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

| Applicant Requested Amount: \$25,000 | |
|--|---|
| These funds will be used to create a community theatre and arts space in a vacant store front in Outer Loop Plaza. These funds will be used for rental of the space and improvents of the facility located at 7525 Outer Loop. Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? It 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. 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: Appropriations Committee Chairman Date | |
| These funds will be used to create a community theatre and arts space in a vacant store front in Outer Loop Plaza. These funds will be used for rental of the space and improvents of the facility located at 7525 Outer Loop. Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? It 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. 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: Appropriations Committee Chairman Date | |
| Is this program/project a fundraiser? Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? It 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. 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. Appropriations Committee Chairman Date | Executive Summary of Request |
| Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? 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. District # Primary Sponsor Signature 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. Appropriations Committee Chairman Date | Funds will be used to create a community theatre and arts space in a vacant store front in Outer Loop Plaza. These funds will be used for rental of the space and impvovents of the facility located at 7525 Outer Loop. |
| Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? 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. District # Primary Sponsor Signature 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. Appropriations Committee Chairman Date | |
| within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required. 23 | Is this applicant a faith based organization? |
| 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: Appropriations Committee Chairman Date | 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. |
| Approved by: Appropriations Committee Chairman Date | District # Primary Sponsor Signature Amount Date 23 Amount Date |
| Appropriations Committee Chairman 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. |
| Appropriations Committee Chairman Date | |
| | Approved by: |
| r r r na martin de la composition della composi | |

| Applicant/Program: | | |
|---------------------------------------|---|-----------------------------------|
| Fund for the Arts Inc / Outer Loop T | heater | |
| A dd | litional Disclosure and Signatur | •05 |
| Additional Council Office Disc | | C5 |
| | s relationship you, your family or your leg | islative assistant have with this |
| organization, its volunteers, its emp | ployees or members of its board of director | rs. |
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| | | |
| | | |
| Council Member Signature an | d Amount | |
| District 1 | \$ | |
| District 2 | \$ | |
| District 3 | \$ | |
| District 4 | \$ | |
| District 5 | \$ | |
| District 6 | \$ | |
| District 7 | \$ | |
| District 8 | \$ | |
| District 9 | \$ | |
| District 10 | \$ | |
| District 11 | \$ | |
| District 12 | \$ | |
| District 13 | \$ | |
| District 14 | \$ | |
| District 15 | \$ | |
| 2 Page Effective May 2016 | | |

| A | Additional Disclosure and Signatures | |
|--------------------------------|---|-----------------------------|
| | Disclosure iness relationship you, your family or your legislati employees or members of its board of directors. | ve assistant have with this |
| | | |
| | | |
| | | |
| District 16 | \$ | |
| District 17 | \$ | |
| District 18 | \$ | |
| District 19 | \$ | |
| District 20 | \$ | |
| District 21 | \$ | |
| District 22 | <u> </u> | |
| | \$ | |
| | \$ | |
| | \$\$ | |
| 3 Page Effective May 2016 | \$ | |

Applicant/Program:

Fund for the Arts Inc / Outer Loop Theater

Legal Name of Applicant OrganizationFund for the Arts Inc.

| Program Name and Request Amount Outer Loop Theatre - \$25,000 \$35,000 | |
|--|-----------|
| | Yes/No/NA |
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | Yes▼ |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | Ye₅▼ |
| s the proposed public purpose of the program viable and well-documented? | Yes |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | Yes▼ |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | Yes▼ |
| Has prior Metro Funds committed/granted been disclosed? | Yes∎ |
| s the application properly signed and dated by authorized signatory? | Yes |
| s proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | Yes |
| f Metro funding is for a separate taxing district is the funding appropriated for a program outside the egal responsibility of that taxing district? | N/AS |
| s the entity in good standing with: ► Kentucky Secretary of State? ► Louisville Metro Revenue Commission? ► Louisville Metro Government? ► Internal Revenue Service? ► Louisville Metro Human Relations Commission? | Yes▼ |
| s the current Fiscal Year Budget included? | Yeŧ☑ |
| s the entity's board member list (with term length/term limits) included? | Yes▼ |
| s recommended funding less than 33% of total agency operating budget? | No |
| Does the application budget reflect only the revenue and expenses of the project/program? | Yeŧ✓ |
| s the cost estimate(s) from proposed vendor (if request is for capital expense) included? | No 🖾 |
| s the most recent annual audit (if required by organization) included? | N/A |
| s a copy of Signed Lease (if rent costs are requested) included? | No 🗷 |
| s the Supplemental Questionnaire for churches/religious organizations (if requesting organization is aith-based) included? | N/A |
| re the Articles of Incorporation of the Agency included? | Yes▼ |
| s the IRS Form W-9 included? | Ye₅ |
| the IRS Form 990 included? | Yes⊀ |
| re the evaluation forms (if program participants are given evaluation forms) included? | N/A |
| affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)? | N/A |
| las the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards? | Ye€ |
| repared by: John Trosky Date: 3-25-20 | |

| | | SE | CTION 1 - APPLI | CAN' | T INFORMATIO | N | | | |
|--|-------------------------|------------|-------------------|--------------|---------------------|---------|--------------------------------------|--|--|
| Legal Name of Applicant Organization: | | | | | | | | | |
| (as listed on: http://www.sos.ky.gov/business/records Fund for the Arts, Inc. | | | | | | | | | |
| Main Office Street & Mailing Address: 623 W. Main Street, Louisville, KY 40202 | | | | | | | | | |
| Website: www.fundforthearts.org | | | | | | | | | |
| Applicant Contact: | Kat Abı | ner | | | Title: | | VP, Community Impact | | |
| Phone: | (502) 5 | 82-0127 | 7 | | Email: | | kabner@fundforthearts.org | | |
| Financial Contact: | Monica | Beckm | an | | Title: | | Director, Finance & Operation | | |
| Phone: | (502) 5 | 82-0122 | 2 | | Email: | | mbeckman@fundforthearts.org | | |
| Organization's Repre | sentative v | who atte | nded NDF Train | ing: | Jen White | | | | |
| GEO | GRAPHICAI | L AREA(S |) WHERE PROGE | RAM | ACTIVITIES AR | E (WI | LL BE) PROVIDED | | |
| Program Facility Loca | tion(s): | Outer | Loop Plaza, 75 | 25 C | Outer Loop, Lo | ouisvi | ille KY 40228 | | |
| Council District(s): | | 23 | | | Zip Code(s): | | 40228 | | |
| (E) | SECTIO | ON 2 - P | ROGRAM REQUI | EST 8 | FINANCIAL IN | FORM | MATION | | |
| PROGRAM/PROJECT | NAME: O | uter Loc | p Theatre | | | | | | |
| Total Request: (\$) | \$35.0 | 00 | Total Metro Av | ward | (this program) |) in pr | revious year: (\$) \$ 0.00 | | |
| Purpose of Request (| check all th | nat apply | <i>(</i>): | | | | | | |
| Operating F | unds (gene | erally car | not exceed 33% | of a | gency's total op | perati | ing budget) | | |
| Programmir | ng/services | /events | for direct benefi | t to d | community or q | qualifi | ed individuals | | |
| Capital Proj | ect of the o | organiza | tion (equipment, | furn | ishing, building | g, etc) | | | |
| The Following are Re | quired Atta | achment | :s: | | | | | | |
| IRS Exempt Status De | termination | Letter | | | Signed lease if re | nt cos | ts are being requested | | |
| Current year projecte | ed budget | | | | RS Form W 9 | | | | |
| Current financial stat | ent financial statement | | | | Evaluation forms | if use | d in the proposed program | | |
| Most recent IRS Form | 990 or 112 | :0-H | | | Annual audit (if re | equire | ed by organization) | | |
| Articles of Incorporat | ion (curren | t & signe | d) | | Faith Based Orga | nizatio | on Certification Form, if applicable | | |
| Cost estimates from partial expense | oroposed ve | ndor if re | quest is for | | | | | | |
| 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: | See Attac | chment | Α | Am | ount: (\$) | | | | |
| Source: | | | | Amount: (\$) | | | | | |
| Source: | | | | Am | ount: (\$) | | | | |
| Has the applicant contacted the BBB Charity Review for participation? Yes No | | | | | | | | | |
| Has the applicant met | the BBB C | harity Re | eview Standards | ? ✓ | Yes 🔲 No | | | | |

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Effective May 2016

Applicant's Initials KA

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of the Fund for the Arts is to maximize the impact of the arts on economic development, education, and quality of life for everyone by generating resources, inspiring excellence, and creating community connections. The Fund serves as a connector, convener, and driver of collective action and social impact across Greater Louisville's cultural sector.

The Fund promotes and facilitates collaborative initiatives among arts organizations to best leverage expertise and resources in support of a stronger community and a thriving arts scene. In FY2017, two years of work on a regional Arts Master Plan culminated with the release of Imagine Greater Louisville 2020. The Imagine plan centers on five strategic priorities: 1) Access to arts and culture for all people. 2) Enhancing outcomes in Education, 3) Cultivation of artists and arts organizations, 4) Promotion of Greater Louisville's arts and culture sector, and 5) Advancing Diversity, Equity, and Inclusion in the arts. Imagine Greater Louisville 2020 was developed in collaboration with many arts and cultural organizations, Louisville Metro Government, Greater Louisville, Inc., One Southern Indiana, University of Louisville, Spalding University, Jefferson County Public Schools, Louisville Urban League, the Arts & Cultural Alliance, and the Community Foundation of Louisville, artists, and other corporate and civic partners.

The Fund for the Arts collaborates with many of those same civic organizations (specifically the Mayor's Office, the Arts & Culture Alliance, and Louisville Free Public Library) to administer the Cultural Pass program, which provides free summer learning experiences for children and families. In 2019, the Cultural Pass led to 40,099 visits (up 13% from 2018) to 59 (up 30% from 2018) participating venues. The Cultural Pass benefits from a leading sponsorship from Churchill Downs, which also sponsors and hosts the Fund's annual Awards in the Arts to celebrate artists and arts organizations. Other partnerships and initiatives represent a shift in the Fund's role in the community toward serving as a connector and facilitator between arts and non-arts organizations. In 2019 we served 95 organizations, as well as increasing the number of grants made to 742 in support of artists, creatives, schools, libraries, and community centers.

