808,370	133,275	67,175	1,008,820			
	31,764	5,956	37,720	1,985		39,705			
<u>\$</u>	487,491	<u>\$ 358,599</u>	<u>\$ 846,090</u>	<u>\$ 135,260</u>	<u>\$ 67,175</u>	\$ 1,048,525			

# STATEMENTS OF CASH FLOWS

Years Ended August 31, 2020 and 2019

	2020	2019
Cash Flows from Operating Activities		
Cash received from grants and contributions	\$ 708,069	\$ 681,550
Cash received from SBA grant	67,600	
Cash received from productions, education and other sources	140,287	416,976
Cash paid to suppliers and employees	(850,454)	(963,983)
Interest paid	(4,287)	(4,283)
Net cash provided by operating activities	61,215	130,260
Cash Flows Used in Investing Activities Expenditures for property and equipment	(34,643)	(101,914)
<b>Cash Flows Provided by Financing Activities</b> Proceeds from SBA notes payable	160,000	
Net increase in cash and cash equivalents	186,572	28,346
Cash and cash equivalents, beginning of year	38,237	9,891
Cash and cash equivalents, end of year	<u>\$ 224,809</u>	\$ 38,237

	2020	2019
Reconciliation of Net Increase in Total Net Assets to		
Net Cash Provided by Operating Activities		
Net increase in total net assets	\$ 101,523	<u>\$ 122,878</u>
Adjustments to reconcile net increase in total net assets		
to net cash provided by operating activities:		
Depreciation	49,477	39,705
Loss on disposal of property and equipment		1,250
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	42,102	(50,216)
Other receivables	1,773	2,357
Prepaid expenses	(27,924)	3,111
Increase (decrease) in:		
Accounts payable	(110,209)	18,186
Accrued expenses	(19,449)	(5,560)
Deferred revenue	23,922	(1,451)
Total adjustments	(40,308)	7,382
Net cash provided by operating activities	<u>\$ 61,215</u>	<u>\$ 130,260</u>

# Supplemental Schedule of Non-Cash Investing Activities

Purchases of property and equipment in accounts payable	3,027
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## NOTES TO FINANCIAL STATEMENTS

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

#### Nature of operations:

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

#### Summary of significant accounting policies:

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

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

The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting. The Organization is required to report information regarding its financial position and activities according to the two classes of net assets – with donor restrictions and without donor restrictions:

Net assets without donor restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net assets with donor restrictions – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

#### Cash and cash equivalents:

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

#### Grants receivable:

The valuation of grants receivable is based upon historical experience and management's evaluation of the current status of receivables. Receivables are considered uncollectible if payment is not received in accordance with the contractual terms. The allowance account is maintained equal to the estimated uncollectible portion of receivables. It is the Organization's policy to charge off uncollectible receivables to the allowance account when management determines they will not be collected. As of August 31, 2020 and 2019, there is no allowance recorded as balances are considered fully collectible.

#### Property, equipment and depreciation:

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

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

#### **Deferred revenue:**

Deferred revenue represents contract liabilities for education programs received in advance for future activities and programs. Contract revenues are reported in the fiscal year in which they are earned.

#### **Revenue recognition:**

#### **Contract revenue:**

The Organization's contract revenues are derived primarily from education programs and activities, and sales of tickets and merchandise. Revenue is recognized at a point in time or over time as the performance obligations are satisfied.

Revenue from education programs is recognized at a point in time as the programs are performed. These programs have set rates depending on the length and the type of program with payments made in advance of the performance. The Organization also receives revenue from educational camps held during summer. Revenue from these camps is recognized over time as instructional services are rendered over a period ranging from 1-5 weeks, depending on the duration of the camp. Camp tuition is recognized using the input method as time has elapsed.

The Organization recognizes revenue from sales of tickets, drinks and merchandise at the point in time the items are provided or the ticketed event occurs satisfying the performance obligation. The transaction price varies based on the item or type of event ticket purchased. Payments are made in advance or at the time of purchase.

Approximately 11% of the Organization's revenues are derived under contracts. For the year ending August 31, 2020, all contract revenue resulted from performance obligations that were satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of contract revenues and cash flows are affected by the economy and general public support.

#### **Contributions and grants:**

Contributions and grants received are measured at their fair values and reported as an increase in net assets in the year in which the related contribution is made. Donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Conditional promises to give are not included as contributions until the conditions are substantially met.

Contributions other than cash are recorded at their fair market value as of the date of the donation. Contributed services must meet the specific expertise requirements and would normally have been purchased before they are recorded.

A portion of the rent expense for the administrative office building was contributed. The in-kind rent is included in the financial statements as gifts in-kind and rent expense of \$17,832 for each of the years ended August 31, 2020 and 2019. The Organization was notified in February 2020 that the administrative office building was sold by its owner. In future years, the Organization does not expect to receive in-kind rent and will be required to obtain new administrative office space.

