

NDI 08/17/22 ASI DLG
(as amended)

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

Applicant/Program: Art Sanctuary, INC / Land of Tomorrow The
Applicant Requested Amount: \$4,970.00
Appropriation Request Amount: ~~\$500~~ \$4,000
VISION & GRACE OF
FREDRICK LAW ADMISTED

Executive Summary of Request Funds requested to contribute to
Multi media cultural arts exhibition in honor of
the bicentennial year of Olstead's birth & flagship
Parks system designed in 1891.

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

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

6
District #

David A. [Signature]
Primary Sponsor Signature

\$500
Amount

8/4/22
Date

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

Approved by: Paul Bland 9/1/2022
Appropriations Committee Chairman Date
Final Appropriations Amount: _____

57

Applicant/Program: ART Sanctuary, INC / Land of Tomorrow,
The Vision and Grace of Frederick Law Olmsted

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	<u>Angela Bowers</u>	\$ 500
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	<u>CC</u>	\$ 1,000
District 9	<u>Bill Hollander</u>	\$ 250
District 10	<u>Erson Phillips</u>	\$ 250
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	<u>Mark Fox</u>	\$ 250
District 14	<u>Lindi Fowler</u>	\$ 250
District 15	<u>Ken Taylor</u>	\$ 1,000

Applicant/Program: ART Sanctuary, INC / Land of Tomorrow,
The Vision @ Grave of Fredrick Law Olmsted

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 _____ \$ _____

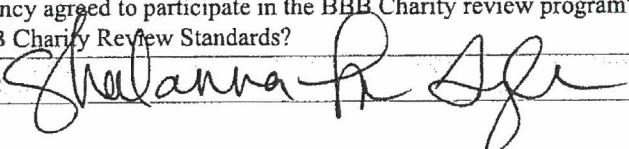
District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Art Sanctuary, INC	
Program Name and Request Amount Land of Tomorrow, The Vision & Space of Fredrick Law Dimsted \$4,970	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	... <input checked="" type="checkbox"/> Y
Is the funding proposed by Council Member(s) less than or equal to the request amount?	... <input checked="" type="checkbox"/> Y
Is the proposed public purpose of the program viable and well-documented?	... <input checked="" type="checkbox"/> Y
Will all of the funding go to programs specific to Louisville/Jefferson County?	... <input checked="" type="checkbox"/> Y
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	... <input checked="" type="checkbox"/> Y
Has prior Metro Funds committed/granted been disclosed?	... <input checked="" type="checkbox"/> Y
Is the application properly signed and dated by authorized signatory?	... <input checked="" type="checkbox"/> Y
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	... <input checked="" type="checkbox"/> Y
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="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	... <input checked="" type="checkbox"/> Y
Is the current Fiscal Year Budget included?	... <input checked="" type="checkbox"/> Y
Is the entity's board member list (with term length/term limits) included?	... <input checked="" type="checkbox"/> Y
Is recommended funding less than 33% of total agency operating budget?	... <input checked="" type="checkbox"/> Y
Does the application budget reflect only the revenue and expenses of the project/program?	... <input checked="" type="checkbox"/> Y
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	... <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	... <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	... <input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	... <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	... <input checked="" type="checkbox"/> Y
Is the IRS Form W-9 included?	... <input checked="" type="checkbox"/> Y
Is the IRS Form 990 included?	... <input checked="" type="checkbox"/> Y
Are the evaluation forms (if program participants are given evaluation forms) included?	... <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	... <input type="checkbox"/> NA
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="checkbox"/> NA No
Prepared by:  Date: 8/4/22	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records Art Sanctuary, INC.</i>			
Main Office Street & Mailing Address: 1433 S. Shelby St., Louisville, KY 40217			
Website: art-sanctuary.org			
Applicant Contact:	Lisa Frye	Title:	President
Phone:	(502) 386-7114	Email:	lisa@art-sanctuary.org
Financial Contact:	Jeff Smith	Title:	Treasurer
Phone:	(773) 878-3548	Email:	jeffsmith@art-sanctuary.org
Organization’s Representative who attended NDF Training: Shannon Westerman			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1212 South 4th Street		
Council District(s):	District 6	Zip Code(s):	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: LAND OF TOMORROW / The Vision & Grace of Frederick Law Olmsted			
Total Request: (\$)	\$ 4,970.00	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30 , list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	N/A	Amount: (\$)	\$ 0.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Located in Louisville, KY, Art Sanctuary is a 501(c)3 non-profit status community-oriented arts collective supporting local visual, literary and performing arts through events, promotion and education.

Art Sanctuary was founded on the premise that art is an integral part of life. Our mission is to help make it possible for artists to further their work and careers at a reasonable cost while helping to provide them with the platforms to do so. Our studios provide space where artists can work, rehearse, record, participate in classes, lectures, and exhibitions and take advantage of discussion, critique and collaboration. We believe Louisville has a lot of artistic talent in need of an integrated and vibrant artistic community where art is what matters. We believe in a Gestalt view of this community where the whole is greater than the sum of its parts and by surrounding ourselves with excellence we further it.

From an outside perspective, Art Sanctuary strives to provide Louisville's patrons and collectors with the cream of the crop. We want to cultivate a community of skilled professional artists with a reputation of pushing the creative envelope with results that put Louisville on the global artistic map, consistently providing a top notch experience for events, exhibitions and studios.

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.):

LAND OF TOMORROW / The Vision & Grace of Frederick Law Olmsted is a multimedia cultural arts exhibition in honor of the bicentennial year of Olmsted's birth and in celebration of the flagship parks system he designed for the City of Louisville in 1891 — Shawnee, Cherokee and Iroquois Parks and their connecting Parkways.

This grassroots community cultural arts experience opens FREE to the public on September 8. Through a collaborative partnership, the exhibit is hosted by Carbon Copy Project Space (5000 sf newly renovated Arts venue founded by local artist Shohei Katayama). The project offers a new level of experiencing Art, Nature and History in one dynamic venue and will bring visitors from across the Metro to Old Louisville.

Community engagement is made possible through the moving images, photographs, sculptures, paintings, drawings, marks, gestures, music and words of the diverse collective of exhibiting artists, engineers & scientists + historic artifacts and the creative possibilities of their shared interaction.

Rooted in Olmsted's values of universal access to parks and the health & environmental benefits of open space and resilient environmental design, the exhibition will examine the enduring influence of this American visionary and the collective sustainability of Louisville's iconic system of Olmsted Parks.

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

Financial support from NDF will offset expenses related to the presentation production and operating costs of the community-based exhibition, September-October 2022. Curated and produced by Art Sanctuary's partner in Visual Arts and former director of LVA, Shannon Westerman.