The Fund also maintains leading roles in the cross-sector Imagine Greater Louisville 2020 steering committee and subcommittees for each strategic priority, which continue to help activate the Imagine plan through initiatives such as 1) training for the local arts community in diversity, equity, and inclusion, 2) developing new partnerships with hotels and hospitality venues, and 3) expanding the Cultural Pass to encompass the region. Also, the Fund provides promotion for Greater Louisville's arts and culture sector through the Louisville Arts Link mobile app and provides board and volunteer development through the NeXt and Volunteer Match programs.

Our work centers around increasing cultural access and participation among underserved populations, to create more arts experiences for more people in more places, including nontraditional spaces such as community centers, libraries, parks, health care facilities, schools, and public spaces. To expand cultural access and diversify our community impact, the number of artists and organizations we serve continues to grow through grantmaking, collaboration, convening, and other forms of sector-wide leadership. The Fund works with hundreds of local artists in various ways throughout the yearln fact, the Fund indirectly supported: 3,300 artists and arts administrators trained through us and arts partners, 2,200 paid artists and arts administrators through us and arts partners, 114 organizations supported, 95 of which are arts and culture organizations, and provided 77 artists and arts administrators with grants.

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member | Term End Date |
|-------------------|---------------|
| See attachment B. | |
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Describe the Board term limit policy:

From the Fund for the Arts' by-laws, last amended and approved on June 26, 2018:

"Each Director shall hold office for such term as shall be determined at the time of such Director's election or until such Director's successor shall be elected and qualified, whichever period is longer; provided that no Director shall serve more than three (3) terms of three (3) consecutive years each (for a total of nine (9) years), and must then take one (1) year away from service on the Board before being eligible for reelection to another three (3) terms of three (3) consecutive years each (for a total of nine (9) additional years)."

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| Christen Boone | \$ 239,500.00 |
| JP Davis | \$ 138,500.00 |
| Janie Martin | \$ 100,000.00 |

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Applicant's Initials KA

SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

Project start date: April 1, 2020 - Project end date: June 30, 2021

Fund for the Arts respectfully requests \$25,000 to create a community theatre and arts space in a vacant store front in the Outer Loop Plaza. This project fosters a more connected, vibrant, and healthy community by: 1) Expanding access to the arts for District 23 residents. 2) Building the capacity and sustainability of arts organizations. 3) Fostering economic development in the district.

This project has multiple phases: 1) Planning and partner identification - Surveying the local performing arts community to determine their needs for rehearsal and performance space; creating an operational plan and budget; determining what physical improvements need to be made to the space that it safe and audience-friendly. This phase is currently under way. 2) Renovations and improvements - Make necessary improvements to the space (for example, bathroom renovations, painting, new carpeting, etc.) 3. Opening and operating - Begin hosting theatre and performing arts productions in the space.

The theatre space would be a resident theatre for some local groups as well as a space that other local arts organizations can rent to hold productions where neighborhood residents are the targeted audience (i.e., a theatre company located downtown could host a performance of a touring show in the space).

| productions and events. | | | | | |
|-------------------------|--|--|--|--|--|
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| C: If this request is a fundraiser, please detail how the proceeds will be spent: |
|--|
| Not applicable |
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| 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. |
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| District was a second and the second before a sufficient and the second and a second a second and a second and a second and a second and a second an |
| 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. |
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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:

Arts participation is a driver of overall health and wellbeing for individuals and communities. People who participate in the arts are more engaged citizens - they are more likely to vote, volunteer, and attend other community events. Arts participation also decreases isolation and builds stronger social connections, contributing to greater feelings of community attachment.

Outcome 1: The number of participants who attend performances at the new theatre space.

Art is vital to creating a vibrant and well-connected community. Whether people are engaged in its creation or have the opportunity to experience it together, public art brings people together and sparks conversation. Brining art to a neighborhood, rather than only encouraging residents to travel downtown to the traditional arts district, is a key strategy for increasing participation in the arts. According to research by the Urban Institute, three of the top four places where people attend arts and cultural events are community venues (i.e., parks, schools, places of worship, etc.) rather than conventional arts venues. Public art, particularly public performances, also spurs economic development in a community. Audience members at performances are more likely to visit and purchase items from nearby businesses.

Outcome 2: Ticket sales and concessions revenue generated by performances.

Outcome 3: Rental income earned by the theatre space (i.e., revenue generated by renting the space to local theatre and performing arts organizations to host events and performances).

Outcome 4: Growth in contributed income for the space's resident theatre companies.

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.

The Fund promotes and facilitates collaborative initiatives among arts organizations to best leverage expertise and resources in support of a stronger community and a thriving arts scene. The Fund provided support to more than 90 arts organizations, including program grants, matching grant opportunities, and an expanded pool of 23 recipients of \$3.5 million in Sustaining Impact Grants (general operating support). The Fund for the Arts collaborates with many civic organizations (specifically the Mayor's Office, the Arts & Culture Alliance, Jefferson County Public Schools, and Louisville Free Public Library) to administer the Cultural Pass program, which provides free summer learning experiences for children and families. In 2019, the Cultural Pass led to more than 40,000 visits to 59 participating venues (museums, arts/culture organizations, outdoor venues).

Specific partners for this project are currently being identified.

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

| | Column 1 | Column 2 | Column (1+2)=3 |
|---|---------------------------|------------------------|---------------------------|
| Program/Project Expenses | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | | | \$ 0.00 |
| B: Rent/Utilities | | | \$ 0.00 |
| C: Office Supplies | | | \$ 0.00 |
| D: Telephone | | | \$ 0.00 |
| E: In-town Travel | | | \$ 0.00 |
| F: Client Assistance (See Detailed List on Page 8) | | | \$ 0.00 |
| G: Professional Service Contracts | | | \$ 0.00 |
| H: Program Materials | | | \$ 0.00 |
| I: Community Events & Festivals (See Detailed List on Page 8) | | | \$ 0.00 |
| J: Machinery & Equipment | | | \$ 0.00 |
| K: Capital Project | \$35,000 | | \$ 0.00 |
| L: Other Expenses (See Detailed List on Page 8) | \$ 25,000.00 | | \$ 35,000 \$ 25,000.00 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$ -25,000.0 0 | \$ 0.00 | \$-25,000.00 |
| % of Program Budget | \$35,000 100.00% | 0.00% | \$35,000 100% |

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

| Other State, Federal or Local Government | \$ 0.00 |
|---|---------|
| | 7 5.55 |
| United Way | \$ 0.00 |
| Private Contributions (do not include individual donor names) | \$ 0.00 |
| Fees Collected from Program Participants | \$ 0.00 |
| Other (please specify) | |
| Total Revenue for Columns 2 Expenses ** | \$ 0.00 |

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

^{**}Must equal or exceed total in column 2.

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 | Column 1 | Column 2 | Column (1 + 2)=3 |
|--|---|------------------------|--|
| (circle one and use multiple sheets if necessary) | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| Program creation and space procurement | \$- 25,000.0 0 | | \$- 25,000.00 |
| | \$35,000 | | \$35,000 \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
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| | | | \$ 0.00 |
| Tota | \$-25,000.00 | \$ 0.00 | \$ 2 5,000.00- \$35,000 |

\$35,000

\$35,000

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Applicant's Initials KA

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 |
|--------------------|---|-------------------------------------|-------------------------------------|
| NA | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total Value of In-Kind (to match Program Budget Line Item. /olunteer Contribution &Other In Kind) | \$ 0.00 | |
| LISTED I PERSON | PR INFORMATION REFERS TO WHO MADE INDIVIDUALLY, BUT GROUPED TOGETHER I PER WEEK Fiscal Year Start Date: 07/01/2019 | | |
| Does yo | ur Agency anticipate a significant increase projected for next fiscal year? NO | e or decrease in your budget YES | from the current fiscal year to the |
| If YES, p | lease explain: | | |
| | | | |
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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

- 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.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant 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

- L. 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.

| Signatur | e of Legal Signatory: | Cl | when B | done | - | Date: | 3 | 12 | 2020 | |
|-----------|-------------------------|-----|------------|------|--------|----------|-----|-------|-----------|-------|
| Legal Sig | natory: (please print): | CV | insten | Boon | و | Title: | Pr | eside | ent+CE | |
| Phone: | 502 582 1000 | د 📗 | Extension: | | Email: | christer | 1@1 | funa | 1 furthed | AS.on |
| | | | | | | | | | | |

Attachment A

Funds appropriated and/or received from Louisville Metro Government for Fiscal Year ending June 30, 2020

\$2,500 Arts in Aging District 1 (NDF)

\$2,425 Every Child District 11 (NDF)

\$34,050 Every Child (EAF)

\$3,500 Every Child District 1 (NDF)

\$4,525 Every Child (EAF)



Doornish NAOA

Trey Grayson Secretary of State Received and Filed 01/13/2006 3:42:29 PM Fee Receipt: \$8.00

ARTICLES OF AMENDMENT TO

ARTICLES OF INCORPORATION

OF

GREATER LOUISVILLE FUND FOR THE ARTS, INC.

Pursuant to the provisions of KRS 273.263-267, GREATER LOUISVILLE FUND FOR THE ARTS, INC., a Kentucky Nonprofit Corporation ("Corporation"), hereby adopts the following Articles of Amendment to Articles of Incorporation:

- The name of the Corporation is Greater Louisville Fund for the Arts, Inc. 1.
- 2. Article I of the Articles of Incorporation is hereby amended in its entirety to read as follows:

"The name of the Corporation is FUND FOR THE ARTS, INC."

3. The Corporation has no members. The Amendment was adopted by vote of a majority of the Corporation's Directors at the Board of Directors meeting held on November 22, 2005.

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Amendment this 11th day of January, 2006.

GREATER LOUISVILLE FUND FOR THE ARTS, INC.