For the year ended August 31, 2020, in-kind music production services of \$5,000 were recognized for the production of merchandise. For the year ended August 31, 2019, in-kind bartending services of \$5,000 were recognized for productions and in-kind technology services of \$2,000 were received for organizational purposes.

#### Special events:

Special events revenue is recorded equal to the cost of the direct benefit to donors and the related contribution from the donor. Special events are presented net of the costs of direct benefit to donors on the statements of activities.

#### **Functional expenses:**

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is constantly applied. The expenses are allocated on the basis of estimates of time and effort.

#### Advertising:

The Organization's policy is to expense advertising costs as the costs are incurred. Advertising cost for the years ended August 31, 2020 and 2019 was \$29,113 and \$54,328, respectively.

#### Use of estimates:

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

#### Income taxes:

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

As of August 31, 2020 and 2019, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

#### Accounting changes:

In May 2014, the Financial Accounting Standards Board (FASB) issued ASU No. 2014-09, *Revenue from Contracts with Customers*, including all related amendments (Topic 606). These standards establish a new contract and controlbased revenue recognition model, change the basis for deciding when revenue is recognized over time or at a point in time, and expand the disclosures about revenue. The Organization has implemented Topic 606 and has adjusted the presentation in the financial statements accordingly. The adoption of these standards has been applied retrospectively to all periods presented, with no effect on net assets or material change to how the Organization recognizes revenue.

In June 2018, FASB issued ASU 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made.* The standard provides guidance to determine whether transactions are contributions or exchange transactions and whether a contribution is conditional. The Organization has implemented the provisions of ASU 2018-08 under a modified prospective basis. Accordingly, there is no effect on previously reported net assets.

#### Newly issued standards not yet effective:

The Financial Accounting Standards Board has issued accounting standard No. 2016-02, *Leases*, concerning the accounting for leases effective for years beginning after December 15, 2021 and No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, effective for years beginning after June 15, 2021. The Organization is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

#### Subsequent events:

Subsequent events have been evaluated through January 28, 2021, which is the date the financial statements were available to be issued.

#### Note 2. Liquidity

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

	<u>2020</u>	<u>2019</u>
Cash	\$172,693	
Net asset restrictions in excess of cash		\$ (6,369)
Grants receivable	104,812	195,164
Other receivables	1,009	2,782
	<u>\$278,514</u>	<u>\$191,577</u>

The Organization is working to pay off debts, reduce expenses, obtain additional grant funding, and increase education program revenue through expanded programming and outreach. The Organization manages its liquidity and reserves following two guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs. The Organization is monitoring cash flow weekly to meet current cash flow needs, as well as monitoring the budget to ensure expenses are in line with revenues.

#### Note 3. Grants Receivable

Grants receivable are due within one year and consist of the following as of August 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Fund for the Arts	\$ 91,237	\$112,290
National Endowment for the Arts	47,500	40,000
Louisville Metro Government	29,375	15,500
Kentucky Arts Council	8,450	23,493
Churchill Downs		20,000
Kentucky Tourism Arts & Heritage Cabinet		4,381
VSA Kentucky		3,000
Total grants receivable	<u>\$176,562</u>	<u>\$218,664</u>

## Note 4. Changes in Net Assets with Donor Restrictions

Changes in net assets with donor restrictions for the years ended August 31, 2020 and 2019 were as follows:

Restriction	Balance <u>8-31-19</u>	Contributions and Grants	Released from Restrictions	Balance <u>8-31-20</u>
Timing	\$127,290	\$ 91,237	\$(127,290)	\$ 91,237
Property and equipment	6,806	36,000	(36,000)	6,806
Programs	61,300	209,845	(165,960)	105,185
Marketing and promotion		27,538	(27,538)	
Special events		125	(125)	
	<u>\$195,396</u>	<u>\$364,745</u>	<u>\$(356,913</u> )	<u>\$203,228</u>
	Balance	Contributions	Released from	Balance
Restriction	8-31-18	and Grants	Restrictions	<u>8-31-19</u>
Timing	\$114,222	\$128,368	\$(115,300)	\$127,290
Property and equipment	25,776	77,445	(96,415)	6,806
Programs	46,500	180,520	(165,720)	61,300
Marketing and promotion		36,453	(36,453)	
Scholarships	*****	363	(363)	
	<u>\$186,498</u>	<u>\$423,149</u>	<u>\$(414,251</u> )	<u>\$195,396</u>

The timing restrictions as of August 31, 2020 and 2019 relate to a contribution from Fund for the Arts, which is for use in the years ended August 31, 2021 and 2020, respectively.

