

NDF05072512506

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


**Applicant/Program:** Kentucky Shakespeare, Inc./Kentucky Shakespeare Festival in Central Park  
**Applicant Requested Amount:** 5000  
**Appropriation Request Amount:** 45,000

## **Executive Summary of Request**

This funding would be used to cover 1% of the budget for summer season staff for Kentucky Shakespeare's annual festival in Louisville's Central Park.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<u>6</u>		<u>5000</u>	<u>3/28/2025</u>
District #	Primary Sponsor Signature	Amount	Date

## **Primary Sponsor Disclosure**

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

No relationship.

## **Approved by:**

_____	_____
Appropriations Committee Chairman	Date
Final Appropriations Amount: _____	

**Applicant/Program:**

Kentucky Shakespeare, Inc./Kentucky Shakespeare Festival in Central Park

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:** Kentucky Shakespeare, Inc./Kentucky Shakespeare Festival in Central Park

### 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 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

**Program Name and Request Amount** Kentucky Shakespeare Festival in Central Park-\$5000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="text" value="Yes"/>
<div style="display: flex; justify-content: space-between;"> <span>Prepared by: Nicholas Conder</span> <span>Date: 3/27/2025</span> </div>	



**Adobe Sign**

Digitally signed  
by Matt Wallace  
Date: 04.16.2025  
05:55PM

**E METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION****SECTION 1 – APPLICANT INFORMATION**

<b>Legal Name of Applicant Organization:</b> Kentucky Shakespeare, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 616 Myrtle Street, Louisville, KY 40208			
<b>Website:</b> www.kyshakespeare.com			
<b>Applicant Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Director
<b>Phone:</b>	502.574.9900, ex. 12	<b>Email:</b>	matt@kyshakespeare.com
<b>Financial Contact:</b>	Matt Wallace	<b>Title:</b>	Producing Artistic Director
<b>Phone:</b>	502.574.9900, ex. 12	<b>Email:</b>	matt@kyshakespeare.com
<b>Organization's Representative who attended NDF Training:</b> Matt Wallace			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
<b>Program Facility Location(s):</b>	C. Douglas Ramey Amphitheater in Central Park		
<b>Council District(s):</b>	6	<b>Zip Code(s):</b>	40208

**SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION**

<b>PROGRAM/PROJECT NAME:</b> Kentucky Shakespeare Festival in Central Park			
<b>Total Request: (\$)</b>	5,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	6,000
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	EAF Funding	<b>Amount: (\$)</b>	50000
<b>Source:</b>	Parks Tour NDF	<b>Amount: (\$)</b>	28500
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

##### **Mission**

Grounded in the works of Shakespeare, we enrich communities through accessible, inclusive, professional theatre experiences that educate, inspire, and entertain diverse audiences.

##### **Vision**

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

##### **About Kentucky Shakespeare**

Kentucky Shakespeare serves communities through the Kentucky Shakespeare Festival in Central Park, education programs for schools, public performances, and community outreach programs. Now in its 64th season, the Kentucky Shakespeare Festival in Central Park is the longest-running free, non-ticketed Shakespeare festival in the United States. As the most comprehensive in-school arts education provider in the Commonwealth, Kentucky Shakespeare serves schools throughout the region 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.

##### **What we do:**

**PERFORMANCES:** Kentucky Shakespeare Festival in Central Park, Shakespeare in the Parks tour, Shakespeare in the Libraries tour, Indoor productions during the year

**EDUCATION PERFORMANCE AND WORKSHOP TOUR 24-25:** Two-Actor A Midsummer Night's Dream, Shakespeare Alive!, Hamlet Spring Tour, Voice of Social Change: Ira Aldridge, Living History: We the People, Living History: Kentucky History, Bard Buddies, Fairy Tales from Around the World, Hip-Hop Shakespeare, Conflict Resolution and Anti-Bullying, Acting Fundamentals, Stage Combat, Staging Shakespeare, Renaissance Dance, Discovering Shakespeare, Mathematics of Shakespearean Design, and Voices of Young Women

**CAMPS AND CLASSES:** Camp Shakespeare, Shakespeare Off the Page, Stage Combat, Improv

**COMMUNITY PROGRAMS:** Shakespeare with Veterans, Juvenile Justice Arts Program, Shakespeare with Immigrants and Refugees, Survivorship Shakespeare, Community Residencies

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, the 2017 Louisville Awards in the Arts Bobby Petrino Family Foundation Arts Impact Award, and the 2019 Arts for All Kentucky Community Partner Award for arts inclusion work with people with disabilities.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Kay Madrick, Norton Children's Hospital Foundation - Chair	8/2025
Brad Comer - Republic Bank - Treasurer	8/2025
Lincoln Snyder - Humana - Secretary	8/2025
Anya Bond-Beckley - DDW - Vice Chair	8/2025
Tray K'Meyer - University of Louisville History Dept.	8/2026
Michelle Jarboe - NTS Development Company	08/2026
Alan MacDonald - Frost Brown Todd LLC	08/2026
Randall Caldwell - Baptist Health	08/2026
Jonese Franklin - BirdNote	08/2025
Joan Gould - Baptist Health	8/2025
LaShondra Hood - African American Theatre Program at University of Louisville	8/2026
Stephen Kubiowski - CareATC	8/2026
Paula O. Lockhart - Kentucky Governor's School for the Arts	8/2025
Javan Reed - Simmons College	08/2025
Jodi Smiley - Environs, Inc.	08/2025
Kerry Wang - Aetna	08/2028
McKenzie Gary - Terigrowth	08/2027

#### Describe the Board term limit policy:

By-Laws: Term. Voting Directors shall serve for three-year terms beginning immediately upon their election by the Board and ending on the fiscal year-end following the third anniversary of the date of election. Voting Members can be elected to no more than two (2) consecutive three-year terms. After serving two (2) consecutive three-year terms, a Voting Director may be re-nominated to the Board after a one-year hiatus. During this one-year hiatus, at the discretion of the Board, a Voting Director may hold the position of Director Emeritus. Nonvoting Directors, including Directors Emeritus and/or Ex Officio Directors, shall not be subject to the term limits set forth above. Notwithstanding the above, the Board may by Resolution authorize any Voting Director to serve one (1) additional year beyond the two (2) three-year terms, to ensure Board continuity. In addition, and notwithstanding the above, if a Voting Director serves at any point in their term as an Officer, upon the expiration of that term as an Officer the Voting Director's term shall then restart as if newly elected to the Board.

Three Highest Paid Staff Names	Annual Salary
Matt Wallace, Producing Artistic Director	110,000
Amy Attaway, Associate Artistic Director	60,000
Kyle Ware, Director of Education	60,000



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Kentucky Shakespeare is designated the Official Shakespeare Company of the Commonwealth by the state Legislature. 2025 marks the 65th season of our free summer festival in Central Park as the oldest, free, non-ticketed Shakespeare Festival in the United States.

We serve Louisville's historically underserved, making the work available and accessible to our diverse community regardless of financial limitations. We operate in a city park, and our audience is one of the most diverse of any professional arts organization in the area. From June through mid-August, any family can experience this public service and community festival at absolutely no cost to them.

The free Festival season runs for 11 weeks from May 28-August 10, 2025 for 58 performances.

100% of these performances and the pre-show interactive youth activities are offered at absolutely no cost to the public for a total of over 200 hours of free arts experiences for our community.

We will also be distributing four-hour TARC passes in west and south Louisville to help remove access barriers to professional community arts experiences.

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

The Kentucky Shakespeare Festival summer season budget is \$400K+ to produce and provide the 11-week free community festival.

We are seeking support of \$5,000 = 1% of the total budget to support summer season staff.

During the summer season Kentucky Shakespeare employs 85+ people, with 95% of them living here in the area. We are able to employ these professionals in the summer months when they may otherwise be unemployed.

The fund assists in also professional artistic staff including education directors implementing the educational components in our productions and Kids' Globe interactive youth tent.

The 2025 summer season consists of three main stage professional Shakespeare productions - MUCH ADO ABOUT NOTHING, HAMLET, and CYMBELINE, plus a production from our Globe Players high school training program - TWELFTH NIGHT, Late Night Shakes with the Louisville Improvisors, and the Louisville Ballet with a week of Shakespeare in Dance performances.

Having the funds in advance to fund summer season artistic staff, enables us to use other funds to pay for rehearsals, production materials, and preparation as well. The many summer season expenses include nightly security staff, 85+ Kentucky Shakespeare staff members, production materials, and playbills.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not applicable. This event is not a fundraiser. It's a free, event/program for all of our community.

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

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

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

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

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Kentucky Shakespeare will provide arts experiences to community members at no cost to them - 25,000-30,000 people in the summer of 2025. Populations in Louisville will be engaged throughout summer through intergenerational, shared artistic, community experiences. A safe, community experience will be provided. The arts have shown to develop empathy, conflict resolution skills, confidence, communication, influence thought and action, and improve mental health and well-being.

This free community arts event will encourage families throughout the city to experience the arts together as we again 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 a 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. We will measure increase in community pride, sense of belonging, comfort level with the arts, connection to community, and levels of loneliness. 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 engages community members in varieties of ways. We seek to increase the way in which we engage. Kentucky Shakespeare is also partnering this summer with the Louisville Ballet and Louisville Improvisors in addition to the many other organizations in making sure our community has access to the free summer arts experience.

During the summer, we open the stage to dozens of community groups to perform pre-shows on our stage, including Ambo Dance Theatre, Down Syndrome of Louisville, DESTINED Dance Co., River Cities Ensembles, Louisville Classical Academy, The Thoroughbreds, Academy of Flamenco Arts, Derby City Chamber Brass, Hui Kaululehua, and more.