Richard Anderson. Chair

LOU: 1058259_1

Document No.: DN2006007547 Lodged By: GREENEBAUM DOLL Recorded On: 01/17/2006

man

10:51:40 9.00

Total Fees: Transfer Tax:

County Clerk: BOBBIE HOLSCLAW-JEFF CO KY Deputy Clerk: LATMIL

0020567.04

Doornish ADD

Trey Grayson
Secretary of State
Received and Filed
01/13/2006 3:46:48 PM
Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE



CERTIFICATE OF ASSUMED NAME

| This certifies that the assumed name of | • |
|---|--|
| Greater Louisville Fund for the Arts, Inc. | |
| [Name under which the bu | miness will be conducted] |
| has been adopted by Fund for the Arts, Inc. | · · · · · · · · · · · · · · · · · · · |
| . [Real name - Ki | קר 350.015(זין) |
| which is the "real name" of MOU MUST CHECK ONE | |
| a Domestic General Partnership | a Foreign General Partnership |
| a Domestic Registered Limited Liability Partnership | a Foreign Registered Limited Liability Partnership |
| a Domestic Limited Partnership | a Foreign Limited Partnership |
| a Domestic Business Trust | a Foreign Business Trust |
| a Domestic Corporation | a Foreign Corporation |
| a Domestic Limited Liability Company | a Foreign Limited Liability Company |
| a Joint Venture | |
| organized and existing in the state or country of Kentuck | SY, and whose address is |
| 623 West Main Street, Louisville, Kentucky | |
| Street address, if any | City State Zip Code |
| | |
| The certificate of assumed name is executed by | |
| A 178 (1) | |
| P. Diphora Anderson, Chairman | Signature |
| P(Richard Anderson, Chairman | Print or type name and title |
| January 11, 2006 (/ | |
| Date | Date |

PBlevins NAOA

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF Secretary of State
Received and Filed
07/18/2003 3:27:11 PM
Fee Receipt: \$8.00

GREATER LOUISVILLE FUND FOR THE ARTS, LIVE.

Pursuant to the provisions of KRS 273.263 and 273.267, Greater Louisville Fund for the Arts, Inc., a Kentucky nonprofit corporation ("Corporation"), hereby adopts the following Articles of Amendment to its Articles of Incorporation, as amended:

FIRST: The name of the Corporation is Greater Louisville Fund for the Arts, Inc.

SECOND: Articles I through V of the Corporation's Articles of Incorporation are hereby

deleted in their entirety and amended to read as follows:

ARTICLE I

Name of Corporation

The name of the Corporation is Greater Louisville Fund for the Arts, Inc.

ARTICLE II

Purposes and Powers

- (1) Any provision of these Restated Articles of Incorporation to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, nor engage in any activity, which in any way contravenes, or is in conflict with, the other provisions of ARTICLE II of these Restated Articles of Incorporation.
- (2) The objects and purposes of the Corporation, and the powers it shall have and may exercise, are as follows:
- (a) As general and controlling purposes, to conduct and carry on its work, not for profit, but exclusively for charitable, scientific or educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code") (references herein to sections or provisions of the Code shall be deemed to include and refer to, to the extent applicable, any similar sections or provisions of any subsequent Federal tax laws), in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, except as reasonable compensation for services actually rendered, (ii) that it shall not directly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office, and (iii) that no substantial part of its activities shall be carrying on propaganda or otherwise attempting to influence legislation.
- (b) As general and controlling purposes, to conduct and carry on its work, not for profit, but exclusively for charitable, scientific or educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code") (references herein to sections



or provisions of the Code shall be deemed to include and refer to, to the extent applicable, any similar sections or provisions of any subsequent Federal tax laws), in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, except as reasonable compensation for services actually rendered, (ii) that it shall not directly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office, and (iii) that no substantial part of its activities shall be carrying on propaganda or otherwise attempting to influence legislation.

- (c) As a particular purpose in furtherance of, consistent with, and subject to, the general and controlling purposes set forthin Section (2)(a) of this ARTICLE II, to organize, promote, foster, assist (whether financially or otherwise) and conduct such charitable, scientific, and educational enterprises, activities and institutions as from time may be determined, selected or decided upon by the Corporation's Board of Directors consistent with the purposes stated above.
- (d) In furtherance of, and at all times subject to, the aforesaid purposes, enterprises, activities and projects:
 - (i) To solicit and acquire by gift, exchange or otherwise, property of any and all kinds, and to sell, transfer and otherwise dispose of any property it so acquires;
 - (ii) To invest and reinvest any such property and the increments in, and avails or proceeds of, any such property in such investments as may be deemed advisable from time to time by the Corporation's Board of Directors including, but not limited to, stocks, bonds, secured and unsecured obligations, undivided interests, leases, commercial paper, financial and governmental instruments, savings and other depository accounts and other securities and properties;
 - (iii) To give, donate and contribute to any of the activities the Corporation may elect to sponsor, or in furtherance of any of the aforesaid purposes for which the Corporation is organized, such money or property, or both, as the Corporation's Board of Directors may from time to time determine;
 - (iv) To take title to, and hold in its own name, such real or personal property, or both, and such interests in either such type of property as the Corporation may acquire, for the purposes herein set out, and to sell, transfer and dispose of any such property or reinvest the proceeds thereof as herein permitted;
 - (v) To accept gifts, bequests or devises of property of any kind which any individual, firm, corporation or other entity may make to the Corporation, upon the terms, trusts and conditions set forth in the deed of gift, will or other instrument of writing executed by any such donor or testator, but only for the purposes and upon the terms and conditions and with the powers set forth in these Restated Articles of Incorporation;
 - (vi) To borrow money and give security therefor by pledging, mortgaging or otherwise hypothecating any property it may own, or any interest it may have in such property;

- (vii) To become a member of any other nonstock or nonprofit corporation organized under the laws of any state, or to become affiliated with any other organization of like character existing under the laws of any state; provided, however, that such corporation or organization is an exempt organization under section 501(c)(3) of the Code;
- (viii) To the extent permitted by law, to enter into contracts with any corporate trust company for the purpose of delegating to it the power, or employing it, to make investments on behalf of the Corporation, and to do such other things permitted by these Articles of Incorporation as the parties may agree upon, and without limiting the generality of the foregoing, but in furtherance thereof, to enter into trust agreements, irrevocable or otherwise, with any such corporate trustee and therein to authorize any such corporate trustee to employ agents, attorneys, accountants and others in connection with the performance of any duty or trust arising under such agreement; and
- (ix) To do any and all things which the Corporation's Board of Directors may determine, consistent with the provisions hereof, to be necessary or appropriate to effectuate the purposes for which the Corporation is organized as herein set forth, to the extent that the doing of such act or thing is not inconsistent with the provisions of Chapter 273 of Kentucky Revised Statutes, or any other applicable law or statute of the Commonwealth of Kentucky, or section 501(c)(3) of the Code.
- (3) Notwithstanding any other provision of these Restated Articles of Incorporation, if, at any time, the Corporation shall be determined to be a private foundation or private operating foundation as defined in section 509 or section 4942 of the Code, then:
- (a) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Code.
- (b) The Corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Code.
- (c) The Corporation shall not purchase nor retain any excess business holdings as defined in section 4943(c) of the Code.
- (d) The Corporation shall not make any investments in such manner as to subject it to tax under section 4944 of the Code.
- (e) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Code.

ARTICLE III

Duration

The Corporation shall have perpetual duration.

ARTICLE IV

No Members

There shall be no Members of the Corporation.

ARTICLE V

Board of Directors

- (1) All corporate powers shall be exercised by or under the authority of, and the business and affairs of the Corporation managed under the direction of, its Board of Directors.
- (2) The Board of Directors shall consist of such number of individuals as may be fixed in accordance with the Bylaws of the Corporation ("Bylaws"); provided, however, that the Board of Directors shall not consist of fewer than three individuals.
 - (3) A director may be removed as provided in the Bylaws.

ARTICLE VI

Principal Office

The mailing address of the principal office of the Corporation is 623 West Main Street, Louisville, Kentucky 40202.

ARTICLE VII

Distribution of Assets Upon Dissolution

If, at any time, the Corporation dissolves, the assets of the Corporation shall be applied and distributed as follows:

- (a) All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provision shall be made therefor.
- (b) Assets that have been received and are held by the Corporation subject to limitations permitting their use only for charitable, scientific, literary, religious, educational or similar purposes shall be transferred or conveyed to (i) one or more corporations, societies or organizations organized under the laws of any state that are exempt under section 501(c)(3) of the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law.
- (c) Other assets, if any, shall be transferred or conveyed to (i) one or more corporations, societies or organizations organized under the laws of any state that are exempt under

section 501(c)(3) of the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law.

(d) Any assets not disposed of pursuant to the previous provisions of this ARTICLE IX shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located to such organizations, as the court shall determine, which are organized and operated exclusively for charitable purposes and are exempt under section 501(c)(3) of the Code.

ARTICLE VIII

Indemnification of Directors and Officers

- To the fullest extent permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of ARTICLE II, the Corporation shall indemnify each director and officer of the Corporation against expenses (including, but not limited to, attorney's fees), judgments, taxes, penalties, fines (including, but not limited to, any excise tax assessed with respect to any employee benefit plan) and amounts paid in settlement (collectively, a "Liability"), incurred by such director or officer in connection with defending any threatened, pending or completed action, suit or proceeding (whether civil, criminal, administrative or investigative) to which such director or officer is, or is threatened to be made, a party because such director or officer is or was a director or officer of the Corporation, or is or was serving at the request of the Corporation as a member, director, officer, partner, trustee or agent of another domestic or foreign corporation, partnership, limited liability company, joint venture, trust or other enterprise, including, but not limited to, service with respect to benefits plans. A director or officer of the Corporation shall be considered to be serving an employee benefit plan at the Corporation's request if the duties of such director or officer to the Corporation also impose duties on, or otherwise involve services by, such director or officer to the plan or to participants in or beneficiaries of the plan.
- (2) To the fullest extent authorized or permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of ARTICLE II, the Corporation shall pay or reimburse expenses (including, but not limited to, attorney's fees) incurred by a director or officer of the Corporation who is a party to a proceeding in advance of final disposition of such proceeding.
- (3) The indemnification against Liability and advancement of expenses provided by, or granted pursuant to, this ARTICLE XI shall, to the fullest extent authorized or permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of ARTICLE II, not be deemed exclusive of other rights, if any, to which such director or officer of the Corporation seeking such indemnification or advancement may be entitled under the Bylaws or any agreement, action of disinterested directors or otherwise, both as to action in their official capacity and as to action in another capacity while holding such office of the Corporation, shall continue as to a person who has ceased to be a director or officer of the Corporation, and shall inure to the benefit of the heirs, executors and administrators of such a person.