#### Note 5. Notes Payable

The notes payable consist of the following as of August 31, 2020:	
Note payable to the U.S. Small Business Administration, payable in monthly installments of \$641 beginning in May 2021, including interest of 2.75% through May 2050. All tangible and intangible personal property is pledged as collateral on this note.	\$150,000
Note payable to Republic Bank & Trust, payable in monthly installments of \$676, including interest of 1.0%, from February 2021 to April 2022. There is no collateral pledged	
on this note.	10,000
	160,000
Less current maturities	5,480
	<u>\$154,520</u>
Future maturities of the notes payable are as follows:	
Year ending August 31, 2021 \$ 5,480	
2022 8,927	
2023 3,637	
2024 3,738	
2025 3,842	
Thereafter <u>134,376</u>	

<u>\$160,000</u>

#### Note 6. Small Business Administration Grant

On April 15, 2020, the Organization qualified for and received a loan pursuant to the Paycheck Protection Program, a program implemented by the U.S. Small Business Administration under the Coronavirus Aid, Relief, and Economic Security Act, from a qualified lender (the PPP Lender), for an aggregate principal amount of \$77,600 (the PPP Loan). The PPP Loan bears interest at a fixed rate of 1.0% per annum, with deferred interest, has a term of two years, and is unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan is subject to forgiveness under the Paycheck Protection Program upon the Organization's request to

the extent that the PPP Loan proceeds are used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Organization.

On April 21, 2020, the Organization received a \$10,000 Economic Injury Disaster Loan (EIDL) advance from the U.S. Small Business Administration, under the Coronavirus Aid, Relief, and Economic Security Act. The advance is not required to be repaid, however, at the time of the Organization's forgiveness application, the amount of the advance is to be deducted from the principal amount of the PPP Loan to determine the amount subject to forgiveness. As of August 31, 2020, the Organization believes it has incurred covered expenses sufficient to meet the requirements for full forgiveness of the principal amount, less amount of EIDL advance.

Subsequent to August 31, 2020, the Organization was granted forgiveness of the PPP Loan in the amount of \$67,600. The outstanding balance of the PPP loan after forgiveness is \$10,000. The Organization will be required to pay interest on the PPP Loan at a rate of 1.0% per annum, and commencing in February 2021, principal and interest payments will be required through the maturity date in April 2022. The terms of the PPP Loan provide for customary events of default including, among other things, payment defaults, breach of representations and warranties, and insolvency events. The PPP Loan may be accelerated upon the occurrence of an event of default.

The Organization recorded a portion of these proceeds using the FASB ASC 958-908 Conditional Contribution model. Under this model the Organization may account for the funds received as revenue when the program conditions have been substantially met. As of August 31, 2020, the Organization estimates that expenses that have met the conditions for forgiveness per the Paycheck Protection Program exceeds the amount subject to forgiveness. As such, the Organization has recorded \$67,600 of the proceeds of the PPP Loan as income in the statements of activities for the year ended August 31, 2020.

#### Note 7. Employee Benefit Plan

Effective September 1, 2015, the Organization adopted a 401(k) Profit Sharing Plan covering all eligible employees. Employees may contribute an amount of their gross pay subject to certain limitations, and are eligible to receive employer discretionary matching contributions each year. The Organization made contributions of \$3,094 and \$4,124 to the plan for the years ended August 31, 2020 and 2019, respectively.

#### Note 8. Operating Lease

The Organization leases office and storage space under operating leases with monthto-month lease terms or a one-year term. Total rent expense under these leases for the years ended August 31, 2020 and 2019 was \$44,065 and \$45,011, respectively.

The Organization also leases a house under an operating lease on terms less than one year. Total expense under this lease for the year ended August 31, 2020 was \$2,300.

The Organization leases equipment under an operating lease on terms exceeding one year. Total expense under this lease for the years ended August 31, 2020 and 2019 was \$984.

The future minimum payments under operating leases with terms in excess of one year as of August 31, 2020 are as follows:

Years ending August 31, 2021	\$ 984
2022	984
2023	984
2024	984
Thereafter	82
	<u>\$4,018</u>

#### Note 9. Related Party Transactions

A director of the Organization serves on the Board of Directors of Fund for the Arts (see Note 10). Revenue received from Fund for the Arts for the years ended August 31, 2020 and 2019 was \$146,519 and \$161,200, respectively. The receivable due from Fund for the Arts as of August 31, 2020 and 2019 was \$91,237 and \$112,290, respectively.

#### Note 10. Concentrations and Contingencies

The Organization receives a significant portion of its revenues from Fund for the Arts. Revenues from Fund for the Arts represented 17% and 14% of net revenues during the years ended August 31, 2020 and 2019, respectively. The receivable due from Fund for the Arts as of August 31, 2020 and 2019 was \$91,237 and \$112,290, respectively. Changes in the future allocation of funding from this donor could have a significant impact on the Organization's operations.

On March 11, 2020, the World Health Organization classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. The pandemic had an adverse impact on the Organization's operations, operating results, and operating cash flows for 2020. The Organization's educational programs and productions were cancelled as schools and event venues were forced to close. The Organization has taken actions to mitigate the effects of COVID-19 on the Organization by reducing elements of program and general and administrative expenses and seeking available funding through SBA and other government programs. As of August 31, 2020, economic and public health uncertainties exist which may have a negative effect on the Organization's future financial position and results of operations. The total impact of the COVID-19 outbreak is unknown at the date the financial statements were issued. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.