Kentucky Shakespeare has been working with Louisville Metro Parks and Olmsted Parks to continue to improve the park experience and drive more people to this Metro and Olmsted Park home of Central Park. Olmsted Parks Conservancy and Metro Parks and Recreation are partners and will help to publicize the events, in addition to Metro Council members and numerous community organizations, including the Old Louisville Neighborhood Council, among others.

Kentucky Shakespeare will work with community centers, churches, library branches, community and neighborhood associations to publicize the event. We hire the advertising firm Scoppechio, to help publicize and advertise throughout Louisville Metro.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	5000	214,200	219,200
<b>B: Rent/Utilities</b>		46,000	46,000
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance</b> (See Detailed List on Page 8)			
<b>G: Professional Service Contracts</b>		28,500	28,500
<b>H: Program Materials</b>		95,300	95,300
<b>I: Community Events &amp; Festivals</b> (See Detailed List on Page 8)			
<b>J: Machinery &amp; Equipment</b>		38,000	38,000
<b>K: Capital Project</b>			
<b>L: Other Expenses</b> (See Detailed List on Page 8)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5000	422,000	427,000
% of Program Budget	1 %	99 %	100%

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

Other State, Federal or Local Government	40,000
United Way	
Private Contributions (do not include individual donor names)	302,000
Fees Collected from Program Participants	
Other (please specify) corporate sponsor	80,000
Total Revenue for Columns 2 Expenses **	422,000

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

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

*MW*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> <b>(to match Program Budget Line Item.</b> Volunteer Contribution & Other In Kind)		

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

**Agency Fiscal Year Start Date:** 9/1/24

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications


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

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

Deputy Mayor David 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.

<b>Signature of Legal Signatory:</b>		 <small>Matt Wallace (Apr 16, 2025 18:02 EDT)</small>		<b>Date:</b>	04/16/25
<b>Legal Signatory: (please print):</b>		Matt Wallace		<b>Title:</b>	Producing Artistic Dir.
<b>Phone:</b>	502-574-9900	<b>Extension:</b>	12	<b>Email:</b>	matt@kyshakespeare.com



**IRS** Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0752857510  
Nov. 17, 2014 LTR 4168C 0  
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.

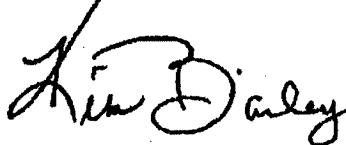
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing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

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

A handwritten signature in black ink, appearing to read "Kim D. Bailey". The signature is fluid and cursive, with the first name "Kim" and last name "Bailey" clearly distinguishable.

Kim D. Bailey  
Operations Manager, AM Operations 3

## Kentucky Shakespeare - 2024-2025 APPROVED BUDGET

### INCOME 2024-2025 BUDGET

#### 3000 CONTRIBUTED INCOME

##### 3010 Corporate

3011 Restricted	\$50,000
3012 Unrestricted	\$50,000
<b>Total 3010 Corporate</b>	<b>\$100,000</b>

##### 3020 Foundation

3021 Restricted	\$90,000
3022 Unrestricted	\$170,000
<b>Total 3020 Foundation</b>	<b>\$260,000</b>

##### 3030 Government

3031 Restricted	\$35,000
3032 Unrestricted	\$75,000
<b>Total 3030 Government</b>	<b>\$110,000</b>

##### 3040 Individuals

3041 Barreling/Park	\$65,000
3042 Board	\$35,000
3043 Patrons - Restricted	\$35,000
3044 Patrons - Sustainers	\$5,000
3045 Patron - Unrestricted	\$315,000
<b>Total 3040 Individuals</b>	<b>\$455,000</b>

**Total 3000 Contributed Income \$925,000**

#### 4000 EARNED INCOME

##### 4010 Production - Summer

4011 Bar	\$55,000
4012 Concessions	\$20,000
4013 Merchandise	\$32,000
<b>Total 4010 Production Sun</b>	<b>\$107,000</b>

##### 4100 Programs

4110 Touring Programs	\$240,000
4200 Youth Tuition	\$60,000
<b>Total 4110 Touring Progra</b>	<b>\$300,000</b>

##### 4300 Production 1 - Fall Production

4310 Tickets	\$68,000
4320 Bar	\$10,000
<b>Total 4300 Fall Production</b>	<b>\$78,000</b>

##### 4400 Production 2 - Winter Production

4410 Tickets	\$80,000
4430 Merch	\$7,000
<b>Total 4400 Winter Product</b>	<b>\$87,000</b>

##### 4500 Other Earned Income

4510 Miscellaneous Income	\$3,000
4520 Rentals	\$0
4531 Special Event Tickets	\$24,000
<b>Total 4500 Other Earned I</b>	<b>\$27,000</b>

**Total 4000 Earned Income \$599,000**

#### 5000 IN-KIND CONTRIBUTIONS

5010 Materials and Supplies	\$4,000
5020 Rent	\$0
5030 Services	\$8,000

**Total In-Kind Contributions \$12,000**

**5100 Discounts \$14,026**

**TOTAL INCOME \$1,521,974**

### EXPENSE

#### 6000 ADMINISTRATION

6010 Communications - phone, Internet	\$2,800
6012 Utilities	\$11,200
6013 Security/Alarm Monitoring	\$980
6014 Building Maintenance	\$2,500

## Kentucky Shakespeare - 2024-2025 APPROVED BUDGET

6020 Conferences & Staff Development	\$4,000
6030 Equipment leases (meter, copier)	\$4,300
6040 Marketing - General	
6042 Digital	\$300
6046 Merchandise	\$300
Total Marketing	\$600
6050 Membership and Dues	\$1,600
6060 Miscellaneous	\$300
6070 Office Supplies	\$4,000
6072 Office Cleaning	\$4,500
6072.1 Lawn Care	\$2,000
6090 Postage	\$2,000
6100 Professional Fees	
6101 Auditor	\$12,000
6102 IT/Computer	\$2,000
6105 Bookkeeper	\$17,000
Total Professional Fees	\$31,000
6110 Rent	
6111 Office	\$34,400
6113 Warehouse	\$16,000
Total 6110 Rent	\$50,400
6120 Refund	\$0
6130 Salaries	
6134 Payroll	\$295,572
6135 Payroll taxes	\$64,000
Total 6130 Salaries	\$359,572
6140 Service Fees and Charges	
6142 Intuit/Paycor - Payrol	\$5,500
6143 PayPal	\$2,500
6145 Square	\$3,500
6146 Trinity Retirement	\$3,500
6147 Web Hosting	\$700
6148 Interest	\$2,500
Total 6140 Service Fees an	\$18,200
6150 Subscriptions and Publications	\$2,000
Total 600 Administration	\$501,952
6200 DEVELOPMENT	
6210 Marketing	
6211 Broadcast - Radio/TV	\$0
6212 Digital	\$500
6214 Printing	\$800
6216 Misc.	\$100
Total 6210 Marketing	\$1,400
6220 Postage	\$6,000
6230 Special Event	
6235 Catering and Recepti	\$18,000
6240 Event Rentals	\$800
6245 Labor	\$2,500
Total 6230 Special Event	\$21,300
6255 Subscriptions and Publications	\$300
6200 Development - Other	\$1,000
Total 6200 Development	\$30,000
6300 EDUCATION	
6310 Administration	
6311 Housing/Tour Lodging	\$15,000
6312 Postage	\$6,000
6313 Supplies	\$5,000
Total 6310 Administration	\$26,000
6320 Conferences/Staff Development	\$2,000

## Kentucky Shakespeare - 2024-2025 APPROVED BUDGET

<b>6330 Labor</b>		
	6331 Camp Instructor	\$15,400
	6332 Camp Assistant	\$15,000
	6333 Choreographer	\$1,200
	6334 Crew	\$8,000
	6335 Designer	\$3,000
	6336 Dramaturg	\$500
	6337 Educator - Contract	\$70,000
	6338 Educator - Artist Educator	\$75,000
	<b>Total 6330 Labor</b>	<b>\$188,100</b>
<b>6350 Marketing</b>		
	6351 Digital	\$3,000
	6352 Printing	\$4,000
	<b>Total 6350 Marketing</b>	<b>\$7,000</b>
<b>6360 Production Materials</b>		
	6361 Costumes	\$3,000
	6362 Properties	\$1,000
	6363 Set	\$1,000
	6364 Sound	\$500
	<b>Total 6360 Production Ma</b>	<b>\$5,500</b>
<b>6370 Refunds</b>		<b>\$1,000</b>
<b>6380 Rentals</b>		<b>\$500</b>
<b>6390 Touring Expense</b>		
	6391 Fuel and Maintenanc	\$6,500
	6392 Lodging	\$9,000
	6393 Meal Allowance	\$6,500
	6394 Van Rental - spring to	\$6,000
	6395 Mileage	\$1,000
	<b>Total Touring Expense</b>	<b>\$29,000</b>
<b>Total 6300 Education</b>		<b>\$259,100</b>
<b>6400 PRODUCTION 1 - FALL</b>		
<b>6410 Front of House Expense</b>		
	6411 Bar	\$1,500
	6412 Merchandise	\$1,800
	<b>Total 6410 Front of House</b>	<b>\$3,300</b>
<b>6420 Labor</b>		
	6421 Actors	\$23,400
	6422 Crew	\$13,990
	6423 Designers	\$9,300
	<b>Total Labor</b>	<b>\$46,690</b>
<b>6430 Production - Fall Marketing</b>		<b>\$7,350</b>
<b>6440 Production - Fall Materials</b>		
	6441 Costumes	\$1,500
	6442 Lighting	\$1,000
	6443 Properties	\$1,000
	6444 Set	\$4,000
	6445 Sound	\$2,000
	6455 Rights	\$0
	<b>Total 6400 Production Fall</b>	<b>\$9,500</b>
<b>Total 6400 Production 1 - Fall</b>		<b>\$66,840</b>
<b>6460 PRODUCTION 2 - WINTER</b>		
<b>6470 Labor</b>		
	6471 Actors	\$20,000
	6472 Crew	\$3,300
	6473 Designers	\$12,300
	<b>Total 6470 Labor</b>	<b>\$35,600</b>
<b>6480 Marketing</b>		<b>\$7,500</b>
<b>6485 Production Materials</b>		
	6486 Costumes	\$3,500
	6488 Props	\$1,000