The exhibition is primarily planned and operated by a diverse cadre of local volunteers. Yet there are "hard costs" expenses required to produce and implement a high quality landmark exhibition program. Expenses include but are not limited to:

- professional services for gallery preparation and presentation infrastructure
- marketing, advertising and media communications
- equipment and presentation materials & fabrication (lights, temporary walls, frames, pedestals, vitrines)
- shipping, printing, signage, insurance, professional security, food and beverage, paint, maintenance, cleaning service and supplies, office supplies, reproduction services; venue rental, utilities; community outreach & educational programming, insurance, design & facilitation; et al.

Total Estimated Expense Budget. \$10,640

Includes payments to more than 20 local vendors, businesses and organizations comprised of independent contractors, educators, infrastructure support personnel, artisans, caterer, security, insurer, maintenance and cleaning services, etc.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Olmsted Parks have served a vital and critical role during the past two years of public health pandemic and civil unrest around Social Justice/Breonna Taylor. Through the lens' of a diverse group of artists, historians, scientists, writers and musicians, LAND OF TOMORROW propagates Olmsted's values for public urban spaces; safe, transcendental scenic spaces where citizens may gather freely to escape urban ills, play, create, hike, eat ,exercise or meditate, etc. This exhibition benefits ALL RESIDENTS and ALL PARKS and by increasing awareness of "Olmsted Parks brand", park activation will increase.

Exhibition impact is measured in myriad ways. Through documentation of visitors by zip code, number of students and participation in various research activities introduced through the exhibit. For example, each adult visitor could receive a short survey about their Parks from Louisville Metro Parks & Recreation. One could complete the form on-site, at home or online giving Metro officials first-hand information on topics of shared interest. The exhibition will also be one of the few arts & culture narratives the media will actually cover this Fall. Why? because this is a grassroots community project based on a community asset loved by residents in every neighborhood across every district of Louisville Metro.

The exhibition is designed for a diverse city and educational outreach is a key component. The LAND OF TOMORROW has four primary communal objectives:

- HONOR Frederick Law Olmsted (1822-1903), the father of American landscape architecture and designer of Shawnee, Iroquois and Cherokee Parks system and the bicentennial year of his birth.
- ELEVATE the vital role of public green spaces to our environmental and cultural ecosystems.
- ACCENTUATE the value of Olmsted Parks to our personal well-being and to the collective sustainability of the city we love. - CELEBRATE! Olmsted Parks are beloved examples of Public Art and embedded in the fabric of every neighborhood across Louisville Metro.

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.

Art Sanctuary is a conduit to discovering creativity within our communities and its residents. Increased Collaboration is at the heart of our strategic planning process and LAND OF TOMORROW aligns with our organization's mission and value system. Several resident artists with studio space at Art Sanctuary in Germantown are participating in this landmark exhibition. This project builds on existing collaborative program partnerships currently shared with LVA, School of Rock, Out Loud Louisville, Drag Daddy Productions, Time Slip Theater, Chicken Coop Theater, Arts-Louisville, Mind's Eye Theater, Louisville Youth Group, LEO Weekly, Germantown-Schnitzelburg Neighborhood Association, and many more...

This cultural arts project cultivates potential expansion beyond AS's core programs of performance-based activities. Creating new, diverse programming (subsequent to 14-months pandemic shut-down) is paramount to AS sustainability. Partnerships such as the one with LAND OF TOMORROW enable cross-fertilization w organizations beyond traditional frameworks. Working together with the Olmsted Conservancy' KYCAD and over thirty individual community artists and other organization benefits not only our agency but serves as catalyst for sustaining communal relationships, today and in the long-term. Finally, this project exemplary of AS's commitment to its strategic plan, ie, to increase the number/level of collaborative partnerships with local, regional, state and national agencies by 30% by FY 2025. Increasing collaborative partnerships will advance diversification of community-based programs; programs and events that engage, educate and energize Louisvillians of all ages and backgrounds.

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
A: Personnel Costs Including Benefits	\$ 600.00	\$ 600.00	\$ 1,200.00
B: Rent/Utilities	\$ 200.00	\$ 200.00	\$ 400.00
C: Office Supplies	\$ 100.00	\$ 200.00	\$ 300.00
D: Telephone	\$ 120.00	\$ 120.00	\$ 240.00
E: In-town Travel	\$ 50.00	\$ 50.00	\$ 100.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts	\$ 1,500.00	\$ 1,500.00	\$ 3,000.00
H: Program Materials	\$ 750.00	\$ 750.00	\$ 1,500.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment	\$ 300.00	\$ 300.00	\$ 600.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)	\$ 1,350.00	\$ 1,950.00	\$ 3,300.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 4,970.00	\$ 5,670.00	\$ 10,640.00
% of Program Budget	46.71%	53.29%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 2,170.00
Fees Collected from Program Participants	
Other (please specify) <i>raised funds</i>	\$ 3,500.00
Total Revenue for Columns 2 Expenses **	\$ 5,670.00

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail 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
Carbon Copy Project Space	\$ 2,000.00	Monthly Rental
Kentucky College of Art and Design	\$ 2,500.00	Hard goods, specialized personnel & art services
Frazier History Museum & Filson Historical Society	\$ 4,000.00	Loaned materials: research, documents, art
National Association of Olmstead Parks	\$ 2,000.00	Research consulting and historical content services
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$ 10,500.00	

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

Agency Fiscal Year Start Date: 01/01/2022

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:

We are hoping for an increase since we have been reopened after being shuttered during covid-19.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

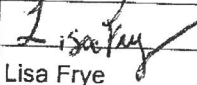
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	07/21/2022
Legal Signatory: (please print):	Lisa Frye	Title:	President/Founder
Phone:	(502) 386-7114	Extension:	
Email:	lisa@art-sanctuary.org		

INTERNAL REVENUE SERVICE
P. O. BOX 2506
CINCINNATI, OH 45201

20107065601

DEPARTMENT OF THE TREASURY

Date: AUG 22 2007

ART SANCTUARY INC
PO BOX 4873
LOUISVILLE, KY 40204-0873

Employer Identification Number:
20-1670696
DIN:
17951122047007
Contact Person:
DONNA ELLIOT-MOORE ID# 50304
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
509(a)(2)
Form 990 Required:
YES
Effective Date of Exemption:
JANUARY 4, 2005
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CS)

Harward, Sonya

From: Bell, LaTonya J.
Sent: Wednesday, August 17, 2022 12:19 PM
To: Harward, Sonya
Cc: Taylor, Shalanna
Subject: FW: Art Sanctuary - Tax-exempt Documents (2/ea)
Attachments: IMG-1385.jpg; IMG-1386.jpg

Good morning,

Please add this email and the attachments to D6's Item #5. **NDF081722ASI06**. Thank you.