(4) Any repeal or modification of this ARTICLE XI shall not adversely affect any right or protection of a director or officer of the Corporation under this ARTICLE XI with respect to any act or omission occurring prior to the time of such repeal or modification.

ARTICLE IX

Elimination of Certain Liability of Directors

A director of the Corporation shall not be personally liable to the Corporation for monetary damages for breach of such director's duties as a director; provided, however, that this provision shall not eliminate or limit the liability of a director for the following: (i) for any transaction in which such director's personal financial interest is in conflict with the financial interests of the Corporation, (ii) for acts or omissions not in good faith or which involve intentional misconduct or are known to such director to be a violation of law or (iii) for any transaction from which such director derived an improper personal benefit. This ARTICLE XII shall continue to be applicable with respect to any such breach of duties by a director of the Corporation as a director notwithstanding that such director may thereafter cease to be a director and shall inure to the personal benefit of such director's heirs, executors and administrators.

ARTICLE X

Private Property of Incorporator and Directors

None of the private property of the incorporator or any director of the Corporation shall be subject to any of the Corporation's debts and liabilities.

ARTICLE XI

Severability of Provisions

Except as may conflict with the provisions of ARTICLE II, if any provision of these Restated Articles of Incorporation, or its application to any person or circumstances, shall be held invalid by a court of competent jurisdiction, the invalidity shall not affect any other provisions or applications of these Restated Articles of Incorporation that can be given effect without the invalid provision or application, and to this end the provisions of these Restated Articles of Incorporation are severable.

ARTICLE XII

Restatement

These Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation as heretofore amended, have been duly adopted as required by law and supersede the original Articles of Incorporation of the Corporation and all amendments

THIRD: There are no members of the Corporation.

FOURTH:

The members of the Board of Directors of the Corporation approved the above amendments at a meeting on July 18, 2003. A quorum of directors was present at such meeting and the above amendments were approved by majority of the of the votes which the directors present at such meeting were entitled to cast.

Dated:

July 18, 2003

GREATER/LOUISVILLE FUND FOR THE

ARTS, INC.

By:

COWEN, President

This instrument was prepared by:

Emily M. Dorisio

Greenebaum Doll & McDonald PLLC

300 West Vine Street, Suite 1100

Lexington, Kentucky 40507

(859) 288-4633 LEX:599181.2

Fund for the Arts, Inc. Statement of Activities - FY2020 Budget Year End June 30, 2020

| | Not Restricted by Donor | Restricted by Donor | Total |
|--|----------------------------|------------------------|-------------------|
| Revenues, gains and support | 5y D01101 | Conor | 10141 |
| Campaign 2019 | | | |
| General Campaign | 3,975,000 | 3,900,000 | 7,875,000 |
| ArtsMatch | | 125,000 | 125,000 |
| Awards in the Arts (net) | | 2 7 5,000 | 2 7 5,000 |
| Raffle (net) | 25,000 | | 25,000 |
| Total Campaign 2019 | 4,000,000 | 4,300,000 | 8,300,000 |
| Less amounts designated by donors for specific organizations | | | |
| General Campaign | -375,000 | | -3 7 5,000 |
| Allowance for uncollectible pledges | -225,000 | | -225,000 |
| Net campaign 2019 | 3,400,000 | 4,300,000 | 7,700,000 |
| Other revenues, gains and support | | | |
| Investment income | 22,500 | | 22,500 |
| Miscellaneous | 0 | | 0 |
| Rental Income | 8,300 | | 8,300 |
| Community Foundation of Louisville | | 10,000 | 10,000 |
| Total other revenues, gains and support | 30,800 | 10,000 | 40,800 |
| Total revenues, gains and support | 3,430,800 | 4,310,000 | 7,740,800 |
| Net Future Campaign Revenue and Other | -112,500 | 112,500 | 0 |
| Net assets released from restricted status upon | | | |
| satisfaction of program restrictions. | 2,200,000 | -2,200,000 | 0 |
| Total revenues, gains and support | 5,518,300 | 2,222,500 | 7,740,800 |
| Grants and program expenses: | | | |
| Total Grants Awarded | 5,580,000 | | 5,580,000 |
| Less amounts designated by donors for specific organizations | -375,000 | | -375,000 |
| Total undesignated grants | 5,205,000 | 0 | 5,205,000 |
| Program expenses | 1,109,652 | | 1,109,652 |
| Special Program Expenses | 290,000 | | 290,000 |
| Total grants and program expenses | 6,604,652 | 0 | 6,604,652 |
| Other expenses: | | | |
| Fundraising expenses | 902,797 | | 902,797 |
| Management and general expenses | 395,420 | | 395,420 |
| Total other expenses | 1,298,218 | 0 | 1,298,218 |
| Total Undesignated grants and expenses | 7, 902,870 | 0 | 7,902,870 |
| Change in net assets | -2,384,570 | 2,222,500 | -162,070 |
| Net assets at beginning of year | 5,317,567 | 3,088,542 | 8,406,109 |
| Net assets at end of year | 2,932,997 | 5,311,042 | 8,244,039 |

Internal Revenue Service

Date: September 24, 2007

FUND FOR THE ARTS INC 623 W MAIN STREET LOUISVILLE KY 40202 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

F. B. Rolfes Jr. 17-55560 Customer Service Representative Toll Free Telephone Number: 877-829-5500 Federal Identification Number: 61-0479626

Dear Sir or Madam:

This is in response to your request of September 24, 2007, regarding your organization's tax-exempt status.

In April 1953 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely.

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations 1

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

| | 1 Name (as shown on your income tax return). Name is required on this line; do | not leave this line blank. | | | | | | | | | | | |
|--|--|--|---------------------|---------------|----------|--------------|-------------------|---------------|-----------------|---|-----------|--|--|
| | Fund for the Arts, Inc. 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | | |
| | 2 business name/disregarded entity name, it different from above | | | | | | | | | | | | |
| page 3. | following seven boxes. | | | | | | | | | 4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3): | | | |
| e. ns on | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC | ☐ Partnership | ∐ Trus | st/es | tate | Exem | pt paye | e coc | de (if | any)_ | 1 | | |
| Print or type. Specific Instructions on | Limited liability company. Enter the tax classification (C=C corporation, S=S Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fror another LLC that is not disregarded from the owner for U.S. federal tax pur is disregarded from the owner should check the appropriate box for the tax | of the single-member ow in the owner unless the o poses. Otherwise, a sing | vner. Do i | he LL | .C is | | ption fr | om F | ATC. | A repo | rting | | |
| ecit | ✓ Other (see instructions) ► Non-profit | 501(c)3 | | | | (Applie: | to accou | nts mai | ntalnec | outside | the U.S.) | | |
| ĝ | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requeste | er's r | name a | nd ad | dress (o | ption | al) | | | | |
| See | 623 W. Main St | | | | | | | | | | | | |
| ٠, | 6 City, state, and ZIP code | | | | | | | | | | | | |
| | Louisville, KY 40202 | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | |
| Mirmaton | | | | | | | | | | | | | |
| Par | | | | • | | | | | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name p withholding. For individuals, this is generally your social security numb | | | Soc | iai sec | urity i | number | _ | | | | | |
| reside | nt alien, sole proprietor, or disregarded entity, see the instructions for Pa | art I, later. For other | ľ | | | _ | | . | - | | | | |
| | s, it is your employer identification number (EIN). If you do not have a nu | mber, see <i>How to ge</i> | | | | J | \perp | ┙. | | | | | |
| TIN, la | | Nice see What Name | | Or Emr | oloveri | denti | fication | กมก | her | | | | |
| | If the account is in more than one name, see the instructions for line 1. A er To Give the Requester for guidelines on whose number to enter. | Also see What Name a | ana [| | 7 | T | I | 1 | | T | \dashv | | |
| | , , | | | 6 | 1 - | - 0 | 4 7 | 9 | 6 | 2 | 6 | | |
| Par | III Certification | | | | | 1 | <u> </u> | <u> </u> | <u> </u> | | l | | |
| | penalties of perjury, I certify that: | | | | | | | | | | | | |
| | number shown on this form is my correct taxpayer identification number | er (or I am waiting for a | a numbe | rto | be Iss | ued t | o me); | and | | | | | |
| Sea | n not subject to backup withholding because: (a) I am exempt from back vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and | | | | | | | | | | | | |
| 3. I ar | n a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exempt | from FATCA reportin | g is corr | ect. | | | | | | | | | |
| you ha | ication instructions. You must cross out item 2 above if you have been not ave failed to report all Interest and dividends on your tax return. For real esta sition or abandonment of secured property, cancellation of debt, contribution than Interest and dividends, you are not required to sign the certification, bu | te transactions, item 2 ns to an Individual retire | does no ement an | t app rang | oly. For | mor (IRA) | tgage in and g | ntere ener | est pa ally, | aid, paym | ents | | |
| Sign Here | Signature of U.S. person > Que Marter | <u> </u> | Date ► | 5 | - 1 | - ا-ما | 19 | | | | | | |
| Ge | neral Instructions | • Form 1099-DIV (div funds) | vidends, | | | | | stoc | ks o | mut | ual | | |
| Section | on references are to the Internal Revenue Code unless otherwise | Form 1099-MISC (proceeds) | various t | ype | s of inc | come | , prize | s, av | vard | s, or (| gross | | |
| relate | e developments. For the latest information about developments d to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9. | Form 1099-B (stock transactions by broken) | | tual f | fund s | ales a | and cer | tain | othe | er | | | |
| | | • Form 1099-S (prod | eeds fro | m re | eal esta | ate tr | ansact | ions |) | | | | |
| Pur | pose of Form | • Form 1099-K (mer | | | | • | - | | | | • | | |
| inforr | dividual or entity (Form W-9 requester) who Is required to file an nation return with the IRS must obtain your correct taxpayer | • Form 1098 (home in 1098-T (tuition) | mortgag | e int | erest), | 1098 | 3-E (stu | ıden | t loa | n inte | erest), | | |
| | fication number (TIN) which may be your social security number , individual taxpayer identification number (TTIN), adoption | • Form 1099-C (cand | | • | | | | | | | | | |
| COOLA | , manada axpayer identinoation number (min), adoption | Form 1000-∆ (acqui | ijeition or | r aha | ndorr | nont | of eaci | ırad | nror | artis | | | |

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)

alien), to provide your correct TIN.

later.