## Kentucky Shakespeare - 2024-2025 APPROVED BUDGET

6489 Set	\$6,000
6499.6 Rights	\$0
Merch	\$2,000
<b>Total 6485 Production Ma</b>	<b>\$12,500</b>
Number TBD Space Rental	\$13,500
<b>Total 6400 Production 2 - WINTER</b>	<b>\$69,100</b>
<b>6500 PRODUCTION - SUMMER</b>	
6510 Administration	\$1,000
6520 Equipment Rental	\$38,000
<b>6530 Front of House Expense</b>	
6531 Bar	\$18,000
6532 Merchandise	\$14,500
6533 Permits and Licenses	\$500
6534 Security	\$11,500
6535 FOH Expense - Other	\$2,500
<b>Total 6530 Front of House</b>	<b>\$47,000</b>
<b>6550 Housing</b>	<b>\$8,000</b>
<b>6560 Labor</b>	
6561 Actors	\$85,000
6562 Crew	\$95,000
6563 Designers	\$30,000
6564 Choreographers	\$3,000
6565 Dramaturg, Coaches	\$2,000
6567 Interns	\$44,000
6569 Labor - Other	\$1,500
<b>Total 6560 Labor</b>	<b>\$260,500</b>
<b>6570 Marketing</b>	
6571 Broadcast - Radio/TV	\$2,500
6572 Digital	\$8,000
6573 Photography/Video	\$2,500
6574 Printing	\$4,000
<b>Total 6570 Marketing</b>	<b>\$17,000</b>
<b>6580 Production Materials</b>	
6581 Costumes	\$14,500
6582 Lighting	\$5,500
6583 Properties	\$2,000
6584 Set	\$10,000
6585 Sound	\$25,000
6886 Production Manager	\$100
6587 Stage Management	\$200
<b>Total 6580 Production Ma</b>	<b>\$57,300</b>
<b>6590 Postage</b>	<b>\$2,500</b>
<b>Total Production - Summer</b>	<b>\$431,300</b>
<b>7000 OTHER TYPES OF EXPENSES</b>	
<b>7010 Insurances</b>	
7011 Insurance D&O	\$3,764
7012 Employee Health	\$49,282
7013 General Liability	\$27,000
7014 Insurance - Workers C	\$7,309
<b>Total 7010 Insurances</b>	<b>\$87,355</b>
7020 Sales and Use Tax	\$7,000
7044 Vehicle Property Tax	\$400
<b>7030 Other Payroll Expenses</b>	
7032 401K Match	\$2,500
<b>Total 7030 Payroll Expense</b>	<b>\$2,500</b>
<b>Total 7000 Other Types of Expenses</b>	<b>\$97,255</b>
<b>Total Expense</b>	<b>\$1,455,547</b>
<b>Net Operating Income</b>	<b>\$66,427</b>



# Kentucky Shakespeare, Inc.

## Balance Sheet

As of February 15, 2025

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1000 Republic Bank - Checking	103,143.29
1015 Republic Bank - Fundraising	1.00
1020 Fifth Third - Checking	0.00
1040 In-Kind	0.00
PayPal balance account	0.00
<b>Total Bank Accounts</b>	<b>\$ 103,144.29</b>
<b>Accounts Receivable</b>	
1100 Accounts Receivable	263,332.74
<b>Total Accounts Receivable</b>	<b>\$ 263,332.74</b>
<b>Other Current Assets</b>	
1060 Grants Receivable	0.00
1200 Undeposited Funds	786.76
1240 Prepaid Expenses	1,776.99
1250 Payroll Refunds	0.00
1500 Right of Use Asset	234,165.51
<b>Total Other Current Assets</b>	<b>\$ 236,729.26</b>
<b>Total Current Assets</b>	<b>\$ 603,206.29</b>
<b>Fixed Assets</b>	
1300 Furniture and Equipment	12,600.00
1305 Property & Equipment	57,860.33
1310 KSF Equipment	33,219.07
1311 Vehicles	59,986.00
1312 Accum Deprec Vehicles	-55,143.51
1313 Lighting & Sound Equipment	125,672.24
1320 Accum Deprec Equipment	-202,434.67
1321 Accum Deprec Furn/Fix	-1,834.68
1330 Leasehold Improvements	914,410.97
1340 Accum Deprec Leaseholds	-511,398.49
1350 Furniture & Fixtures	4,317.04
<b>Total 1300 Furniture and Equipment</b>	<b>\$ 437,254.30</b>
<b>Total Fixed Assets</b>	<b>\$ 437,254.30</b>
<b>Other Assets</b>	
8000 Discrepancy Correction	13,161.89
<b>Total Other Assets</b>	<b>\$ 13,161.89</b>
<b>TOTAL ASSETS</b>	<b>\$ 1,053,622.48</b>
<b>LIABILITIES AND EQUITY</b>	

**Liabilities****Current Liabilities****Accounts Payable**

2000 Accounts Payable	600.00
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Total Accounts Payable	<b>\$ 600.00</b>
------------------------	------------------

**Credit Cards**

2010 Chase Credit Card Charges	-942.64
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2011 Chase - Matt	33,194.32
-------------------	-----------

2014 Chase - Donna	11,618.53
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2015 Chase - Kyle	499.86
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2016 Chase - Hannah	267.25
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Total 2010 Chase Credit Card Charges	<b>\$ 44,637.32</b>
--------------------------------------	---------------------

2012 Lowes	7,441.51
------------	----------

2013 American Express	10,408.25
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Total Credit Cards	<b>\$ 62,487.08</b>
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**Other Current Liabilities**

2020 Accounts Payable - FYE 2023	0.00
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2075 Deferred Income	15,630.00
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**2100 Other Current Liabilities**

2150 Sales & Use Tax Payable	0.00
------------------------------	------

Total 2100 Other Current Liabilities	<b>\$ 0.00</b>
--------------------------------------	----------------

2101 Sales & Use Tax Payable	2,001.01
------------------------------	----------

2111 Operating Lease Liability - Short Term	40,848.72
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2200 Payroll Tax Liabilities	0.00
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2210 Federal Withholding - 941	0.00
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2220 State Withholding - K1	0.00
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2230 Local Withholding - W1	0.00
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2232 KY State Unemployment	0.00
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2240 Direct Deposit Liabilities	0.00
---------------------------------	------

2250 Medicare	0.00
---------------	------

2251 Employee Medicare	0.00
------------------------	------

2252 Company Medicare	0.00
-----------------------	------

Total 2250 Medicare	<b>\$ 0.00</b>
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2260 Social Security	0.00
----------------------	------

2261 Employee Social Security	0.00
-------------------------------	------

2262 Company Social Security	0.00
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Total 2260 Social Security	<b>\$ 0.00</b>
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Total 2200 Payroll Tax Liabilities	<b>\$ 0.00</b>
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2222 Current Maturities of LTD	3,402.59
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2241 Direct Deposit Payable	0.00
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2270 Employee 403B Retire Plan	0.00
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2271 403B Company Match	1,995.73
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2272 403B Employee Contribution	0.00
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Total 2270 Employee 403B Retire Plan	<b>\$ 1,995.73</b>
--------------------------------------	--------------------

2273 Payroll Liabilities	14,301.84
2274 Federal Taxes (941/944)	0.00
2275 American Funds	-20,119.33
2276 Humana-Dependent	0.00
2277 KY Income Tax	0.00
2278 KY Local Tax	0.00
2279 KY Unemployment Tax	0.00
2280 Rent	0.00
Total 2273 Payroll Liabilities	<b>-\$ 5,817.49</b>
2313 PPP Loan	0.00
2400 Accrued Interest - SBA Loan	11,163.50
Channel sales tax payable	
PayPal sales tax payable	0.00
Total Channel sales tax payable	<b>\$ 0.00</b>
Total Other Current Liabilities	<b>\$ 69,224.06</b>
Total Current Liabilities	<b>\$ 132,311.14</b>
Long-Term Liabilities	
2300 Long Term Liabilities	49.62
2310 Prior Years - Federal	0.00
2311 SBAD Loan	136,341.41
2312 CL SBA Loan	-641.00
2320 Prior Years - Unemployment	0.00
2330 Chrysler Town & Country	0.00
2335 Operating Lease Liability - Long Term	198,349.83
Total 2300 Long Term Liabilities	<b>\$ 334,099.86</b>
Total Long-Term Liabilities	<b>\$ 334,099.86</b>
Total Liabilities	<b>\$ 466,411.00</b>
Equity	
2340 Opening Balance Equity	447,233.95
32000 2370 Unrestricted Net Assets	-9,468.23
Net Income	146,338.14
Total Equity	<b>\$ 584,103.86</b>
TOTAL LIABILITIES AND EQUITY	<b>\$ 1,050,514.86</b>

Saturday, Feb 15, 2025 08:00:00 AM GMT-8 - Accrual Basis



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0074

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KENTUCKY SHAKESPEARE FESTIVAL INC  
616 MYRTLE ST  
LOUISVILLE KY 40208-2242



Notice	CP211A
Tax period	August 31, 2024
Notice date	February 3, 2025
Employer ID number	61-6036654
To contact us	Phone 877-829-5500
Page 1 of 1	

110985

Important information about your August 31, 2024, Form 990

## We approved your Form 8868, Application for Automatic Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your August 31, 2024, Form 990, Return of Organization Exempt From Income Tax. Your new due date is July 15, 2025.