5. **NDF081722A** *APPROPRIATING \$500 FROM DISTRICT 6 NEIGHBORHOOD
SI06 DEVELOPMENT FUNDS, THROUGH THE OFFICE OF MANAGEMENT
AND BUDGET, TO ART SANCTUARY, INC. FOR THE LAND OF
TOMORROW/THE VISION AND GRACE OF FREDERICK LAW
OLMSTED.*

Sponsors: Primary David James (D-6)

Attachments: [NDF081722ASI06.pdf](#)

[Olmsted Presentation 8.17.22.pdf](#)

Comments: Requested \$4,970.00 of \$10,640.00 expenditures associated with the cost for Land of Tomorrow/The Vision & Grace of Frederick Law Olmsted. The NDF funds will offset expenses related to the presentation production and operating costs of the community-based exhibition, September through October 2022. The organization requested reimbursement from application date July 21, 2022.

Results for Tax Exempt Organization Search

Select Database ⓘ

Search All ▼

Search By ⓘ

Organization Name ▼

Search Term €

art sanctuary

City

Enter City

State

All States ▼

Country

United States

Search

Reset

[Search Tips](#)

Showing 1-18 results of 18

Sort by:

Name A-Z

Aaa Heart Sanctuary Inc.

EIN: 87-4283483 | Egnar, CO, United States

Pub 78 Data Determination Letters

Acadia Art Sanctuary

EIN: 45-1471359 | Ellsworth, ME, United States

Determination Letters Form 990-N Auto-Revocation List

Art Sanctuary

EIN: 23-2978415 | Philadelphia, PA, United States

Pub 78 Data Copies of Returns

Art Sanctuary

EIN: 23-2978416 | --, --, United States

Copies of Returns

Art Sanctuary Inc.

EIN: 20-1670656 | Louisville, KY, United States

Pub 78 Data Form 990-N Copies of Returns

[< Back to Search Results](#)

Art Sanctuary Inc.

EIN: 20-1670656 | Louisville, KY, United States

> Other Names

ART SANCTUARY
ART SANCTUARY INC

Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in deter

On Publication 78 Data List: Yes

Deductibility Code: PC

From: Taylor, Shalanna <Shalanna.Taylor@louisvilleky.gov>

Sent: Wednesday, August 17, 2022 11:35 AM

To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>

Subject: FW: Art Sanctuary - Tax-exempt Documents (2/ea)

Are these the two pages needed?



Shalanna Taylor
Legislative Assistant
President David James District 6 Office
601 W. Jefferson Street Louisville, Ky 40202

| Office: 502-574-1106 |

| Direct: 502-574-3910 |

| Cell: 502-724-3684 |

Click [here](#) to subscribe to the District 6 Newsletter

From: Shannon Westerman <shannon.westerman77@gmail.com>

Sent: Tuesday, August 16, 2022 5:26 PM

To: Taylor, Shalanna <Shalanna.Taylor@louisvilleky.gov>

Cc: lisa@art-sanctuary.org

Subject: Art Sanctuary - Tax-exempt Documents (2/ea)

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

Hi Shalanna-

Attached, please find copies of Art Sanctuary's Notification of tax-exemption status per Dept of Treasury, dated August 2007. The attachments , then, fulfill OMB's request for Art Sanctuary's NFD application compliance.

I will be at Metro Hall on Wednesday between 4-4:15pm.

Thank you, again, for your assistance and insight to the NDF grant application process. Fingers crossed, hopes high!



1435 S. Shelby St. | Louisville, KY 40217 | art-sanctuary.org

Art Sanctuary, INC
FY23 Budget Summary

REVENUE	FY 23 Budget Amount	
Corporate Support	\$2500	
Donations + Grants	\$40,500	
Event Revenue	\$420,000	
Gallery Sales	\$3100	
Merchandise Sales	\$5600	
Artist Studio Rental	\$38,800	
TOTAL REVENUE		\$510,500
EXPENSES		
Contract Labor	\$17,500	
Building, Equipment & Plant Operations	\$35,000	
General & Administrative	\$79,500	
Event Operations Expenses	\$64,500	
Performing Arts Expenses	\$6100	
Payroll Expenses+Taxes	\$188,200	
Sales Taxes	\$8100	
Subcontractor Services & Performer Fees	\$104,400	
Taxes	\$7200	

TOTAL EXPENSES		\$510,500
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Art Sanctuary, INC.

Statement of Activity

January 1 - July 22, 2022

	TOTAL
Revenue	
Contributions	
Corporate Support	1,296.14
Individual Donations	19,829.92
Total Contributions	21,126.06
Event Revenue	123,107.75
Bar Revenue	90,209.13
Event Income	75.00
Total Event Revenue	213,391.88
Gallery Sales	1,548.56
Interest Income	0.04
Merchandise	2,829.00
Rental Revenue	750.00
Artist Space Rental Revenue	19,413.30
Total Rental Revenue	20,163.30
Sales	0.08
Total Revenue	\$259,058.92
Cost of Goods Sold	
Cost of Goods Sold	347.70
Total Cost of Goods Sold	\$347.70
GROSS PROFIT	\$258,711.22
Expenditures	
Building & Equipment	3,732.11
Alarm	120.00
Building Supplies	2,167.30
Insurance Expense	1,723.19
Utilities	623.37
Electric	6,086.41
Fire Panel Monitoring	1,249.00
Internet Expenses	685.86
Security	-1,825.61
Telephone Expense	665.00
Trash Disposal	120.00
Water	2,128.57
Total Utilities	9,732.60
Total Building & Equipment	17,475.20
Contract Labor	8,896.00

Art Sanctuary, INC.

Statement of Activity

January 1 - July 22, 2022

	TOTAL
General & Administrative	
Accounting Fees	252.87
Accounting Software	570.00
Total Accounting Fees	822.87
Annual Report	15.00
Bank Service Charges	33.75
Credit Card Fees	1,539.53
Dues and Subscriptions	420.00
Interest Expense	-0.10
Liquor License	2,600.00
Marketing	2,066.49
Office Supplies	-17.80
Postage and Delivery	93.27
Rent Expense for AS Building	30,950.31
Total General & Administrative	38,523.32
Operations	
Background Check	55.00
Event Expenses	1,352.82
Alcohol	14,595.06
Bar Supplies	14,914.55
Costumes	1,248.50
Equipment Rental	379.50
Music	160.65
Total Event Expenses	32,651.08
Gallery Sales Payment	1,470.00
Meeting	653.27
Performing Arts Expenses	
Bartender Contract Fees	2,907.50
Total Performing Arts Expenses	2,907.50
Petty Cash	490.00
Travel Expense	8.84
Total Operations	38,235.69
Payroll Expenses	
Taxes	6,759.23
Wages	87,426.98
Total Payroll Expenses	94,186.21
Sales Tax Expense	4,101.20
Subcontract Services&Performer Fees	54,204.87

Art Sanctuary, INC.