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident

be subject to backup withholding. See What is backup withholding,

If you do not return Form W-9 to the requester with a TIN, you might

FUND FOR THE ARTS, INC.

General Information

Organization Number 0020567

Name FUND FOR THE ARTS, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - GoodStateKY

 File Date
 4/25/1949

 Organization Date
 4/25/1949

 Last Annual Report
 6/25/2019

Principal Office 623 West Main Street

Louisville, KY 40202

Registered Agent MONICA BECKMANN

623 WEST MAIN STREET LOUISVILLE, KY 40202

Current Officers

ChairmanJames A. HillebrandPresidentChristen BooneVice PresidentJohn P. DavisVice PresidentSarah K. AbnerSecretaryJonathan Goldberg

Treasurer Paul Fultz

Director C. Edward Glasscock **Director** Mark F. Wheeler John Gill Holland **Director Director** Melissa Wasson Howell Jeffrey A. McKenzie **Director Director** Joseph A. Pusateri Paul G. Fultz Director James A. Hillebrand Director Director Muhammad Babar Director Matt Lindblom

Director Barry Allen Director Rachel Farber **Director** Katie Dailinger Director Michael K. Ash Paul W. Thompson Director <u>Julia Carstanien</u> **Director** Brent McKim **Director** Director James Allen Kirsten Hawley **Director Director** Diane Porter

DirectorMaureen McKnight HoweDirectorGregory GreenwoodDirectorThomas T. NolandDirectorNeville BlakemoreDirectorCampbell Brown

| <u>Annual Report</u> | 8/10/2000 | 10 pages | <u>tiff</u> | <u>PDF</u> |
|----------------------------|-----------|----------|-------------|------------|
| <u>Annual Report</u> | 8/23/1999 | 11 pages | tiff | PDF |
| <u>Reinstatement</u> | 12/9/1998 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 12/9/1998 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Administrative Dissolution | 11/3/1998 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Sixty Day Notice Return | 9/1/1998 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1998 | 6 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1997 | 6 pages | <u>tiff</u> | <u>PDF</u> |
| Sixty Day Notice Return | 9/1/1996 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Sixty Day Notice Return | 9/1/1996 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1996 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1995 | 6 pages | <u>tiff</u> | <u>PDF</u> |
| Sixty Day Notice Return | 11/1/1994 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1994 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1993 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1992 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1991 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1990 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1989 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1988 | 1 page | <u>tiff</u> | <u>PDF</u> |

Assumed Names

GREATER LOUISVILLE FUND FOR THE ARTS, INC.

Ina**c**ti**v**e

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|-------------------------|-------------------------|----------------|--|
| Annual report | 6/25/2019 | 6/25/2019 | |
| Annual report | 9:34:31 AM | 9:34:31 AM | |
| Annual report | 6/27/2018 | 6/27/2018 | |
| Annual report | 12:55:58 PM | 12:55:58 PM | |
| Annual report | 6/19/2017 | 6/19/2017 | |
| Allitual Teport | 7:29:53 AM | 7:29:53 AM | |
| Annual report | 6/2/2016 | 6/2/2016 | |
| Aillidai Teport | 10:01:26 AM | 10:01:26 AM | |
| Annual roport | 6/25/2015 | 6/25/2015 | |
| Annual report | 1:35:34 PM | 1:35:34 PM | |
| Annual report | 6/30/2014 | 6/30/2014 | |
| Annual report | 8:26:21 AM | 8:26:21 AM | |
| Annual report | 4/23/2013 | 4/23/2013 | |
| Annual report | 4:05:00 PM | 4:05:00 PM | |
| Annual report | 6/8/2012 | 6/8/2012 | |
| Ailluai Teport | 12:16:12 PM | 12:16:12 PM | |
| Annual report | 6/23/2011 | 6/23/2011 | |
| Aillidai Teport | 3:51:24 PM | 3:51:24 PM | |
| Annual report | 6/11/2010 | 6/11/2010 | |
| Annual report | 9:46:03 AM | 9:46:03 AM | |
| Annual report | 5/18/2009 | 5/18/2009 | |
| Annual report | 11:07:04 AM | 11:07:04 AM | |
| Annual report | 6/30/2008 | 6/30/2008 | |
| Annual report | 9:18:23 AM | 9:18:23 AM | |
| Annual report | 6/4/2007 | 6/4/2007 | |
| Annual report | 11:08:00 AM | 11:08:00 AM | |
| Annual report | 6/15/2006 | 6/15/2006 | |
| Annual report | 9:03:55 AM | 9:03:55 AM | |
| Added assumed name | 1/13/2006 | 1/13/2006 | GREATER LOUISVILLE FUND |
| Added assumed hame | 3:46:48 PM | 1/15/2000 | FOR THE ARTS, INC. |
| Amendment - Change name | 1/13/2006 3:41:50 PM | 1/13/2006 | GREATER LOUISVILLE FUND FOR THE ARTS, INC. |

DirectorKristen ByrdDirectorCarolle J. Clay

DirectorSarah Davasher-WisdomDirectorJonathan D. Goldberg

Director Jerilan Greene **Director** Dawn R. Landry Director Gladys Lopez Director Sabeen Nasim **Director** Victoria Russell Director Linda Schuster **Director** Erica Sutton Director Carl M. Thomas **Director** Eddie Tyner **Director** Joe Ventura

Director Erica Lee Williams
Director David Wombwell
Director Terry Wright
Director Tammy York Day
Director Laura Zachariah
CFO Janie Martin

Individuals / Entities listed at time of formation

DirectorW G SIMPSONDirectorLISLE BAKER JRDirectorA FRED WILLKIEIncorporatorALEX P HUMPHREYIncorporatorALEXANDER G BOOTH

Incorporator LISLE BAKER JR

Incorporator <u>MACAULEY L SMITH</u>

Incorporator J.J.EGANS

Images available online

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

| <u>Annual Report</u> | 6/25/2019 | 1 page | <u>PDF</u> | |
|-----------------------------|--------------------|------------|-------------|------------|
| Annual Report | 6/27/2018 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 6/19/2017 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 6/2/2016 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 6/25/2015 | 1 page | <u>PDF</u> | |
| Annual Report | 6/30/2014 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 4/23/2013 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 6/8/2012 | 1 page | <u>PDF</u> | |
| Annual Report | 6/23/2011 | 1 page | <u>PDF</u> | |
| Name Renewal | 11/17/2010 1:54:27 | 7 PM1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 6/11/2010 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 5/18/2009 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 6/30/2008 | 2 pages | <u>PDF</u> | |
| <u>Annual Report</u> | 6/4/2007 | 2 pages | <u>PDF</u> | |
| <u>Annual Report</u> | 6/15/2006 | 1 page | <u>PDF</u> | |
| <u>Amendment</u> | 1/13/2006 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Certificate of Assumed Name | 1/13/2006 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 3/4/2005 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 10/6/2003 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Amendment</u> | 7/18/2003 | 7 pages | <u>tiff</u> | <u>PDF</u> |
| Restated Articles | 7/18/2003 | 6 pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 8/3/2001 | 5 pages | <u>tiff</u> | <u>PDF</u> |
| | | | | |

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer Identification number

FUND FOR THE ARTS INC 61-0479626 Part | Questions Regarding Compensation No Yes 1a Check the appropriate box(es) If the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax Indemnification and gross-up payments ☐ Health or social club dues or Initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 16 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, Including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ✓ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ✓ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? **6a** 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part Vii, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe In Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Pega 2

Schedule J (Form 990) 2017

Conficers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown o | of W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | 60 Compensation |
|------------------------------|-------|--------------------------|------------------------------------|---|---|----------------|----------------------|--|
| (A) Name and Title | | (I) Base compensation | III Bonus & insentive compensation | (iii) Other reportable compensation | other deferred | benefits | (B)(0-(D) | (F) Compensation in column (B) reported as deferred on prior Form 890 |
| Ms Christen Boone, President | (0) | 199,412 | 40,000 | 0 | 12,000 | 18,977 | 270,389 | 0 |
| and CEO | (1) | 0 | 0 | 0 | | 0 | 0 | 0 |
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| 9 | (II) | | | | | | | |
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| 18. | (II) | | | | *************************************** | | - | |
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Schedule J (Form 990) 2017