### What you need to do

File your August 31, 2024, Form 990 by July 15, 2025, electronically. The IRS will not accept Form 990 filed on paper for tax years ending on or after July 31, 2020. You may use software offered by visiting [IRS.gov/eomefproviders](https://www.irs.gov/eomefproviders).

### Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.

Form <b>990</b> Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>	OMB No. 1545-0047 <b>2022</b> Open to Public Inspection
	<b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations.)</b> Do not enter social security numbers on this form as it may be made public. <b>Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	

<b>A For the 2022 calendar year, or tax year beginning 09-01-2022, and ending 08-31-2023</b>			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization KENTUCKY SHAKESPEARE INC		<b>D</b> Employer identification number 61-6036654
	Doing business as		<b>E</b> Telephone number (502) 574-9900
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 616 MYRTLE ST		
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40208		<b>G</b> Gross receipts \$ 1,318,889
	<b>F</b> Name and address of principal officer: MATT WALLACE 616 MYRTLE ST LOUISVILLE, KY 40208		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ KYSHAKESPEARE.COM			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1960 <b>M</b> State of legal domicile: KY

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: ENRICHING COMMUNITIES THROUGH ACCESSIBLE, INCLUSIVE, PROFESSIONAL THEATRE EXPERIENCES.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20	
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	14	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 937,153	Current Year 858,907	
	<b>9</b> Program service revenue (Part VIII, line 2g)	301,036	434,019	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,296	2,741	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,246,485	1,295,667	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	426,684	477,910	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,483			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	911,827	934,952	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,338,511	1,412,862	
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-92,026	-117,195	
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 820,717	End of Year 1,057,969	
		<b>21</b> Total liabilities (Part X, line 26)	230,618	585,065
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	590,099	472,904

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
<b>Sign Here</b>	Signature of officer		2024-02-07 Date		
	MATT WALLACE PRODUCING ARTISTIC DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date 2024-01-29	Check <input type="checkbox"/> if self-employed PTIN P01022180
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC			Firm's EIN ▶ 61-1064249	
	Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40225187			Phone no. (502) 426-9660	
	May the IRS discuss this return with the preparer shown above? See Instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III **Statement of Program Service Accomplishments**

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

- |   |   |   |
|---|---|---|
| 1 | Briefly describe the organization's mission:<br><br>GROUNDED IN THE WORKS OF SHAKESPEARE, WE ENRICH COMMUNITIES THROUGH ACCESSIBLE, INCLUSIVE, PROFESSIONAL<br>THEATRE EXPERIENCES THAT EDUCATE, INSPIRE, AND ENTERTAIN DIVERSE AUDIENCES.  |   |
| 2 | Did the organization undertake any significant program services during the year which were not listed on<br>the prior Form 990 or 990-EZ? . . . . .<br>If "Yes," describe these new services on Schedule O.   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program<br>services? . . . . .<br>If "Yes," describe these changes on Schedule O.  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by<br>expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,<br>the total expenses, and revenue, if any, for each program service reported. |   |

) (Revenue \$ 202,536 )

726,507	including grants of \$
---------	------------------------

(Code:

THE OFFICIAL SHAKESPEARE FESTIVAL OF THE COMMONWEALTH OF KENTUCKY, KENTUCKY SHAKESPEARE, INC. IS A PROFESSIONAL THEATRE COMPANY PRODUCING A SEASON OF WILLIAM SHAKESPEARE PLAYS EACH SUMMER. KENTUCKY SHAKESPEARE FESTIVAL IN CENTRAL PARK IS THE LONGEST RUNNING FREE, NON-TICKETED SHAKESPEARE FESTIVAL IN THE UNITED STATES. OTHER PERFORMANCES BY KENTUCKY SHAKESPEARE, INC. INCLUDE SHAKESPEARE IN THE PARKS TOUR, SHAKESPEARE IN THE LIBRARIES TOUR, AND INDOOR PRODUCTIONS.

)(Expenses \$

473,911 including grants of \$

)(Revenue \$

245,792 )

THE ORGANIZATION OPERATES AN EDUCATIONAL OUTREACH PROGRAM OFFERED THROUGHOUT THE KENTUCKIANA AREA WITH PROGRAMS FOR SCHOOLS, ADULTS, VETERANS, AND VULNERABLE GROUPS WITHIN THE COMMUNITY, KENTUCKY SHAKESPEARE, INC. IS THE MOST COMPREHENSIVE IN-SCHOOL ARTS EDUCATION PROVIDER IN THE COMMONWEALTH OF KENTUCKY.

(Expenses \$

including grants of \$

) (Revenue \$

—

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

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses 14,000

1,200,418

Form 990 (2022)

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		No
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to 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?		No
<b>27</b> <i>If "Yes," complete Schedule L, Part II . . . . .</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
<b>31</b> <i>If "Yes," complete Schedule M . . . . .</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
<b>34</b> <i>If "Yes," complete Schedule R, Part I . . . . .</i> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

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

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



## Part V

## Statements Regarding Other IRS Filings and Tax Compliance (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> <span style="float: right;">14</span>			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .		<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>		No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?		<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		<b>15</b>		No
<b>16</b> Is the organization subject to the section 4968 excise tax on net investment income?		<b>16</b>		No
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .		<b>17</b>		
<b>If "Yes," complete Form 6069.</b>				

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 20		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	No
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<b>12c</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	No
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	No
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed: KY

**18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ► KENTUCKY SHAKESPEARE INC 616 MYRTLE ST LOUISVILLE, KY 40208 (502) 574-9900

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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 the 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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) KAY MADRICK BOARD CHAIR	1.00	X		X				0	0	0
(2) ANYA BOND-BECKLEY VICE CHAIR	1.00	X		X				0	0	0
(3) KERRY WANG TREASURER	1.00	X		X				0	0	0
(4) SHANNON HARRIS SECRETARY	1.00	X		X				0	0	0
(5) BRAD COMER DIRECTOR	1.00	X						0	0	0
(6) EMILY CRAWFORD DIRECTOR	1.00	X						0	0	0
(7) ROSIE FELFLE DIRECTOR	1.00	X						0	0	0
(8) LIAM FELSEN DIRECTOR	1.00	X						0	0	0
(9) JONESE FRANKLIN DIRECTOR	1.00	X						0	0	0
(10) JOAN GOULD DIRECTOR	1.00	X						0	0	0
(11) LASHONDRA HOOD DIRECTOR	1.00	X						0	0	0
(12) TRACY K'MEYER DIRECTOR	1.00	X						0	0	0
(13) STEVEN KUBIATOWSKI DIRECTOR	1.00	X						0	0	0
(14) PAULA O LOCKHART DIRECTOR	1.00	X						0	0	0
(15) CHARLEY NOLD DIRECTOR	1.00	X						0	0	0
(16) JAVAN REED DIRECTOR	1.00	X						0	0	0
(17) ELIZABETH CHERRY SIEBERT DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JODI SMILEY DIRECTOR	1.00	X						0	0	0
(19) LINCOLN SNYDER DIRECTOR	1.00	X						0	0	0
(20) BROOKE ZIMMERMAN DIRECTOR	1.00	X						0	0	0
(21) PHILLIP ALLEN EX OFFICIO/EMERITUS	1.00	X						0	0	0
(22) MERA COSSEY CORLETT EX OFFICIO/EMERITUS	1.00	X						0	0	0
(23) DAVID JAMES EX OFFICIO/EMERITUS	1.00	X						0	0	0
(24) DR JONATHAN C SMITH EX OFFICIO/EMERITUS	1.00	X						0	0	0
(25) DR PETER TANGUAY EX OFFICIO/EMERITUS	1.00	X						0	0	0
(26) MATT WALLACE PRODUCING ARTISTIC DIRECTOR	40.00			X				102,039	0	13,674
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								102,039	0	13,674

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		No
<b>4</b>		No

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>5</b>		No

**Section B. Independent Contractors**

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

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

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

## Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>					
<b>1a</b> Federated campaigns . . . . .		<b>1a</b>			
<b>b</b> Membership dues . . . . .		<b>1b</b>			
<b>c</b> Fundraising events . . . . .		<b>1c</b>	12,825		
<b>d</b> Related organizations . . . . .		<b>1d</b>			
<b>e</b> Government grants (contributions) . . . . .		<b>1e</b>	156,622		
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .		<b>1f</b>	689,460		
<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .		<b>1g</b>	5,000		
<b>h Total.</b> Add lines 1a-1f . . . . .				858,907	
<b>2a EDUCATION PROGRAMS</b>		711190	237,947	237,947	
<b>b PRODUCTIONS</b>		711190	196,072	196,072	
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f. . . . .		434,019			
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					
		(i) Real	(ii) Personal		
<b>6a</b> Gross rents . . . . .		<b>6a</b>			
<b>b</b> Less: rental expenses . . . . .		<b>6b</b>			
<b>c</b> Rental income or (loss) . . . . .		<b>6c</b>			
<b>d</b> Net rental income or (loss) . . . . .					
		(i) Securities	(ii) Other		
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		<b>7a</b>			
<b>b</b> Less: cost or other basis and sales expenses . . . . .		<b>7b</b>			
<b>c</b> Gain or (loss) . . . . .		<b>7c</b>			
<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ 12,825 of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>	11,654		
<b>b</b> Less: direct expenses . . . . .		<b>8b</b>	23,222		
<b>c</b> Net income or (loss) from fundraising events . . . . .			-11,568		-11,568
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>			
<b>b</b> Less: direct expenses . . . . .		<b>9b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>			
<b>b</b> Less: cost of goods sold . . . . .		<b>10b</b>			
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>11a OTHER INCOME</b>		711190	14,309	14,309	
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .			14,309		
<b>12 Total revenue.</b> See instructions . . . . .			1,295,667	448,328	0