Statement of Activity

January 1 - July 22, 2022

	TOTAL
TAX	3,546.78
Total Expenditures	\$259,169.27
NET OPERATING REVENUE	\$ -458.05
Other Expenditures	
Event Deposit Refund	500.00
Total Other Expenditures	\$500.00
NET OTHER REVENUE	\$ -500.00
NET REVENUE	\$ -958.05

Art Sanctuary, INC.

Statement of Activity

January - December 2021

	TOTAL
Utilities	2,164.44
Electric	5,057.62
Fire Panel Monitoring	360.00
Internet Expenses	1,171.76
Security	120.00
Telephone Expense	1,140.66
Total Utilities	10,014.48
Total Building & Equipment	24,772.03
Contract Labor	6,023.80
General & Administrative	
Accounting Fees	669.50
Accounting Software	849.88
Total Accounting Fees	1,519.38
Annual Report	15.00
Bank Service Charges	113.73
Dues and Subscriptions	1,074.00
Interest Expense	-0.12
Marketing	3,760.22
Website	42.34
Total Marketing	3,802.56
Postage and Delivery	4.45
Rent Expense for AS Building	46,797.63
Total General & Administrative	53,326.63
Operations	
Background Check	300.00
Event Expenses	1,252.79
Alcohol	10,806.31
Bar Supplies	8,349.03
Costumes	1,318.74
Equipment Rental	45.53
Music	130.36
Other Event Supplies	604.76
Total Event Expenses	22,507.52
Gallery Sales Payment	1,277.50
Meeting	214.64
Payroll Expenses	
Payroll Tax	1,171.78
Total Payroll Expenses	1,171.78

Art Sanctuary, INC.

Statement of Activity
January - December 2021

	TOTAL
Performing Arts Expenses	
Bartender Contract Fees	859.00
Total Performing Arts Expenses	859.00
Petty Cash	0.00
Printing	175.00
Travel Expense	134.22
Total Operations	26,639.66
Payroll Expenses	
Taxes	6,873.90
Wages	81,611.46
Total Payroll Expenses	88,485.36
Photo Biennial Fee	150.00
Sales Tax Expense	2,593.46
Subcontract Services&Performer Fees	32,452.66
Total Expenditures	\$234,443.60
NET OPERATING REVENUE	\$143,826.38
NET REVENUE	\$143,826.38

**Mary Morrow & Associates
1347 S 3rd St Ste 304
Louisville, KY 40208-3300
502-419-8025**

July 28, 2021

CONFIDENTIAL

ART SANCTUARY
1433 SOUTH SHELBY ST
LOUISVILLE, KY 40217

Dear LISA & FRANKIE:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Mary Morrow & Associates

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

ART SANCTUARY

20-1670656

Net Asset / Fund Balance at Beginning of Year 51,309

Revenue

Contributions	<u>32,757</u>	
Program service revenue	<u>98,548</u>	
Investment income		
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>40,262</u>	
Total revenue		<u>171,567</u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u>176,534</u>
Excess / (deficit)		<u>-4,967</u>

Changes 3,116

Net Asset / Fund Balance at End of Year 49,458

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	_____

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	_____

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>55,146</u>	<u>53,178</u>	
Liabilities	<u>3,837</u>	<u>3,720</u>	
Net assets	<u><u>51,309</u></u>	<u><u>49,458</u></u>	<u><u>-1,851</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

20-1670656

ART SANCTUARY

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>1</u>	
Income from all activities		<u>592</u>	
Losses from all activities		_____	
Unrelated business taxable income from all trades			<u>592</u>
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits		_____	
Charitable contributions		_____	
Net operating loss (prior to 2018)		_____	
Specific deduction		<u>1,000</u>	
Section 199A Deduction (Trusts Only)		_____	
Total adjustments			<u>(1,000)</u>
Unrelated business taxable income			<u>_____</u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax		_____	
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities		_____	
Tax Due			
Foreign tax credit and other credits		_____	
General business credits		_____	
Prior year minimum tax credit		_____	
Total nonrefundable credits			
Other taxes		_____	
Total tax			<u>_____</u>
Payments & Penalties			
Estimated tax payments and Tax withheld		_____	
Paid with extension		_____	
Refundable credits and other payments		_____	
Payments			
Net tax due			<u>_____</u>
Estimated tax penalty		_____	
Interest on late payments		_____	
Failure to file penalty		_____	
Failure to pay penalty		_____	
Penalties			
Balance due			<u>_____</u>
Total overpayment		_____	
Overpayment applied to next year's tax		_____	
Refund			<u>_____</u>

Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	<u>_____</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/17/21

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 2020, and ending 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

ART SANCTUARY

Taxpayer identification number

20-1670656

Name and title of officer or person subject to tax

**LISA FRYE
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	171,567
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Mary Morrow & Associates** to enter my PIN **20167** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **07/15/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61213452535

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **07/15/21**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning 2020, and ending 20

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax

ART SANCTUARY

Taxpayer identification number

20-1670656

Name and title of officer or person subject to tax

**LISA FRYE
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Mary Morrow & Associates to enter my PIN 20167 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **07/15/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61213452535

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **07/15/21**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	ART SANCTUARY Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1433 SOUTH SHELBY ST City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE KY 40217
<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	D Employer identification number 20-1670656
E Telephone number 502-638-0665	
F Group Exemption Number ▶	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: N/A	
J Tax-exempt status (check only one) — <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	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 171,567	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	32,757
	2 Program service revenue including government fees and contracts	2	98,548
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	40,262	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	171,567	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	47,937
	13 Professional fees and other payments to independent contractors	13	41,193
	14 Occupancy, rent, utilities, and maintenance	14	65,927
	15 Printing, publications, postage, and shipping	15	73
	16 Other expenses (describe in Schedule O)	16	21,404
17 Total expenses. Add lines 10 through 16	17	176,534	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-4,967
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	51,309
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	3,116
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	49,458

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
FRYE
Located at 1433 SHELBY ST LOUISVILLE KY ZIP + 4 40217
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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with columns Yes, No and row 46 with X in No column.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Input box for Schedule O

47 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

Table with columns Yes, No and row 47 with X in No column.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48 with X in No column.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a with X in No column.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b with X in No column.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All rows contain 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes/No checkboxes with X in Yes.

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.