| Schedule J (Form 690) 2017 |
|--|
| PartIII Supplemental Information |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this partic any additional Information. |
| Schedule J, Part I, Line 3 - The Fund for the Arts' Compensation Committee includes a Chair, the Fund for the Arts' Board Chair, the Chair of the Finance Committee and the Chair of the |
| Campaign Committee. Members of the committee review a summary of accomplishments for the year and the compensation data developed from the review of other Forms 990. |
| Recommendations related to the CEO and other executive compensation are discussed and voted on by the Compensation Committee in an executive session and meeting minutes are |
| recorded. Recommendations are then taken to the organization's Executive Committee end/or Board for final review and epproval. |
| Schedule J, Part I, Line 7 - In addition to base salary, the Fund's President and CEO, Christen Boone, the Executive Vice President, JP Davis and the Vice President of Development, |
| Abby Shua were eligible for bonuses for the fiscal year ended June 30, 2017 besed on agreed upon performance criteria. The Compensation Committee reviewed the applicable |
| information and determined the recommended amounts which were approved and paid during FY18. |
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Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Employer identification number Name of the organization FUND FOR THE ARTS INC 61-0479626 Form 990, Part VI. Section A, Line 1a - Delegation of Authority - Pursuant to the Bylaws, the Board elected an Executive Committee. Under the Bylaws (in effect through June 26, 2018), when the Board is not in session, The Executive Committee has any may exercise all the authority of the Board with various stated exceptions: (a) elect or appoint Directors; (b) elect or appoint Officers; (c) approve any annual allocation among the Assisted Organizations of funds raised in the annual fund-raising campaign or otherwise controlled and distributable by the Fund; (d) amend, alter or repeal the Bylaws; (e) appoint or remove any member of the Executive Committee, any Director or any Officer: (f) amend or restate the Articles; (g) adopt a plan of merger or consolidation with another corporation; (j) amend, alter, repeal any resolution of the Board. The amended Bylaws effective June 26, 2018 modified item (c) to read as follows: "(c) approve the Corporation's annual Operating Budget and/or annual Sustaining Impact Grants." All other provisions remained unchanged. Form 990, Part VI, Section A, Line 2 - Board Member, Carl M. Thomas and CFO, Diane Cornwell - business relationship; Board Member, Tammy York Day and CFO, Diane Comwell - business relationship; Board Member, Martin Polio and Board Member, Diane Port er business relationship; Form 990, Part VI, Section A, Line 3 - Did the organization delegate control over the management duties customarily performed by or the direct supervision of officers, directors, trustees or key employees to a management company or other person? - The Chief Financial Officer position is contracted to Diane Comwell, an independent contractor. She was paid \$87,000 reportable compensation and provided parking to oversee the financial function with a dual reporting relationship to the Fund for the Arts' board and CEO. Form 990, Part VI, Section A, Line 4 - At its annual meeting held on June 26, 2018, the Fund for the Arts' board approved changes to the Bylaws. Significant changes included the following: Established term Ilmits for voting Directors; Clarified that that Board Chairi, in conjunction with the Board, shall (for the period of the President's absence or Inability) perform the duties of the President; Eliminated the corporate board-appointed officer position of "Vice-President"; and ciarlfied the authority of the Executive Committee by reserving the approval of the Organization's Operating Budget and/or Sustaining Impact Grants to the full Board. Form 990, Part VI, Section B, Line 11b - Description of process for reviewing the organization's Form 990 - A group consisting of the organization's Board Chair, CEO, Chair of the Compensation Committee, Chair of the Finance Committee and at least two other members of the Finance Committee are provided with a draft of the Form 990 for review prior to its finalization. A copy of the finalized return is electronically provided to all voting Board members prior to being filed with the IRS. Form 990, Part VI, Section B, Line 12c - Conflict of Interest (COI) Policy/Enforcement - Annually, the Fund for the Arts, provides a copy of the COI Policy to all Director and Officers. Directors and Officers are required to read and comply with the policy which requires, at a minimum, annual disclosure of outside activities and relationships which could give rise to a potential conflict. This is then used by the organization's management in its ongoing monitoring of potential conflicts. In addition, the COI Pollcy requires that a Director or Officer provide full disclosure of any conflicts or perceived conflicts as defined in the Policy and recuse him/herself from participation in the decision-making or vote regarding the affected transaction. Form 990, Part VI, Section B, Line 15 - Process for Determining Compensation of Top Management Official, Other Officers or Key Employees - Each year the Fund for the Arts' Compensation Committee reviews the compensation arrangements for the CEO. They also review the CEO's recommendations regarding compensation for the Vice Presidents and the contracted CFO. The Committee then presents their recommendations to the organization's Executive Committee or Board for final approval. The Committee is comprised of independent members, uses comparability data and documents the deliberations and recommendations. The compensation arrangements are reviewed/approved prior to changes being implemented. Form 990, Part VI, Section C, Line 19 - Public Availability of Information - The most current audited financial statements are available on the Fund for the Arts' website. Articles of Incorporation are on file with the KY Secretary of State. The Conflict of Interest Policy and Bylaws are available u pon request. Form 990, Part XI, Line 9 - Allowance for Uncollectible Pledges of \$225,000 and Returned Grants of \$203,051

Schedule O, Statement 1 **FUND FOR THE ARTS INC**

Form: Form 990 (2017) EIN: 61-0479626 Part III, Line 4a

First Program Service Accomplishments Description

Description

Page: 2

underserved audiences; Arts in Health - support integration of the arts into healthcare facilities to improve the overall health and wellbeing of patients, families, caregivers and medical professionals; Arts in Aging - provide senior citizens with access to free arts experiences to improve overall health and wellness and reduce feelings of Isolation. During FY2018, the Fund provided support in serving 1.5 million people with 200,000 free or discounted admissions to 5,466 Arts Partner events across 696 locations in 81 counties. CULTIVATION (Total expenditures\$1,042,802): Greater Louisville is a magnet for artists and creative professionals, where arts and culture organizations and creative industries, both institutional and emerging, are thriving. initiatives included: Imagine 2020 - provide project funding to cultural providers and alongside investments in strategic initiatives that build capacity of local artists and arts organizations. ArtsMatch - expand the capacity of the local artists and arts organizations supporting special arts-based projects. Partnership Grants -working with donors to fund arts partner organizations; Awards in the Arts - celebrates the extraordinary arts community in the Greater Louisville region and the arts tremendous contribution to the unique cultural landscape and artists themselves, their talent and passion, to create, produce and present transformative and inspiring works of arts, in and for the Louisville community; Professional Development Scholarships provide artists and arts organizations with access to professional development opportunities that will enhance their professional and organizational growth. During FY2018, the Fund awarded grants to 50 artists and 115 organizations providing 4,117 training opportunities and 1,241 jobs. This was fueled by 1,241 artists and 3,558 volunteers providing 49,708 volunteer hours with Arts Partners delivering \$1.5 million value for volunteer hours to the Fund and Its Arts Partners. EDUCATION (Total expenditures \$930,987): Every child in the community has the opportunity to experience and participate In the arts and culture through experiences in-school, out-of-school and with their families. Initiatives included: Imagine 2020 - Provide project funding to cultural providers and alongside Investments in strategic Initiatives that advance the educational programming available; ArtsMatch - support expanded capacity of cultural providers to create special arts-based educational programming; EVERY CHILD Arts Education Initiative (including Teacher Arts Grants program) enabling teachers to request funding to allow their students to attend arts events or supplement their classroom with residency arts programing often with a math/history/science curriculum, the "5 by 5 initiative" where the goal is for every child to have an arts experience during each of their first 5 years of school, and "School's Out=Art's In" developed in conjunction with Louisville Metro Parks to provide arts based activities during outof-school time such as summer and spring breaks; Arts in Kindergarten Readiness - provide equitable access to the arts for early childhood students to improve students' readiness for kindergarten, including their academic, physical, and social-emotional development; Arts for Kosalr Kids - deliver the healing, transforming, inspiring power of the arts to support the health and well-being of special needs youth of the community; Youth Training Scholarships - Provide low-income youth the opportunity to participate in intensive arts training experiences to improve college-and-career readiness by enhancing academic achievement and social-emotional skill development; Cultural Pass - provide children ages 0 to 21 with free access to arts and cultural organizations during the summer with the goal of reducing summer learning loss. More than 400,000 Arts in Education experiences were provided by Arts Partners during FY2018 with 179,000 of those directly funded by the Fund. These experiences were provided in more than 450 different schools and 45 out-of-school locations in 64 counties. The average GPA reported for those participating in the Youth Arts Training programs supported was 3.2. PROMOTION (Total expenditures \$416.133); Greater Louisville is recognized nationally and internationally as a leading city of arts and culture attracting talent to live and work and tourists to play and stay. In FY2018, the Fund reached 2,220 zip codes through its Arts Partners. There were more than 400 direct press mentions with approximately 177 international and 225 national mentions. The Fund maintains a social media presence through Facebook, Twitter and YouTube, promoting all things "arts" in the community and hosts the free app "Louisville Arts Link" which had 5,551 downloads during the year. The Fund also produces an electronic newsletter that has more than 23,000 subscribers. Other InItatives included: Awards in the Arts/Opening Night - celebrates the extraordinary arts community In the Greater Louisville region and the arts contribution to the unique cultural landscape and quality of place; ArtsMatch - support the capacity of Cultural Providers to create special arts-based projects promoting the Greater Lous/ville Region. Imagine 2020 - provide project funding to cultural providers and alongside investments in strategic initiatives that promote the Greater Louisville Region. EDi (Total expenditures \$458,206): Cultural equity is leading the way to a more equitable, diverse and inclusive community improving the social connectivity and cultural vitality of the region. Initiatives Included: Arts for Kosair Kids - deliver the healing, transforming, inspiring power of the arts to support the health and well-being of special needs youth in the community; Imagine 2020 - provide project funding to cultural providers and alongside investments in strategic initiatives supporting EDI; ArtsMatch - expand the capacity of Cultural Providers to create special arts-based projects to reach new audiences; Neighborhood Art Academy/West Louisville Arts Collaborative - provide youth living in underserved neighborhoods in Louisville with safe, positive and engaging arts-based training opportunities, offering a productive alternative to occupy out -of-school time while also enhancing their 21st century skill development, helping them to prepare for college and career; Fran Huettig Public Art Series - provide individual artists with funds to complete public art projects in West Louisville to enhance community connectedness and health. In FY2018, the Fund supported 37 projects serving more than 41,500 people. It invested in West Louisville through 29 organizations serving more than 55,000 people throughout that community.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

61-0479626

Department of the Treasury Internal Revenue Service
Name of the organization

FUND FOR THE ARTS INC

Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total Income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| (1) | | | | | |
| [2] | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| .0 | | | | | |
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Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II (c) Legel domicile (state or toreign country) (e) Public charity status (if section 501(c)(3)) (g) ction 512(b)(13) controlled entity? Yes No (1) FFTA Properties Inc (31-1497554) 623 West Main, Louisville, KY 40202 BrownTheatre/ArtsSpa KY ce/Conf Ctr/Ballet Bidg 501(c)(3) N/A ✓ ..(2) (3) (4) (5) (6) _(?)_