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	118,706	53,418	23,741	41,547
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	293,209	253,823	29,033	10,353
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	34,629	30,721	3,248	660
<b>10</b> Payroll taxes	31,366	23,739	3,935	3,692
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	10,635		10,635	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion	43,728	41,261	386	2,081
<b>13</b> Office expenses	62,701	30,740	25,172	6,789
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	51,958	41,845	9,752	361
<b>17</b> Travel	23,237	23,237		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,407	2,407		
<b>20</b> Interest	15,264		15,264	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	87,469	82,221	5,248	
<b>23</b> Insurance	32,280	29,052	3,228	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ACTORS CONTRACTS	294,252	294,252		
<b>b</b> PRODUCTION EXPENSE	184,648	184,648		
<b>c</b> EDUCATION EXPENSE	108,446	108,446		
<b>d</b> MISCELLANEOUS	14,320		14,320	
<b>e</b> All other expenses	3,607	608	2,999	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,412,862	1,200,418	146,961	65,483
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	54,825	<b>1</b>	14,722
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	201,737	<b>3</b>	198,685
	<b>4</b> Accounts receivable, net . . . . .	1,200	<b>4</b>	8,644
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,777	<b>9</b>	18,155
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 1,195,134			
	<b>b</b> Less: accumulated depreciation <b>10b</b> 652,615	561,178	<b>10c</b>	542,519
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	275,244
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	820,717	<b>16</b>	1,057,969	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	75,848	<b>17</b>	153,139
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	4,770	<b>19</b>	4,165
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	150,000	<b>23</b>	150,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	277,761
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	230,618	<b>26</b>	585,065
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	406,498	<b>27</b>	294,095
	<b>28</b> Net assets with donor restrictions . . . . .	183,601	<b>28</b>	178,809
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	590,099	<b>32</b>	472,904
<b>33</b> Total liabilities and net assets/fund balances . . . . .	820,717	<b>33</b>	1,057,969	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)		<b>1</b>	1,295,667
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)		<b>2</b>	1,412,862
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1		<b>3</b>	-117,195
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		<b>4</b>	590,099
<b>5</b>	Net unrealized gains (losses) on investments		<b>5</b>	
<b>6</b>	Donated services and use of facilities		<b>6</b>	
<b>7</b>	Investment expenses		<b>7</b>	
<b>8</b>	Prior period adjustments		<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)		<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))		<b>10</b>	472,904

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	Yes
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>3a</b>	No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>3b</b>	



Form 990 (2022)

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****▶ Attach to Form 990 or Form 990-EZ.****▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022****Open to Public  
Inspection****Name of the organization**  
KENTUCKY SHAKESPEARE INC**Employer identification number**

61-6036654

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	743,302	747,124	1,177,978	937,153	858,907	4,464,464
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	743,302	747,124	1,177,978	937,153	858,907	4,464,464
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						184,503
<b>6 Public support.</b> Subtract line 5 from line 4.						4,279,961

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . .	743,302	747,124	1,177,978	937,153	858,907	4,464,464
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	4,462	4,655	8,700	6,621	14,309	38,747
<b>11 Total support.</b> Add lines 7 through 10						4,503,211
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,425,925
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	95.040 %
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.590 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests-2022.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests-2021.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		

<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

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

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



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

(continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017. . . . .			
<b>b</b> From 2018. . . . .			
<b>c</b> From 2019. . . . .			
<b>d</b> From 2020. . . . .			
<b>e</b> From 2021. . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			



**Part VI**

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

Facts And Circumstances Test	
Return Reference	Explanation

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization  
KENTUCKY SHAKESPEARE INC

**Employer identification number**

61-6036654

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
KENTUCKY SHAKESPEARE INC

Employer identification number  
61-6036654

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
KENTUCKY SHAKESPEARE INC

Employer identification number

61-6036654

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization  
KENTUCKY SHAKESPEARE INC

Employer identification number

61-6036654

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022****Open to Public  
Inspection****Name of the organization**  
KENTUCKY SHAKESPEARE INC**Employer identification number**

61-6036654

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

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

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

**Part II Conservation Easements.**

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

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

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

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

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



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other .....
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations
- (ii) Related organizations
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		914,079	424,296	489,783
<b>d</b> Equipment		221,069	178,338	42,731
<b>e</b> Other		59,986	49,981	10,005
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				542,519

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT-OF-USE ASSET	275,244
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	275,244

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	277,761

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,321,810
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	14,575
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	14,575
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,307,235
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-11,568
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-11,568
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	1,295,667

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,439,005
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	14,575
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	11,568
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	26,143
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,412,862
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	1,412,862

**Part XIII****Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. AS OF AUGUST 31, 2023 AND 2022, 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.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES -11,568.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 11,568.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization  
KENTUCKY SHAKESPEARE INC

Employer identification number

61-6036654

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants  
**b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants  
**c** ☐ Phone solicitations **g** ☐ Special fundraising events  
**d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ☐ Yes ☐ No

**b** If Yes, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SHAKESPEARE IN LOVE GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>	1 Gross receipts . . . . .	24,479			24,479
	2 Less: Contributions . . . . .	12,825			12,825
	3 Gross income (line 1 minus line 2) . . . . .	11,654			11,654
<b>Direct Expenses</b>	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	923			923
	7 Food and beverages . . . . .	16,512			16,512
	8 Entertainment . . . . .	2,899			2,899
	9 Other direct expenses . . . . .	2,888			2,888
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				23,222
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-11,568

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
<b>Revenue</b>	1 Gross revenue . . . . .				
<b>Direct Expenses</b>	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d). . . . .				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Instructions.  
Return Reference

Explanation

Schedule G (Form 990) 2022

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection**Name of the organization  
KENTUCKY SHAKESPEARE INC**Employer identification number**

61-6036654

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY MANAGEMENT AND AGREED TO AUDITED FINANCIAL STATEMENTS PRIOR TO FILING. THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 15A	THE PRODUCING ARTISTIC DIRECTOR'S COMPENSATION IS PER AN EMPLOYMENT AGREEMENT APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C.	THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANTS AND OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

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

Cat. No. 51056K

Schedule O (Form 990) 2021



**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

\* \* \* \* \*

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

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

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

**ARTICLE I**

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

## ARTICLE II

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

## ARTICLE III

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

## ARTICLE IV

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

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

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

#### **ARTICLE V**

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

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

#### **ARTICLE VI**

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

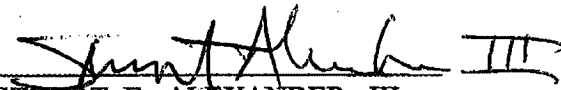
#### **ARTICLE VII**

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

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

#### ARTICLE VIII

The corporation shall be governed by its By-laws.

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

10680

# Commonwealth of Kentucky

## Department of State



### Office of Secretary of State

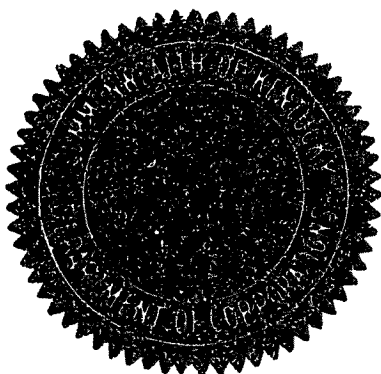
HENRY H. CARTER, SECRETARY  
DOMESTIC CORPORATION DEPARTMENT  
NON-STOCK CORPORATION

I, HENRY H. CARTER, Secretary of the State of Kentucky,  
hereby certify that Articles of Incorporation of the

~~THE COMMITTEE FOR SHARK SPOOLS IN CENTRAL PARK, INC.~~ (Louisville, Kentucky)

has this day been filed in my office.

It appearing from said Articles of Incorporation that the said Corporation has no capital stock, and no private pecuniary profit is to be derived therefrom, the said Corporation is not required by law to pay a tax on organization; and it further appearing that the aforesaid Corporation has complied with all the requirements of the law, this certificate is issued as evidence of the fact that the said Corporation is now authorized and empowered to do business in this State under its charter, subject to the restrictions imposed by the statutes of Kentucky.



SECRETARY OF STATE

Given under my hand as Secretary of State,

this 8th day of May 1963

By

*Henry H. Carter*

Secretary of State

*H. J. Lyon*

Assistant Secretary of State

ARTICLES OF INCORPORATION  
OF  
THE COMMITTEE FOR SHAKESPEARE  
IN CENTRAL PARK, INC.

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Pursuant to the provisions of KRS 273.010 to 273.150, the undersigned persons do hereby organize a corporation for educational purposes, having no capital stock, from which no pecuniary profit is to be derived, as follows:

ARTICLE I

The name of the corporation will be:

THE COMMITTEE FOR SHAKESPEARE IN CENTRAL PARK, INC.