Sign Here: Signature of officer LISA FRYE, Date, Type or print name and title PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name Mary C Morrow, Preparer's signature, Date 07/27/21, Check self-employed, PTIN P00769897, Firm's name Mary Morrow & Associates, Firm's address 1347 S 3rd St Ste 304 Louisville, KY 40208-3300, Firm's EIN 73-1688464, Phone no. 502-419-8025

May the IRS discuss this return with the preparer shown above? See instructions

Yes/No checkboxes with X in Yes.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ART SANCTUARY

Employer identification number
20-1670656

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		10,087	9,351	19,155	32,757	71,350
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		10,087	9,351	19,155	32,757	71,350
5 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)						
6 Public support. Subtract line 5 from line 4						71,350

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4		10,087	9,351	19,155	32,757	71,350
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		29,884				29,884
11 Total support. Add lines 7 through 10						101,234
12 Gross receipts from related activities, etc. (see Instructions)					12	548,530
13 First 5 years. 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 stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	70.48 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	56.36 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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 stop here. 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 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. 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 stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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 stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. 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 stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 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?
- 2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 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 Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

2 Activities Test. Answer lines 2a and 2b below.

- a 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 Part VI 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 Did the activities described in 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a 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 Part VI.
 - 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 Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Part II, Line 10 - Other Income Detail

Other income \$ 29,884

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ART SANCTUARY

Employer identification number

20-1670656

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
BAR ACTIVITY	\$ 40,262
Total	\$ 40,262

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
VAVA PERFORMANCES	\$ 36
ART GALLERY	
Cost of Goods Sold	\$ 654
BAR ACTIVITY	
LIQUOR LICENSE	\$ 3,788
	\$ 666
SALES TAX	\$ 2,064
Cost of Goods Sold	\$ 9,494

Expenses

MARKETING/WEBSITE	\$ 410
	\$ 410
SUPPLIES	\$ 231
MEETINGS	\$ 664
BANK FEES	\$ 330
SEC OF STATE	\$ 15
DUES & SUBSCRIPTIONS	\$ 642
BACKGROUD CHECKS	\$ 247

Schedule O (Form 990 or 990-EZ) 2020
Name of the organization

Page 2

ART SANCTUARY

Employer identification number
20-1670656

EVENT SUPPLIES	\$	40
MUSIC	\$	52
EQUIPMENT RENTAL	\$	431
Non-investment Depreciation	\$	1,230
Total	\$	21,404

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR PERIOD ADJUSTMENT	\$ 3,116
P/Y PAYROLL ADJ	\$ 0

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	\$ 9,126	\$ 0
	\$ 30,308	\$ 30,308
Less Accumulated Depreciation	\$ 22,160	\$ 23,778
CASH DRAWER	\$ 0	\$ 0
Total	\$ 17,274	\$ 6,530

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 1,152	\$ 1,152
Escrow Account	\$ 2,685	\$ 2,568
PAYROLL LIABILITIES	\$ 0	\$ 0
SALES TAX	\$ 0	\$ 0

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

Page 1 of 2

Schedule O (Form 990 or 990-EZ) 2020

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

Open to Public Inspection
for 501(c)(3)
Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning and ending
Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Check box if address changed.

B Exempt under section
 501(c) (**3**)
 408(e) 220(e)
 408A 530(a)
 529(a) 529A

C Book value of all assets at end of year **53,178**

D Employer identification number
20-1670656

E Group exemption number (see instructions)

F Check box if an amended return.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **LISA FRYE** Telephone number **502-386-7114**

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	592
2	Reserved	2	
3	Add lines 1 and 2	3	592
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	592
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	592
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	
			PRESIDENT	
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN
	Mary C Morrow		07/27/21	P00769897
	Firm's name	Firm's EIN		
	Mary Morrow & Associates	73-1688464		
	Firm's address	Phone no.		
	1347 S 3rd St Ste 304 Louisville, KY 40208-3300	502-419-8025		

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization ART SANCTUARY	B Employer identification number 20-1670656
C Unrelated Business Activity Code (see Instructions) ▶ 722410	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ Unrelated Business Activity

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	9,494		
3 Gross profit. Subtract line 2 from line 1c	-9,494		-9,494
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
c Capital loss deduction for trusts			
5 Income (loss) from partnership and S corporation (attach statement)			
6 Rent income (Part IV)			
7 Unrelated debt-financed income (Part V)			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9 Investment income of section 501(c)(7), (9), or (17) organization (Part VII)			
10 Exploited exempt activity income (Part VIII)			
11 Advertising income (Part IX)			
12 Other income (see instructions; attach statement) See Stmt 1	40,262		40,262
13 Total. Combine lines 3 through 12	30,768		30,768

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	5,852
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b 0
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) See Statement 2	14	24,324
15 Total deductions. Add lines 1 through 14	15	30,176
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	592
17 Deduction for net operating loss (see instructions)	17	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	592

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation Cost Method

Table with 8 rows for Cost of Goods Sold. Line 2: Purchases 5,436. Line 5: Total 4,058. Line 6: Total 9,494. Line 8: Cost of goods sold 9,494. Line 9: Do the rules of section 263A apply? Yes [] No [X]

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions). A B C D

Table with 4 columns (A, B, C, D) and 3 rows (2a, 2b, 2c) for Rent received or accrued.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions). A B C D

Table with 4 columns (A, B, C, D) and 7 rows for Unrelated Debt-Financed Income.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A []
B []
C []
D []

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income

a Add columns A through D. Enter here and on Part i, line 11, column (A)

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns: A, B, C, D. Rows 4-8: Advertising gain (loss), Readership costs, Circulation income, Excess readership costs

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

Unrelated Business Activity

Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
BAR ACTIVITY	\$ 40,262
Total	\$ 40,262

Unrelated Business Activity

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

<u>Description</u>	<u>Amount</u>
Occupancy	\$ 20,160
Insurance	666
Other Professional Fees	3,498
Total	\$ 24,324