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

Cat. No. 50135Y

Schedule R (Form 690) 2017

| Part III | | Related Organization: e or more related orga | | | | | | ed "Yes" o | n Form 990, P | art IV, line | 34, |
|----------|---|---|--------------------------|-------------------------------------|----------------------------------|---------------------------------|--|---|--------------------------------|------------------------|---------------------------------|
| | (a) oddress, and EIN of ed organization | (b) Primary activity | (c) Legal domicile | (d) Direct controlling entity | (a) Predominant Income (related, | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | Code V-UBI amount in box 20 | General or managing | (ki) Percentage ownership |

| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Predominant Income (related, unrelated, excluded from tax under sections 512—514) | Share of total income | Share of end-of- year assets | alloca | tions? | emount in box 20 of Schedule K-1 (Form 1085) | part | aging ner? | Percentage ownership |
|---|------------------|---|------------------------------|--|--------------------------|--|----------|--------|--|------|---------------|-------------------------|
| | | | <u> </u> | | | <u> </u> | Yes | No | | Yes | No | |
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| [3] | | | | | | | | | | | | |
| <u>(4)</u> · | | | | | | | | | | | | |
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| | | | | | | ************************************** | Commence | | | | | |
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Identification of Related Organizations Taxable as a Corporation or Truat. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) | (c) Legal domicile (state or foreign country) | (e) | (g) Share of end-of-year assets | (h) Percentage ownership | Section 5 contr | 1 12(b)(13) rolled ty? |
|---|-----|---|-----|---------------------------------------|--------------------------------|--------------------|---------------------------------|
| | | | | | | Yes | No |
| <u>(4)</u> | | | | | | | |
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Schedule R (Form 990) 2017

| Note: Complete line 1 if any entity is listed in Parts II. III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following bransactions with one or more related organizations listed in Parts III-IV? 1 A Receipt of (i) interest, (ii) annulies, (iii) royalities, or (iii) related organization(s) | Par | Transactions With Related Organizations. Complete if the organization an | nswered "Yes" on Fo | orm 990, Part IV, line | 34, 35b, or 36. | | |
|--|-------------|--|-------------------------|--------------------------|----------------------------|--|--|
| a Receipt of (i) Inderest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution for related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to related draganization(s) f C V d Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of assets with related organization(s) g Sale of ass | No | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | No |
| b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees to related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets the related organization(s) f Purchase of assets from related organization(s) f Lexange of assets the related organization(s) f Lexange of assets from related organization(s) f Lexange of facilities, equipment, or other assets to related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations by related organization(s) f Performance of services or membership or fundralsing solicitations by related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations by related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership o | 1 | During the tax year, did the organization engage in any of the following transactions with o | one or more related or | ganizations listed in Pa | rts II-IV? | 1 | |
| c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets from related organization(s) f Purchase of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of facilities, equipment, or other assets to related organization(s) f Performance of services or membership or fundralsing solicitations for related organization(s) f Performance of services or membership or fundralsing solicitations by related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) for expenses f Other transfer of cash or property from related organization(s) f Relimbursement paid to related organization(s) for expenses f Other transfer of cash or property from related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization(s) f Relimbursement paid to related organization for information on who must complete this line, including covered relationships and transaction thresholds f Relimbursement paid to related organization for information on who must complete this line, including covered relationships and transaction thresholds f Relimbursement paid to related organization for information on who must complete this line, including covered relationships and transaction thresholds f Relimbursement paid to related organization for information on who must complete this line, including covered relationships and transaction thresholds f Relimbu | а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | 18 | 3 / | 1 |
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| E Loans or loan guarantees by related organization(s) | c | Gift, grant, or capital contribution from related organization(s) | | | 1c | : 1 | 7 |
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| g Sale of assets to related organization(s) . 1g | | | | | 1. | | 1 |
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| o Sharing of paid employees with related organization(s) P Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If I Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction Type (a-s) Method of determining amount involved (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) | m | | | | | 1 1 | |
| P Reimbursement paid to related organization(s) for expenses | n | | | | | 1 ! | |
| Reimbursement paid by related organization(s) for expenses | O | Sharing of paid employees with related organization(s) | | | 10 | ↓ | <u> </u> |
| Reimbursement paid by related organization(s) for expenses | | | | | ļ ··· | 1 1 | |
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| S Other transfer of cash or properly from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. [a] [b] [c] [c] Amount involved Method of determining amount involved type (a-s)] [1] [2] [3] [4] [5] [6] [7] [8] [7] [8] [8] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9 | q | Reimbursement paid by related organization(s) for expenses | | | 19 | 1 | |
| S Other transfer of cash or properly from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. [a] [b] [c] [c] Amount involved Method of determining amount involved type (a-s)] [1] [2] [3] [4] [5] [6] [7] [8] [7] [8] [8] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9 | | | | | | 1 1 | |
| If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction type (a - s) (c) Amount involved Method of determining amount involved (2) (3) (4) (4) | | | | | | <u>. </u> | <u> </u> |
| (a) Name of related organization (b) Transaction type (a - s) Method of determining amount involved (1) (2) (3) (4) | | | | | | 1 1 | <u>-</u> |
| Name of related organization Transaction type (a - s) Amount involved Method of determining amount involved (1) (2) (3) | 2 | If the answer to any of the above is "Yes," see the instructions for information on who must | complete this line, Inc | , - | iships and transaction thr | esholds | <u>. </u> |
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (ল) Name, address, and EIN of | entity | (b) Primary activity | (a) Legal derricite (state or foreign country) | income (related, unrelated, excluded | Are # 640 501 | e) partners tion (c)(3) zations? | (f) Share of total Income | (p) Share of end-of-year assets | Disprop | in) portionate ations? | Code VUBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | pues.) adijud asag os. | (k) Percentage ownership | |
|----------------------------------|---|-------------------------|---|---|---------------------|--|---------------------------------|--|---------|------------------------------|---|------|------------------------------|--------------------------------|--|
| | | | | from tax under sections 512514) | Yes | No | | | Yes | No | | Yes | No | | |
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| (2) | *************************************** | | | | | | | | | | | | | | |
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| (8) | ************ | | | | | | | | | | | | | | |
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Schedule R (Form 990) 2017

| Schedule R (F | (Form 990) 2017 | Page 5 |
|---------------|---|---|
| Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. | |
| | Provide additional information for responses to questions on Schedule R. See instructions | |
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Form 990

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 20**17**

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Go to www.irs.gov/Form990 for Instructions and the latest Information. 2017, and ending For the 2017 calendar year, or tax year beginning 07/01 20 18 В Check If applicable: C Name of organization FUND FOR THE ARTS INC D Employer Identification number \Box Address change Doing business as 61-0479626 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change Initial return 623 West Main Street 502-582-0100 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Louisville KY 40202 G Gross receipts \$ 10,574,476 F Name and address of principal officer: H(a) Is this a group return for subordinates?
Yes
No Application pending Christen Boone 623 West Main Street, Louisville, KY 40202 H(b) Are all subordinates included? Yes No If "No," attach a list, (see instructions) Tax-exempt status **✓** 501(c)(3) 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527 Website: ▶ www.fundforthearts.org H(c) Group exemption number ▶ Form of organization: Gorporation Trust ☐ Association ☐ Other ▶ L Year of formation: 1949 M State of legal domicile: ΚY Briefly describe the organization's mission or most significant activities: Vision Statement: Together through the Arts we Activities & Governance create a great American city. Mission Statement: To maximize the impact of the Arts on economic development, education and the quality of life for everyone by generating resources, inspiring excellence, and creating community connections. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 49 Number of independent voting members of the governing body (Part VI, line 1b) 49 5 Total number of Individuals employed In calendar year 2017 (Part V, line 2a) 5 16 Total number of volunteers (estimate If necessary) 6 3,000 Total unrelated business revenue from Part VIII, column (C), line 12 7a n Net unrelated business taxable income from Form 990-T, line 34 2,888 Current Year Contributions and grants (Part VIII, line 1h) . 8,639,230 8,895,613 Revenue 9 Program service revenue (Part VIII, line 2g) 13,000 138,090 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 33,502 46,976 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . -37,628 41,775 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,648,104 9,122,454 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,844,594 2.272.121 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,065,239 1,274,715 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ _____1,018,291 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 947,060 1,182,164 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,856,893 4,729.000 19 Revenue less expenses. Subtract line 18 from line 12 791,211 4.393,454 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 9,634,466 9,855,011 21 Total liabilities (Part X, line 26) . 4,733,370 949,638 22 Net assets or fund balances. Subtract line 21 from line 20 4,901,096 8,905,373 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. tan Signature of office Sign Here Janie Martin, CFO/COO Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check [] if self-employed **Preparer** Flrm's name ▶ FI mis EIN ▶ Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Phone no.

| Form 99 | 90 (2017) | Page 2 |
|------------|---|-------------|
| Part | | |
| | Check If Schedule O contains a response or note to any line in this Part III | <u>. П</u> |
| 1 | Briefly describe the organization's mission: | |
| | The mission of the Fund for the Arts is to maximize the impact of the Arts on economic development, education and the quality | <u>ot</u> |
| | life for everyone by generating resources, inspiring excellence and creating community connections. | ****** |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | ********** |
| | prior Form 990 or 990-EZ? | ☑ No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | _ |
| | services? | ∐ No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organizations. | |
| | the total expenses, and revenue, if any, for each program service reported. | Ju 101 0 |
| | | |
| 4a | (Code:) (Expenses \$3,374,005 Including grants of \$2,272,121) (Revenue \$138,090) |) |
| | Fund for the Arts ("Fund") supports the arts through providing grants to more than 600 schools, community arts organizations | and |
| | artists ("Arts Partners") across the region and directly offers a range of community arts services designed to advocate for and | |
| | extend the reach of the arts to the whole community. During the year ended June 30, 2018, the Fund approved and implemented | <u> a</u> |
| | new strategic plan based on a community-wide cultural plan, "Imagine Greater Louisville 2020". The strategic plan adopts the fire | |
| | strategic priorities identified by the community stakeholders: Access, Cultivation, Education, Promotion and Equity, Diversity & | <u> </u> |
| | Inclusion (EDI): ACCESS (Total expenditures \$525,877) - Arts, culture and creativity are fully integrated into daily life and | |
| | accessible to everyone in every neighborhood every day. More art, for more people, in more places. Initiatives included: Cultura | |
| | Pass - provide children ages 0 to 21 with free access to arts and culture organizations during the summer with the goal of reduce summer learning loss and increasing access and perticipation for low-income families; Imagine 2020 - provide project funding to | |
| | cultural providers and alongside investments in strategic initiatives that specially support access to otherwise undersarved | |
| | populations; ArtsMatch - expand the capacity of cultural providers to create special arts-based projects to reach otherwise | **** |
| | (Continued on Schedule O, Statement 1) | ***** |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | ###################################### | |
| | - 6890: | |
| | *************************************** | **** |
| | 440000 | ****** |
| | 4.4.4 | |
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| | hāvāusē: | |
| | \$ | |
| | A 10 B 30 B 30 B 30 B 30 B 30 B 30 B 30 B | |
| | | |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$) | |
| | 458: | |
| | | |
| | -059049 | |
| | 446938 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4 d | Other program services (Describe in Schedule O.) | |
| 4e | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 3,374,005 | |
| 70 | Total program service expenses ▶ 3,374,005 | |



Department of the Treasury Internal Revenue Service Ogden UT 84201
 Notice
 CP211A

 Tax period
 June 30, 2018

 Notice date
 December 3, 2018

 Employer ID number
 61-0479626

 To contact us
 Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

028833.108797.310826.30308 1 AV 0.378 370

FUND FOR THE ARTS INC % MONICA BECKMAN 623 W MAIN ST LOUISVILLE KY 40202-2978



Important information about your June 30, 2018 Form 990

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

We approved the Form 8868 for your June 30, 2018 Form 990. Your new due date is May 15, 2019.