Hereinafter referred to as "The Committee".

ARTICLE II

The principal office of the corporation will be at 200 West Chestnut Street, Louisville, Kentucky.

ARTICLE III

The agent for service of process upon the corporation will be ELIZABETH HOERTH, whose post office address is 609 Marion E. Taylor Building, Louisville 2, Kentucky.

ARTICLE IV

The aims and objectives 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 therefrom by young and old alike from viewing or participating in the staging and interpretation of this great and continuing contribution to our culture.

ARTICLE V

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

ARTICLE VI

The names and post office addresses of three (3) of the natural persons over twenty-one (21) years of age who are associated in the formation of this corporation, and who have subscribed to these ARTICLES as incorporators are:

Stuart R. Paine, 131 Breckenridge Lane, Louisville 7, Ky.

C. Douglas Ramey, 1011 South 5th St., Louisville 3, Ky.

Elizabeth Hoerth, 609 Marion E. Taylor Bldg., Louisville 2, Ky.

ARTICLE VII

After these Articles are filed and recorded and a certificate of that fact is issued by the Secretary of State of Kentucky, the undersigned incorporators are authorized to call a meeting of those persons known to them to have agreed tentatively to serve on THE COMMITTEE FOR SHAKESPEARE IN CENTRAL PARK, INC., for the purposes of organizing THE COMMITTEE to function for the accomplishment of its objectives and to adopt rules for its government and operation.

IN TESTIMONY WHEREOF, witness the hands of the undersigned incorporators on this 6<sup>th</sup> day of May, 1963.

Stuart R. Paine  
C. Douglas Ramey  
Elizabeth Hoerth

STATE OF KENTUCKY )  
( SS  
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public in and for the State and County aforesaid, hereby certify that the foregoing Articles of Incorporation of THE COMMITTEE FOR SHAKESPEARE IN CENTRAL PARK, INC., were this day produced to me in my office, and acknowledged and delivered by Stuart R. Paine, C. Douglas Ramey, and Elizabeth Hoerth, parties thereto, to be their act and deed.



WITNESS my hand this 6<sup>th</sup> day of May, 1963.

My Commission expires April 3, 1966.

Herbert H. Mousley  
Notary Public  
Jefferson County, Kentucky

ORIGINAL COPY  
FILED AND RECORDED  
Henry H. Barker

MAY 6 1963

SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY  
BY V. J. Lynn  
CLERK

**Request for Taxpayer  
Identification Number and Certification**

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Kentucky Shakespeare Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <b>501c3 not-for-profit charitable organization</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>616 Myrtle Street</b> <b>6</b> City, state, and ZIP code <b>Louisville, KY 40208</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

**Part I Taxpayer Identification Number (TIN)**

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

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

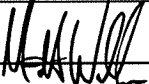
<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
6	1			-	6	0	3	6	6
								5	4

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person 	Date <b>2.7.25</b>
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**General Instructions**

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

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

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- 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), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

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

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**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; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. 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).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441-1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded 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 grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**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 (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**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.
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 their 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 becomes a resident alien of the United States. A 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 their 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, but are not limited to, 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, as described in item 4 under "*By signing the filled-out form*" 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.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. 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 are no longer 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.

• **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 for 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 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** 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.

• **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. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner 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. 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, enter it on line 2.

### Line 3a

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

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### 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 on 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 territory, 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 territory.
- 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 as defined under section 581.
- 12—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.

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 Information, 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) entered 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 territory, 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).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**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, enter "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 ITIN. Enter it in the entry space for the Social security number. 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). 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](http://www.SSA.gov). You may also get this form by calling 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/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://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](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**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
2. Two or more individuals (joint account) other than an account maintained by an FFI	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
4. Custodial account of a minor (Uniform Gift to Minors Act)	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>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	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
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
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
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	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 on line 1, and enter your business or DBA name, if any, on line 2. 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.)

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

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 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 877-777-4778 or TTY/TDD 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](mailto: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 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://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 territories for use in administering their laws. The information may also 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, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

**KENTUCKY SHAKESPEARE, INC.**

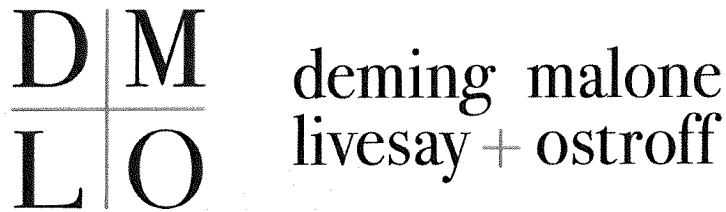
**FINANCIAL STATEMENTS**

**Years Ended August 31, 2024 and 2023**



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## **Independent Auditors' Report**

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

### **Opinion**

We have audited the accompanying financial statements of Kentucky Shakespeare, Inc. (a not-for-profit organization), which comprise the statements of financial position as of August 31, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

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, 2024 and 2023, 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.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kentucky Shakespeare, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kentucky Shakespeare, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Kentucky Shakespeare, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kentucky Shakespeare, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*Deming, Malone, Lussary & Petroff*

Louisville, Kentucky  
January 30, 2025

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF FINANCIAL POSITION**

August 31, 2024 and 2023

<b>Assets</b>	<b>2024</b>	<b>2023</b>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 46,531	\$ 14,722
Grants receivable	210,257	198,685
Other receivables	6,679	8,644
Prepaid expenses	<u>1,777</u>	<u>18,155</u>
<b>Total current assets</b>	<u>265,244</u>	<u>240,206</u>
 <b>Property and Equipment</b>		
Leasehold improvements	914,411	914,079
Vehicles	59,986	59,986
Furniture, fixtures and equipment	<u>221,069</u>	<u>221,069</u>
	1,195,466	1,195,134
Less accumulated depreciation	<u>732,877</u>	<u>652,615</u>
	<u>462,589</u>	<u>542,519</u>
 Operating lease right-of-use asset	<u>234,166</u>	<u>275,244</u>
 <b>Total assets</b>	<u><u>\$ 961,999</u></u>	<u><u>\$ 1,057,969</u></u>

See Notes to Financial Statements.

<b>Liabilities and Net Assets</b>	<u>2024</u>	<u>2023</u>
<b>Current Liabilities</b>		
Accounts payable	\$ 114,170	\$ 122,502
Accrued expenses	5,467	30,637
Deferred revenue	15,630	4,165
Current maturities of note payable	3,497	
Current portion of operating lease liability	<u>40,849</u>	<u>38,562</u>
<b>Total current liabilities</b>	179,613	195,866
<b>Long-Term Liabilities</b>		
Note payable, less current maturities	146,503	150,000
Operating lease liability, less current portion	<u>198,350</u>	<u>239,199</u>
<b>Total liabilities</b>	<u>524,466</u>	<u>585,065</u>
<b>Net Assets</b>		
Without donor restrictions	260,876	294,095
With donor restrictions	<u>176,657</u>	<u>178,809</u>
<b>Total net assets</b>	<u>437,533</u>	<u>472,904</u>
<b>Total liabilities and net assets</b>	<u>\$ 961,999</u>	<u>\$ 1,057,969</u>

KENTUCKY SHAKESPEARE, INC.

STATEMENTS OF ACTIVITIES  
Years Ended August 31, 2024 and 2023

	2024			2023		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Support and Revenues</b>						
<b>Support</b>						
Grants	\$ 170,897	\$ 267,180	\$ 438,077	\$ 122,631	\$ 355,624	\$ 478,255
Contributions	411,758	30,743	442,501	299,627	63,200	362,827
Gifts in-kind	12,000		12,000	19,575		19,575
Special events (net of cost of direct benefits to donors of \$15,473 and \$11,654 in 2024 and 2023, respectively)	11,967		11,967	12,825		12,825
	<u>606,622</u>	<u>297,923</u>	<u>904,545</u>	<u>454,658</u>	<u>418,824</u>	<u>873,482</u>
<b>Revenues</b>						
Education programs	274,589		274,589	237,947		237,947
Productions	205,800		205,800	196,072		196,072
Other income	2,234		2,234	14,309		14,309
	<u>482,623</u>		<u>482,623</u>	<u>448,328</u>		<u>448,328</u>
Net assets released from restrictions	<u>300,075</u>	<u>(300,075)</u>		<u>423,616</u>	<u>(423,616)</u>	
<b>Total support and revenues</b>	<u>1,389,320</u>	<u>(2,152)</u>	<u>1,387,168</u>	<u>1,326,602</u>	<u>(4,792)</u>	<u>1,321,810</u>
<b>Expenses</b>						
Program services	1,205,329		1,205,329	1,214,993		1,214,993
Management and general	156,369		156,369	146,961		146,961
Fundraising	60,841		60,841	77,051		77,051
<b>Total expenses</b>	<u>1,422,539</u>		<u>1,422,539</u>	<u>1,439,005</u>		<u>1,439,005</u>
<b>Net change in total net assets</b>	(33,219)	(2,152)	(35,371)	(112,403)	(4,792)	(117,195)
Net assets, beginning of year	<u>294,095</u>	<u>178,809</u>	<u>472,904</u>	<u>406,498</u>	<u>183,601</u>	<u>590,099</u>
Net assets, end of year	<u>\$ 260,876</u>	<u>\$ 176,657</u>	<u>\$ 437,533</u>	<u>\$ 294,095</u>	<u>\$ 178,809</u>	<u>\$ 472,904</u>

See Notes to Financial Statements.

## Years Ended August 31, 2024 and 2023

See Notes to Financial Statements.