Unrelated Business Activity

Statement 3 - Schedule A (990T) Part III, Line 5 - Other Costs

<u>Description</u>	<u>Amount</u>
BAR ACTIVITY	\$ 4,058
Total	\$ 4,058

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return

ART SANCTUARY

Identifying number

20-1670656

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	1,618
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,618
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	EQUIPMENT	1/01/17	17,135		X	8,567	7 HY 200DB	13,388	1,071
2	FURNITURE	1/01/17	2,312		X	1,156	7 HY 200DB	1,806	145
3	IMPROVEMENTS	1/01/17	9,287		X	4,643	15 HY 150DB	5,714	357
4	STAGE/KIOSKS	1/01/17	801		X	400	15 HY 150DB	493	31
5	AV CARTS/SOFTWARE	1/01/17	389		X	194	3 HY 200DB	375	14
			<u>29,924</u>			<u>14,960</u>		<u>21,776</u>	<u>1,618</u>
Other Depreciation:									
6	SOFTWARE	9/01/19	384		X	0	3 MOAmort	384	0
	Total Other Depreciation		<u>384</u>			<u>0</u>		<u>384</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>384</u>			<u>0</u>		<u>384</u>	<u>0</u>
	Grand Totals		30,308			14,960		22,160	1,618
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>30,308</u>			<u>14,960</u>		<u>22,160</u>	<u>1,618</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	EQUIPMENT	1/01/17	17,135		X	8,567	7 HY 200DB	13,388	1,071
2	FURNITURE	1/01/17	2,312		X	1,156	7 HY 200DB	1,806	145
3	IMPROVEMENTS	1/01/17	9,287		X	4,643	15 HY 150DB	5,714	357
4	STAGE/KIOSKS	1/01/17	801		X	400	15 HY 150DB	493	31
5	AV CARTS/SOFTWARE	1/01/17	389		X	194	3 HY 200DB	375	14
			<u>29,924</u>			<u>14,960</u>		<u>21,776</u>	<u>1,618</u>
Grand Totals			29,924			14,960		21,776	1,618
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			<u>29,924</u>			<u>14,960</u>		<u>21,776</u>	<u>1,618</u>

ARTSANCTUAR ART SANCTUARY

20-1670656

FYE: 12/31/2020

Bonus Depreciation Report

Form 990, Page 1

07/27/2021 8:37 AM

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	EQUIPMENT	1/01/17	17,135		0	0	8,568	8,567
2	FURNITURE	1/01/17	2,312		0	0	1,156	1,156
3	IMPROVEMENTS	1/01/17	9,287		0	0	4,644	4,643
4	STAGE/KIOSKS	1/01/17	801		0	0	401	400
5	AV CARTS/SOFTWARE	1/01/17	389		0	0	195	194
6	SOFTWARE	9/01/19	384		0	0	384	0
Grand Total			30,308		0	0	15,348	14,960

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	EQUIPMENT	1,071	1,071	0
Page 1	1	2	FURNITURE	145	145	0
Page 1	1	3	IMPROVEMENTS	357	357	0
Page 1	1	4	STAGE/KIOSKS	31	31	0
Page 1	1	5	AV CARTS/SOFTWARE	14	14	0
				<u>1,618</u>	<u>1,618</u>	<u>0</u>
				<u>1,618</u>	<u>1,618</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	EQUIPMENT	1/01/17	17,135	764	764
2	FURNITURE	1/01/17	2,312	103	103
3	IMPROVEMENTS	1/01/17	9,287	322	322
4	STAGE/KIOSKS	1/01/17	801	27	27
5	AV CARTS/SOFTWARE	1/01/17	389	0	0
			<u>29,924</u>	<u>1,216</u>	<u>1,216</u>
Other Depreciation:					
6	SOFTWARE	9/01/19	384	0	0
	Total Other Depreciation		<u>384</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>384</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>30,308</u>	<u>1,216</u>	<u>1,216</u>

Form 990-T	Business Income Activity Summary	2020
-------------------	---	-------------

Name ART SANCTUARY	Taxpayer Identification Number 20-1670656
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Business Activity Income (and allocation of Prior-2018 NOL)

- A. Total Pre-2018 Net Operating Losses Carried Forward **N/A** A.
- B. Total Pre-2018 Net Operating Loss allocated to Sch A activities B.
- C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 C.
- D. Pre-2018 Applied (Sum of B and C) D.
- E. Pre-2018 Remaining (Line A minus Line D) E.
- F. Pre-2018 Net Operating Losses Expiring this Year F.
- G. Pre-2018 Net Operating Losses Carried Forward G.

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. Unrelated Business Activity	722410	592	
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. All other revenue _____			
16. Total taxable income		592	

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. _____		<u>1.</u>
2. _____		<u>2.</u>
3. _____		<u>3.</u>
4. _____		<u>4.</u>
5. All other activities _____		<u>5.</u>
6. Totals _____		<u>6.</u>

ARTSANCTUAR ART SANCTUARY
20-1670656
FYE: 12/31/2020

Federal Statements

7/27/2021 8:37 AM

Schedule A, Part II, Line 1(e)

Description	Amount
METRO LOUISVILLE INDIVIDUAL CORPORATE	\$ 10,000 22,415
Total	\$ 32,757

Schedule A, Part II, Line 9(e)

Description	Amount
BAR ACTIVITY	\$ -11,061
Less: Deductions	-1,000
Total	\$ -12,061

Schedule A, Part II, Line 10(e)

Description	Amount
FUND RAISER	\$
Total	\$ 0

ARTSANCTUAR ART SANCTUARY
20-1670656
FYE: 12/31/2020

Federal Statements

7/27/2021 8:37 AM

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
ARTIST PERFORMANCES	
GALLERY SALES	
EVENT INCOME	80
EVENT SPACE RENTAL	41,042
HOME & GARDEN SHOW	8,820
THURBY EVENT	
DEPOSIT RETURN	
VAVA PERFORMANCES	2,278
ARTIST/EVENT SPACE	
ART GALLERY	46,328
Total	<u>\$ 98,548</u>

0602556.09

Dornish
NAOI

Trey Grayson
Secretary of State
Received and Filed

01/04/2005 10:23:36 AM

Fee Receipt: \$8.00

ARTICLES OF INCORPORATION
OF
ART SANCTUARY, INC.

A Nonprofit Nonstock Corporation

The undersigned, being of lawful age and citizens of the United States, hereby make and adopt the following Articles of Incorporation for the purpose of forming a nonprofit and nonstock corporation under the laws of the Commonwealth of Kentucky, pursuant to Chapter 273 of the Kentucky Revised Statutes and all other acts amendatory thereof and supplemental thereto:

ARTICLE I - Name

The name of the corporation is the Art Sanctuary, Inc., hereafter referred to in these articles as "Sanctuary".

ARTICLE II - Term of Existence

Sanctuary shall endure in perpetuity.

ARTICLE III - Purpose

1. Sanctuary is organized exclusively for charitable, cultural, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). Sanctuary shall receive contributions and fees, and shall distribute its funds for charitable and educational purposes as hereinafter set forth.
2. The charitable, cultural, literary, and educational purpose of Sanctuary includes, without limitations, providing a place that fosters creativity and artistic endeavors for its members and the citizens of the Commonwealth.

ARTICLE IV - Exempt Status

Sanctuary is constituted so as to attract substantial support from contributions, directly or indirectly, from a representative number of persons in the community in which it operates. Sanctuary has not been formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the corporation is distributable to, or inures to the benefit of, any private individual or member. No part of the activities of Sanctuary shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and Sanctuary shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provisions of these Articles of Incorporation, Sanctuary shall not carry on any activities not permitted to be carried on by a corporation exempt from Federal

income tax under the Code or by a corporation, contributions to which are deductible under the Code.