**KENTUCKY SHAKESPEARE, INC.**

**STATEMENTS OF CASH FLOWS**

Years Ended August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Cash Flows from Operating Activities</b>		
Cash received from grants and contributions	\$ 851,406	\$ 778,010
Cash received from productions, education and other sources	523,493	454,170
Cash paid to suppliers and employees	(1,336,198)	(1,234,266)
Interest paid	<u>(24,160)</u>	<u>(17,549)</u>
<b>Net cash provided by (used in) operating activities</b>	14,541	(19,635)
<b>Cash Flows Used in Investing Activities</b>		
Expenditures for property and equipment	(332)	(86,592)
<b>Cash Flows Provided by Financing Activities</b>		
Contributions and grants restricted for property and equipment	<u>17,600</u>	<u>66,124</u>
<b>Net change in cash and cash equivalents</b>	31,809	(40,103)
Cash and cash equivalents, beginning of year	<u>14,722</u>	<u>54,825</u>
Cash and cash equivalents, end of year	<u>\$ 46,531</u>	<u>\$ 14,722</u>

See Notes to Financial Statements.



	<u>2024</u>	<u>2023</u>
<b>Reconciliation of Net Change in Total Net Assets to Net Cash Provided by (Used in) Operating Activities</b>		
<b>Net change in total net assets</b>	<b>\$ (35,371)</b>	<b>\$ (117,195)</b>
Adjustments to reconcile net change in total net assets to net cash provided by (used in) operating activities:		
Depreciation	80,262	87,169
Other change in operating lease	2,516	2,517
Loss on disposal of property and equipment		620
Contributions and grants restricted for property and equipment	(17,600)	(66,124)
Change in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	(11,572)	3,052
Other receivables	1,965	(7,444)
Prepaid expenses	16,378	(16,379)
Increase (decrease) in:		
Accounts payable	(8,332)	100,190
Accrued expenses	(25,170)	(5,736)
Deferred revenue	<u>11,465</u>	<u>(605)</u>
Total adjustments	<u>49,912</u>	<u>97,260</u>
<b>Net cash provided by (used in) operating activities</b>	<b>\$ <u>14,541</u></b>	<b>\$ <u>(19,935)</u></b>

**Supplemental Schedule of Non-Cash Investing and Financing Activities**

Purchases of property and equipment in accounts payable	<u>\$ 17,163</u>
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## KENTUCKY SHAKESPEARE, INC.

### NOTES TO FINANCIAL STATEMENTS

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

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

Kentucky Shakespeare, Inc. (Organization) 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. The Organization is supported by contributions, grants, and program service fees.

##### **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 – without donor restrictions and with 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. The Organization's donor-imposed restrictions are temporary in nature 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.

## NOTES TO FINANCIAL STATEMENTS

### 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:

Grants receivable consist of unconditional promises to give that are recorded at net realizable value upon receipt. 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. As of August 31, 2024 and 2023, there is no allowance for uncollectible grants recorded as balances are considered fully collectible. If an amount becomes uncollectible, the balance will be charged to an allowance in the year when that determination is made.

### Accounts receivable:

Accounts receivable represent contract assets and consist of amounts due for education programs and productions. Accounts receivable are included in other receivables on the statement of financial position at historical value adjusted for any charge offs and the allowance for current expected credit losses (CECL). Accounts receivable are charged off in the period in which they are deemed uncollectible. The allowance for current expected credit losses is management's estimate of probable losses determined on the basis of historical collection experience, known troubled accounts, and management's expectations about current and future economic conditions. There was no allowance for credit losses at August 31, 2024 and 2023. If an amount becomes uncollectible, the balance is written off through an allowance in the year so determined.

### Property, equipment and depreciation:

Property and equipment are recorded at cost, if purchased, or fair 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 and ticket sales received in advance for future activities and programs. The beginning of year deferred revenue balances are \$4,165 and \$4,770 for the years ending August 31, 2024 and 2023, respectively. Contract revenues are reported in the fiscal year in which they are earned.

## **NOTES TO FINANCIAL STATEMENTS**

### **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 type of program with payments made in advance of the performance. The Organization also receives revenue from educational camps held during the 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 36% and 34% of the Organization's revenues are derived under contracts for the years ended August 31, 2024 and 2023, respectively. Contract revenues are reported as Education Programs and Productions on the statements of activities. For the years ended August 31, 2024 and 2023, approximately 90% of contract revenue resulted from performance obligations that were satisfied at a point in time and 10% resulted from performance obligations that were satisfied over time. The beginning of year accounts receivable balances are \$8,644 and \$1,200 for the years ended August 31, 2024 and 2023, respectively.

The Organization has determined that the nature, amount, timing and uncertainty of contract revenues and cash flows are affected by the economy, availability of public/educational funds impacting a school's ability to pay for programs and demand for services, 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 statements of activities as net assets released from restrictions. Conditional promises to give are not included as contributions until the conditions are substantially met.

## NOTES TO FINANCIAL STATEMENTS

### In-kind contributions:

The Organization received the following in-kind contributions for the years ended August 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Services:		
Bartending services	\$ 8,000	\$ 8,000
Production services		6,575
Goods:		
Marketing - signage	<u>4,000</u>	<u>5,000</u>
	<u>\$12,000</u>	<u>\$19,575</u>

In-kind contributions are reported as contributions at their estimated fair value on the date of receipt and reported as expenses when utilized. Estimated fair value is determined based on information provided by the donor regarding the value of goods and services received or comparable rent rates in the local market. The Organization's policy is to utilize in-kind contributions. The Organization did not monetize any in-kind contributions for the years ended August 31, 2024 and 2023. In-kind marketing consists of signage and design utilized to promote the Organization and its services.

Contributed services must meet the specific expertise requirements and would normally have been purchased before they are recorded. For the years ended August 31, 2024 and 2023, in-kind bartending services of \$8,000 were recognized for concession services at productions. For the year ended August 31, 2023, in-kind performer flying services of \$6,575 were recognized for production effects.

### 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, 2024 and 2023 was \$54,595 and \$43,728, respectively.

## NOTES TO FINANCIAL STATEMENTS

### Use of estimates:

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

### Income taxes:

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

As of August 31, 2024 and 2023, 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 standards adopted:

On September 1, 2023, the Organization adopted ASU 2016-13, *Financial Instruments – Credit Losses (Topic 326)*. This standard replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. CECL requires an estimate of credit losses for the remaining estimated life of the financial asset using historical experience, current conditions, and reasonable and supportable forecasts and generally applies to financial assets measured at amortized cost, including accounts receivable. Financial assets measured at amortized cost will be presented at the net amount expected to be collected by using an allowance for credit losses.

The Organization adopted ASC 326 using the modified retrospective approach. There was no transition adjustment with the adoption of CECL.

### Leases:

The Organization evaluates contracts at inception and when terms of an existing contract are changed to determine if an arrangement is or contains a lease. Operating leases are included in operating lease right-of-use asset and operating lease liability on the statement of financial position. Short-term leases (leases with an initial term of twelve months or less that do not contain a purchase option that is likely to be exercised) are not recorded on the statement of financial position. The Organization has no finance leases.

## NOTES TO FINANCIAL STATEMENTS

Lease ROU assets represents the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease. The ROU asset also includes initial direct costs and prepaid lease payments made, if any, less lease incentives, if any. Lease ROU assets and liabilities are recognized at the commencement date based on the present value of the future lease payments over the lease term.

The Organization's leases do not provide an implicit rate, so the Organization utilizes the risk free rate based on the information available at the commencement date for each lease in determining the present value of lease payments. The risk free rate is reevaluated upon lease modification. Lease ROU assets include initial direct costs and prepaid lease payments made, if any, less lease incentives, if any. The Organization's lease terms may include options to extend or terminate the lease when it is reasonably certain that the Organization will exercise the option.

### Subsequent events:

Subsequent events have been evaluated through January 30, 2025, 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 statements of financial position dates, comprise the following:

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 46,531	\$ 14,722
Grants receivable	210,257	198,685
Other receivables	6,679	8,644
Less funds with donor restrictions	<u>(62,701)</u>	<u>(55,024)</u>
	<u>\$200,766</u>	<u>\$167,027</u>

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. The Organization continues its work to obtain additional grant funding and increase education program revenue through expanded programming and outreach.

## NOTES TO FINANCIAL STATEMENTS

### Note 3. Grants Receivable

Grants receivable are due within one year and consist of the following as of August 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Fund for the Arts	\$113,956	\$123,785
National Endowment for the Arts		22,500
Louisville Metro Government	50,000	20,000
Arts for All Kentucky	10,322	
Kentucky Arts Council	11,379	19,876
The Honorable Order of Kentucky Colonels	12,600	7,024
Kentucky Tourism Arts Heritage Council	10,000	
Miscellaneous	<u>2,000</u>	<u>5,500</u>
Total grants receivable	<u>\$210,257</u>	<u>\$198,685</u>

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

Changes in net assets with donor restrictions for the years ended August 31, 2024 and 2023 are as follows:

<u>Restriction</u>	<u>Balance 8-31-23</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-24</u>
Timing	\$123,785	\$113,956	\$(123,785)	\$113,956
Property and equipment	7,024	17,600	(7,024)	17,600
Programs	<u>48,000</u>	<u>166,367</u>	<u>(169,266)</u>	<u>45,101</u>
	<u>\$178,809</u>	<u>\$297,923</u>	<u>\$(300,075)</u>	<u>\$176,657</u>

<u>Restriction</u>	<u>Balance 8-31-22</u>	<u>Contributions and Grants</u>	<u>Released from Restrictions</u>	<u>Balance 8-31-23</u>
Timing	\$131,920	\$123,785	\$(131,920)	\$123,785
Property and equipment	11,681	76,124	(80,781)	7,024
Programs	<u>40,000</u>	<u>218,915</u>	<u>(210,915)</u>	<u>48,000</u>
	<u>\$183,601</u>	<u>\$418,824</u>	<u>\$(423,616)</u>	<u>\$178,809</u>

The timing restrictions as of August 31, 2024 and 2023 relate to a contribution from Fund for the Arts, which is for use in the years ended August 31, 2025 and 2024, respectively.