ARTICLE V - Distribution On Dissolution

Upon the dissolution of Sanctuary in accordance with Chapter 273 of the Kentucky Revised Statutes or its successor, the current directors shall, after paying or making provisions for the payment of all of the liabilities of Sanctuary, transfer the remaining assets of Sanctuary to a non-profit nonstock corporation qualifying as an exempt organization under Section 501(c)(3) of the Code, whose goals conform with the goals of Sanctuary. The preferred recipient is Greater Louisville Fund for the Arts, located at 623 W. Main Street, Louisville, KY 40202.

ARTICLE VI - Limitation of Purposes and Powers

1. Sanctuary shall have no capital stock and no power to issue certificates of stock nor to declare dividends.
2. All special provisions concerning membership, voting, meetings, financial affairs and all other business of Sanctuary, not stated in or forbidden by the Articles of Incorporation, may be enacted in the Bylaws.
3. The Articles of Incorporation of Sanctuary may be amended, revoked or revised by a three-fourths (75%) majority of a quorum at a meeting of Sanctuary. All other business of the membership of Sanctuary may be enacted by simple-majority (51%) of a quorum at a Sanctuary' meeting. A quorum consists of twenty percent (20%) of the voting membership of Sanctuary, as defined in Article VIII.

ARTICLE VII - Annual Meeting

1. The Annual Meeting of the membership of Sanctuary will be held in March. The purpose of the meeting will be to elect directors, as needed. The financial status of Sanctuary will be reported at this meeting.
2. Additional meetings may be called as detailed in the By-Laws.

ARTICLE VIII - Membership Privileges and Responsibilities

1. Membership in Sanctuary is open to all who agree to abide by the Articles and Bylaws.
2. The requirements for voting membership shall be defined in the bylaws.

ARTICLE IX - Directors, Officers and Their Qualifications

1. The financial affairs of Sanctuary shall be guided by a minimum of three members Board of Directors elected by the membership at the Annual Meeting. Except for initial Directors detailed on the Articles of Incorporation, Directors may not simultaneously serve as Officers of Sanctuary.
2. All business, except as noted elsewhere in these Articles, shall be managed by the President, Vice President, Secretary, Treasurer, and other Officers or chairpersons as specified in the Bylaws. Officers shall be elected as provided in the Bylaws.

ARTICLE X - Bylaws

The Bylaws of Sanctuary shall be adopted, and may be amended or repealed, by the membership.

ARTICLE XI - Registered Office, Agent, and Principle Office

1. The office of registration of Sanctuary shall be 8808 Pennsylvania Run, Louisville, KY 40228.
2. The registered agent for Sanctuary shall be Nancy Moise.
3. The principle office of Sanctuary shall be 1030 E. St. Catherine Street, Louisville, KY 40204.

ARTICLE XII - Initial Board of Directors

The initial Directors of Sanctuary shall be and their terms expire:

Name	Address	Term Expires
Lisa Frye Crivello	1030 East St. Catherine Louisville, KY 40204	2008
Samantha McMahan	1425 Homeview Drive Louisville, KY 40215	2008
Nancy Moise	8808 Pennsylvania Run Louisville, KY 40228	2008
Erica Rucker	301 Pamela Way, #7 Louisville, KY	2008

Additional Directors may be added upon the unanimous election of the Board. Such term of additional Directors as prescribed in the By-Laws.

ARTICLE XIII - Incorporators

The name and address of the incorporator of Sanctuary is as follows:

<u>Name</u>	<u>Address</u>
Nancy Moise	8808 Pennsylvania Run Louisville, KY 40228

IN TESTIMONY WHEREOF witness the hands of the incorporator on this 29 day of September, 2004.

Nancy Moise

STATE OF KENTUCKY

COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me by _____ on this the 29 day of September, 2004.

Sheri Cecil
Notary Public, State of Kentucky at Large
My Commission expires:

SEAL

MY COMMISSION EXPIRES
JUNE 15, 2008



Request for Taxpayer Identification Number and Certification

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

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

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Apt Sanctuary, INC.</i></p> <p>2 Business name/disregarded entity name, if different from above</p>	
		<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions. <i>1633 S Shelby St</i></p> <p>6 City, state, and ZIP code <i>Covington Ky 40217</i></p>	<p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

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

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

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">70</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">1670656</td> </tr> </table>	70	-	1670656		
70	-	1670656			

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ▶ <i>[Handwritten Signature]</i>	Date ▶ 8/8/22 <i>8/8/22</i>
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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.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Kentucky Secretary of State

Michael G. Adams

ART SANCTUARY, INC.

[File Annual Report](#)[File Certificate of Assumed Name \(DBA\)](#)[Change Address or Registered Agent](#)[File Dissolution](#)[Printable Forms](#)[Subscribe to changes made to this entity](#)[Certificates](#)

General Information

Organization Number	0602556
Name	ART SANCTUARY, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	1/4/2005
Organization Date	1/4/2005
Last Annual Report	3/5/2022
Principal Office	1433 SOUTH SHELBY STREET LOUISVILLE, KY 40217
Registered Agent	LISA FRYE 108 NORTH RASTETTER AVENUE LOUISVILLE, KY 40206

Current Officers

President	Lisa Hope Frye
Vice President	Erika Margaret Williams
Secretary	Jeff Evans Jobson
Treasurer	Paul Jeffrey Smith
Director	Lisa Hope Frye
Director	Paul Jeffrey Smith
Director	Erika Margaret Williams

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0602556
Michael G. Adams
KY Secretary of State
Received and Filed
3/5/2022 10:03:21 PM
Fee receipt: \$15.00

NARP

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

Annual Report
Online Filing

ARP

Company: ART SANCTUARY, INC.
Company ID: 0602556
State of origin: Kentucky
Formation date: 1/4/2005 12:00:00 AM
Date filed: 3/5/2022 10:03:21 PM
Fee: \$15.00

Principal Office

1433 SOUTH SHELBY STREET
LOUISVILLE, KY 40217

Registered Agent Name/Address

LISA FRYE
108 NORTH RASTETTER AVENUE
LOUISVILLE, KY 40206

Current Officers

President	Lisa Hope Frye	108 N Rastetter Avenue, Louisville, KY 40217
Secretary	Jeff Evans Jobson	881 Minoma Avenue, Louisville KY 40217
Treasurer	Paul Jeffrey Smith	913 Ahland Road, Louisville, KY 40207
Vice President	Erika Margaret Williams	1704 Owen Street, Louisville, KY, 40203

Directors

Director	Lisa Hope Frye	108 N. Rastetter Avenue, Louisville, KY, 40206
Director	Paul Jeffrey Smith	913 Ahland Road, Louisville, KY 40207
Director	Erika Margaret Williams	1704 Owen Street, Louisville, KY, 40203

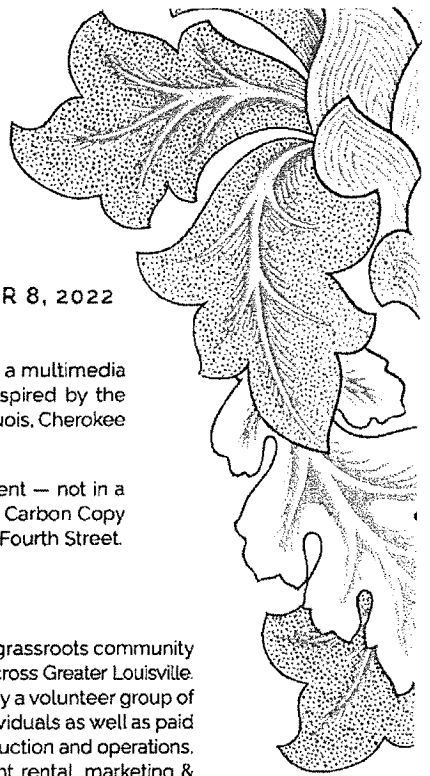
Signatures

Signature	Lisa Frye
Title	President

LAND OF TOMORROW

&

CARBON COPY PROJECT SPACE / 1212 S. FOURTH STREET / OPENING SEPTEMBER 8, 2022



LAND OF TOMORROW / *The Vision & Grace of Frederick Law Olmsted* is a multimedia art exhibition in honor of the bicentennial year of Olmsted's birth and inspired by the three-parks system Olmsted designed for the city of Louisville in 1891 — Iroquois, Cherokee and Shawnee Parks.

Visitors to the project will experience Art and Nature in a unique environment — not in a museum, not in a Park and not in a classroom. The exhibition is hosted by Carbon Copy Project Space — a newly repurposed arts venue (5000 sf) located at 1212 S. Fourth Street.

WE WELCOME YOUR SUPPORT!

LAND OF TOMORROW / *The Vision & Grace of Frederick Law Olmsted* is a grassroots community effort. It features work from a diverse collective of artists living and practicing across Greater Louisville. Curated by Shannon Westerman, the landmark exhibition is made possible by a volunteer group of artists, students and art advocates; in-kind support of organizations and individuals as well as paid Sponsorships. Financial support is critical to fulfilling the related costs of production and operations, including expenses for labor and installation, insurance, printing, equipment rental, marketing & media communications, opening reception and security, etc.

There is one community issue all Louisvillians can agree on — *our Olmsted Parks are public treasures*. For 130 years, Shawnee, Cherokee and Iroquois Parks continue to be welcome respites for ALL. Today, Olmsted's democratic vision of public parks and their capacity to bring communities together is more important than ever.

The LAND OF TOMORROW propagates Olmsted's spirit through the lens' of contemporary artists. Selected artworks reflect the "genius of place", vision and grace rooted in Olmsted's landscape architecture and designs. To make a donation through Art Sanctuary (fiscal agent), click DONATE Olmsted Exhibit. For more about the exhibition program or sponsorship opportunities, please contact Shannon Westerman at shannon.westerman77@gmail.com.

ABOUT FREDERICK LAW OLMSTED

Frederick Law Olmsted, 1822-1903, was an American landscape architect, journalist, social critic, anti-slavery advocate and public administrator. Recognized as the father of American landscape architecture, Olmsted designed many well-known urban sites, including, Central Park in New York City, the grounds of the U.S. Capitol and the *Emerald Necklace* of public parks in Boston, *et al*.

☛ DID YOU KNOW... Olmsted's iconic designs for the Iroquois, Cherokee and Shawnee Parks system in Louisville (1891) were the final public project of his brilliant, prolific career in landscape architecture.

A LANDMARK EXHIBITION DESIGNED FOR A DIVERSE CITY



HONOR

Frederick Law Olmsted's vision, spirit and legacy



CARE

Olmsted's *timeless gifts of art* to Louisville - Iroquois, Cherokee and Shawnee Parks



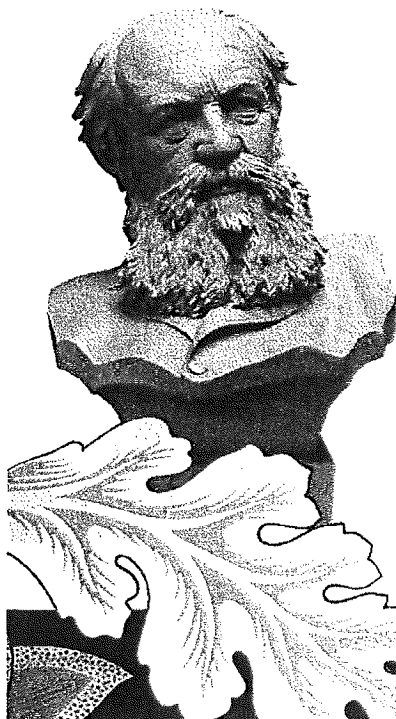
PLACE

the vital role of "green space" to environmental + cultural ecosystems



VALUE

the value of Olmsted Parks to personal well-being and collective sustainability



IN PARTNERSHIP WITH



NATIONAL ASSOCIATION FOR OLMSTED PARKS



Credits: Frederick Law Olmsted, Portrait, Oil on canvas: John Singer Sargent, Biltmore Estate, Asheville, NC: 1895; Belknap Bridge: Oil on canvas, Joel Knapp: 2010; FREDERICK LAW OLMSTED, Portrait sculpture: Raymond Graf: 2022; Graphic design, Monica Beavers: 2022

For Information & Community Sponsorship, please contact Shannon Westerman, today: shannon.westerman77@gmail.com

LAND OF TOMORROW
[EXHIBITING ARTISTS]
7.07.22

Alex Adams
alexadamsclaywork@gmail.com

Elmer Lucille Allen
elallen@me.com

Celine Browning
cbrowning@kycad.org

Tiffany Carbonneau
carbonneastudio@gmail.com

Andrew Cozzens
andrewcozzens@yahoo.com

Susanna Crum
info@calliope-arts.com

Casey Dressell
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Lynn Dunbar
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William Duffy
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Linda Erzinger
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Lindsay Frost
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Aaron Lubrick
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David Mahoney/Louisville
Stoneware

Jane Morgan
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Lance Newman
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Lena Wolek
Lenawolek@gmail.com

Gail Zeh
zehwhat@yahoo.com

LAND OF TOMORROW /
The Vision + Grace of
Frederick Law Olmsted

September 8 — October 23
Carbon Copy Project Space
1212 S. Fourth Street
Louisville, KY 40203
carboncopygallery@gmail.com