## NOTES TO FINANCIAL STATEMENTS

As of August 31, 2023, the total net assets with donor restrictions of \$178,809 were in excess of the total available restricted grants receivable and cash of \$172,531 by \$6,278. The Organization replenished the funds out of operations during the year ended August 31, 2024. Restricted grants receivable and cash were in excess of total net assets with donor restrictions as of August 31, 2024.

### **Note 5. Note Payable**

The note payable consists of the following as of August 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Note payable to the U.S. Small Business Administration, payable in monthly installments of \$641 beginning in November 2022, including interest of 2.75% through May 2050. Payment first applied to outstanding accrued interest. All tangible and intangible personal property is pledged as collateral on this note.	\$150,000	\$150,000
Less current maturities	<u>3,497</u>	<u>          </u>
	<u>\$146,503</u>	<u>\$150,000</u>

Future maturities of the notes payable are as follows:

Year ending August 31, 2025	\$ 3,497
2026	3,595
2027	3,695
2028	3,798
2029	3,904
Thereafter	<u>131,511</u>
	<u>\$150,000</u>

The current maturities of note payable as of August 31, 2023 were reclassified to long-term maturities in the current year financial statements to conform to current year presentation with no change to previously reported net assets or change in net assets.

### **Note 6. Employee Benefit Plan**

The Organization maintains 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 \$2,504 and \$4,600 to the plan for the years ended August 31, 2024 and 2023, respectively.

## NOTES TO FINANCIAL STATEMENTS

### Note 7. Leases

The Organization leases office and storage space under operating leases with 10-year and 5-year terms expiring in 2031 and 2026, respectively. The lease agreements do not include any variable payments, material residual value guarantees or restrictive covenants.

The following summarizes lease costs for the years ended August 31:

	<u>2024</u>	<u>2023</u>
<b>Lease costs:</b>		
Operating lease cost – office and storage space	<u>\$49,317</u>	<u>\$49,317</u>
<b>Other information:</b>		
Weighted-average remaining lease term – operating lease	6 years	7 years
Weighted-average discount rate – operating lease	3.21%	3.22%
<b>Supplemental cash flow information:</b>		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$46,800	\$46,800
Right of use assets obtained in exchange for new operating lease liabilities		\$315,085

Office and storage space lease cost is included in rent expense on the statement of functional expenses.

The maturities of operating lease liabilities as of August 31, 2024, are as follows:

2025	\$ 47,800
2026	43,700
2027	36,000
2028	37,000
2029	38,400
Thereafter	<u>60,800</u>
Total lease payments	263,700
Less: present value adjustment	<u>(24,501)</u>
	<u>\$239,199</u>

### Note 8. Concentrations and Contingencies

The Organization receives a significant portion of its revenues from Fund for the Arts. Revenues from Fund for the Arts represented 11% of net revenues during the year ended August 31, 2023. There was no similar concentration of revenues for the year ended August 31, 2024. See Note 3 for amounts receivable from Fund for the Arts, which are 54% and 62%, respectively of grants receivable at August 31, 2024 and 2023. Changes in the future allocation of funding from this donor could have a significant impact on the Organization's operations.



**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:



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.  
Client Assistance, Community Events and Festivals, and Other Expenses.
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?  
Who, What, When, and Where.
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.

Grantee Representative Signature

**1.31.25**

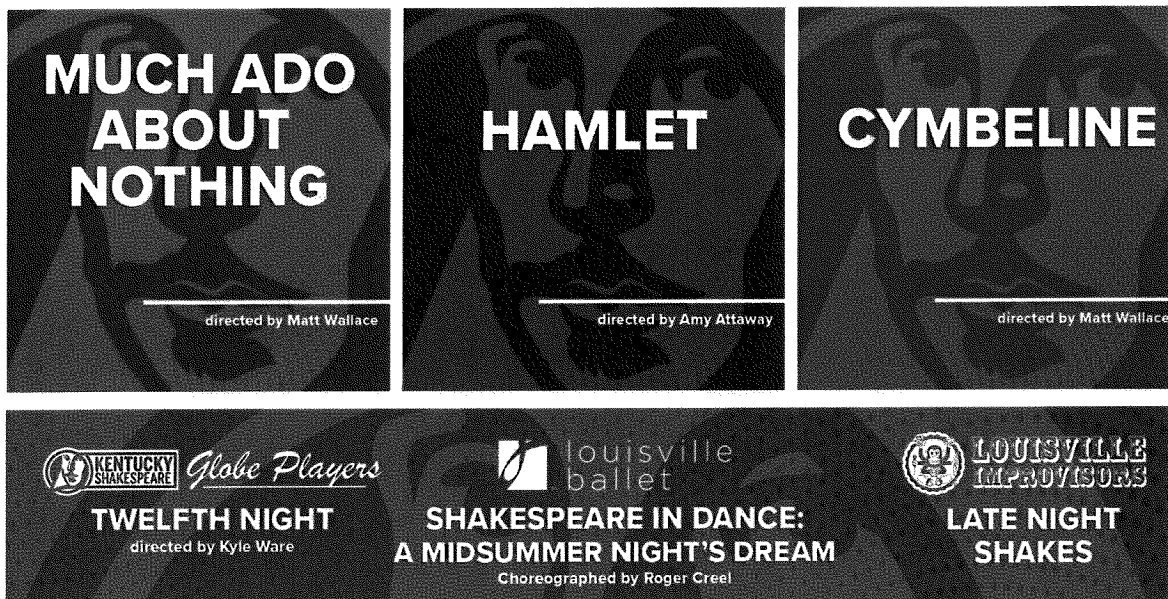
Date

**NOTE:** Please return to Roxanne Steele

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



## 65<sup>th</sup> Anniversary Season Schedule of FREE Kentucky Shakespeare Festival in Central Park

### Nightly Schedule:

6:00 p.m. *Food Trucks*

7:00 p.m. *Kids' Globe, Will's Gift Shop, Will's Tavern*

7:15 p.m. *Community Pre-show Performance*

8:00 p.m. *Performance*

### MUCH ADO ABOUT NOTHING

By William Shakespeare

Directed by Matt Wallace

May 28-June 15; July 16, 19, 22, 25

"Thou and I are too wise to woo peaceably."

The 65<sup>th</sup> season kicks off with one of the greatest romantic comedies ever written. It's a battle of wits, and love is in the air, as mischievous games, pranks, and plots abound in this irresistible comedy.

### HAMLET

By William Shakespeare

Directed by Amy Attaway

June 19-29; July 15, 18, 23, 26

"Something is rotten in the state of Denmark."

Shakespeare's unparalleled masterpiece is a haunting tale of corruption, betrayal, and revenge. Follow Hamlet through an electrifying and unforgettable journey into the human soul.

### CYMBELINE

By William Shakespeare; adapted by Gregory Maupin

Directed by Matt Wallace

July 3, 5, 6; 8-13; 17, 20, 24, 27

"O, for a horse with wings!"

Shakespeare's inventive fairy tale of love, loss, and legacy... An evil stepmother, long-lost princes, a banished lover, dastardly villains, and a lion-hearted princess on a quest to Happily Ever After.

Kentucky Shakespeare's Globe Players  
professional training program for high school students

### **TWELFTH NIGHT**

Directed by Kyle Ware

July 31-August 3

Kentucky Shakespeare's Globe Players professional training program takes the stage, presenting Shakespeare's beloved comedy, directed by Director of Education Kyle Ware. The cast is comprised of students from multiple area high schools and the production is the culmination of a five-week training program.

Louisville Ballet

Shakespeare in Dance

### **A MIDSUMMER NIGHT'S DREAM**

Choreographed by Roger Creel

August 6-10

The final week of the summer season, Louisville Ballet returns for a ninth season to present an original dance piece from choreographer Roger Creel, inspired by Shakespeare's classic romantic comedy.

The Louisville Improvisors

### **LATE NIGHT SHAKES**

10:30PM on June 14, June 28, and July 12

The Louisville Improvisors return for a tenth year with *Late Night Shakes* on select Saturdays, bringing late night improvised Shakespeare plays created from audience suggestions.

***ASL interpretation will be provided for the following performances: Thursday, June 5 for Much Ado About Nothing, Thursday, June 26 for Hamlet, Thursday, July 10 for Cymbeline, and Thursday, July 31 for the Globe Players Twelfth Night. (If show canceled due to inclement weather, the makeup rain date will be the following evening – Friday.)***



Kentucky Secretary of State  
Michael G. Adams



KENTUCKY SHAKESPEARE INC.

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General Information

Organization Number	0010680
Name	KENTUCKY SHAKESPEARE INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Industry	Educational Services
Number of Employees	Small (0-19)
Primary County	Jefferson
Status	A - Active
Standing	G - Good
State	KY
File Date	5/8/1963
Organization Date	5/8/1963
Last Annual Report	2/28/2024
Principal Office	616 MYRTLE STREET LOUISVILLE, KY 40208
Registered Agent	MATT WALLACE 616 MYRTLE STREET LOUISVILLE, KY 40208

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