What you need to do

File your June 30, 2018 Form 990 by May 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

if you need assistance, please don't hesitate to contact us.

| | Checklist of Required Schedules | | | | |
|-------------|---|-------------|----------|----------|----------|
| | | | 1 | Yes | N |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes, complete Schedule A | - 1 | 1 . | | |
| 3 | | <u>-</u> | | / | ✓ |
| 4 | · | | İ | İ | √ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | Г | | | √ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | Ť | j, | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1. | / |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | | , |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 1 | Ť | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | 133 | | 3 | _ |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | • | | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 | _ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 116 | | 1 | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 | _ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | √ | 11 | _ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | ✓ | İ | _ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | i | 1 | _ |
| 13 14 a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | √ | _ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | 1 | _ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | ✓ | - |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 16 | T | ✓ | - |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 17 | | √ | - |
| | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | Ť | / | | - |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | - | | |

| Part | Checklist of Required Schedules (continued) | | | |
|------------------------|---|------------|---------------|--------------|
| | | | Yes | No |
| _ | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | / |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| 22 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A) line 22 If "Yes," complete Schedule I, Parts I and "III. | 21 | / | <u> </u> |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 🗸 | <u>i</u> |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | , | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | <u> </u> | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | i | |
| 2 5a | | 25a | | y |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | y |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 200 | | _ |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | J |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | do i |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | / |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | 1 |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | <u> </u> |
| 3 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | 1 | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | , |
| 38 | Part VI | 37 | | <u> </u> |
| NAME OF TAXABLE PARTY. | 10. Teles. II., Only do more are required to complete controlled. | 38 | ~~ | |

| | 990 (2017) | | | Page |
|------------|---|------------------|----------------|-------------|
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | - |
| | Check if Schedule O contains a response or note to any line in this Part V | | 136 | <u> </u> |
| 4. | Section the country was add to Day O of Fermi 1000 February 0.17 and a self-add. | | Ye | s No |
| 18 | | 6 | -1 | - |
| t | | | | |
| • | reportable gaming (gambling) winnings to prize winners? | - 1 | | |
| 2 a | | 10 | + | |
| 20 | Statements, filed for the calendar year ending with or within the year covered by this return 2a | اء | | |
| ь | · · · · · · · · · · · · · · · · · · · | <u>∘</u> 2b | 1 | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 124 | Ŧ | +- |
| За | | За | | 1 |
| ь | | 3b | | 1 |
| 4a | | | 1 | 1 |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | l | 1 |
| b | If "Yes," enter the name of the foreign country: ▶ | | | T |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | 1 3 | | |
| | (FBAR). | | | 1 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 1 | ✓ |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <u> </u> | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | <u> </u> | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 1 | . |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | <u> </u> | / |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | } |
| _ | gifts were not tax deductible? | 6b | 10.00 | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 2.4 | |
| а | Did the organization receive a payment In excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | , | |
| _ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | ✓ ✓ | |
| b b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 70 | <u> </u> | |
| · | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 500 | | - |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | - 1 | ✓ |
| | Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract? . | 7f | i | |
| | If the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required? | 7g | i | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| В | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | V. S | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | | 9b | | |
| | Section 501(c)(7) organizations. Enter: | 1871 | ?. . ∦. | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 31 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 718 · | | |
| | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| | Gross income from members or shareholders | | - 1 | |
| | against amounts due or received from them.) | 1373 | 1 | |
| | | 2a | | |
| | f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | + | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | | 3a | i | |
| | lote. See the instructions for additional information the organization must report on Schedule O. | i | i | |
| | inter the amount of reserves the organization is required to maintain by the states in which | 1 | 1 | i |
| ti | ne organization is licensed to Issue qualified health plans | | | 4 |
| C E | nter the amount of reserves on hand | | | 2 |
| | old the organization receive any payments for indoor tanning services during the tax year? | a | 1 | |
| a D | | | | |

| Form 99 | 90 (2017) | | | Page 6 |
|---------------|--|----------|------------------------------|---|
| Part | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | | | |
| C4 | Check if Schedule O contains a response or note to any line in this Part VI | • • | • | <u>. ଏ</u> |
| Secu | on A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 49 | 1 353 | 100 | 140 |
| | If there are material differences in voting rights among members of the governing body, or | 4 | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent1b49 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | 1 | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | 1 | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | 1 | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓ |
| 6 | Did the organization have members or stockholders? | 6 | <u> </u> | ✓ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | ✓ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | , |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | KAN. | 1.53 | |
| | the year by the following: | | 2017 | |
| а | The governing body? | 8a_ | 1 | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | <u> </u> | NAMES AND ADDRESS OF THE PARTY O |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reve | nue C | STATE OF THE PERSON NAMED IN | potential and a |
| | | 1 | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | <u> </u> | <u> </u> |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | _/ | <u> </u> |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 188 | alfa. | <u></u> |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | V | <u> </u> |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | , | |
| 13 | Did the organization have a written whistleblower policy? | 13 | 1 | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | V | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 300 | 1.2 | |
| | Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 42.2 | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | ✓ | |
| Ь | Other officers or key employees of the organization | 15b | √ | |
| 162 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | 585 | |
| .00 | with a taxable entity during the year? | 16a | eshi: | 1 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 1.38 | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | 13.7 | |
| | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ KY | | 7.65 | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. indicate how you made these available. Check all that apply. | n 501(| c)(3)s | only) |
| | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | _ |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in | ierest į | policy | , and |
| 00 | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | coras | | |
| ttenenikovane | Monica Beckmann, (502)582-0122 | | | |

| _ |
|-------|
| 7 |
| |

Form **990** (2017)

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and |
|----------|--|
| | Independent Contractors |
| | Check if Schedule O contains a response or note to any line in this Part VII |

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

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

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

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

| (A) Name and Title | (B) Average hours per week (ilst any hours for related organizations below dotted line) | officion individua | unles | Po: neck | ersor direct | re than is bot tor/trus | han stee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|---|--------------------|-------|-------------|-----------------|-------------------------------|--------------|---|--|--|
| Mr Todd Lowe | 4 | | | | | | | | | |
| Board Chair | 0 | 1 | | 1 | | | | 0 | 0 | 0 |
| Mr Jonathan D Goldberg | 0.25 | - 1 | -1 | - 1 | | | | <u></u> | | |
| Secretary | 0 | 1 | | 1 | | | | 0 | 0 | 0 |
| Ms Tammy York Day | 3.00 | | | | | | | | | |
| 2018 Campaign Chair | 0 | 1 | | - 1 | | | | ol | 0 | 0 |
| Mr Barry Allen | 0.5 | - 1 | | | | | | | | |
| Board Member | 0 | 1 | 1 | - 1 | | | | 0 | 0 | 0 |
| Mr James R Al len | 0.25 | - 1 | | | | | | | | |
| Board Member | 0 | 1 | | | | 1 | | 0 | 0 | 0 |
| Mr Michael Ash | 0.5 | } | - } | | - } | - } | | } | } | |
| Board Member | 0 | √ | | | | | | 0 | 0 | 0 |
| Mr Muhammad Babar | 0.1 | | | | | 1 | | | | |
| Board Member | 0 | 1 | | | | | | 0 | 0 | 0 |
| Mr J Stephen Barger | 0.1 | | | | | | | | 1 | |
| Labor Advisory Chair | 0 | 1 | | | | | | 0 | 0 | 0 |
| Mr Harold Butler | 2 | | | - [| - [| - 1 | | | | |
| Co-Chair Grants Committee | 0 | √ | | | | | | 0 | 0 | 0 |
| Ms Julia Carstanien | 0.25 | | | | | | | | | |
| Board Member | | √ | | | | [_ | [_ | 0 | 0 | 0_ |
| Ms Katie Dailinger | 0.5 | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Tawana Edwards | 2.00 | | | | | | | | | |
| Co-Chair Grants Committee | 0 | ✓ | | + | _ | | | 0 | 0 | 0 |
| Ms Rachel Farber | 0.1 | 1 | | | | | |) | 1 | |
| Board Member | <u> </u> | ✓ | | | | | | 0 | 0 | 0 |
| Mr Paul Fultz | 2 | | | 1 | | | | | j | |
| Chair Finance Committee | 0.5 | <u> </u> | | L | \perp | | | 0 | 0 | 0 |

Page 7 - 2

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

| (A) Name and Title | (B) Average hours per week (list any hours for | box, office | unles r an | Pos neck is pa | rson irect | s than is both or/trus | tee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
|--|---|-----------------------------------|-----------------------|----------------------|---------------|------------------------------|------|--------------------------------------|--|--|--|
| | related organizations below dotted line) | Individual trustee or director | institutional trustee | cer | Key employee | Highest compensated employee | mer | organization (W-2/1099 MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| -Mr.C.Edward Glasscock | 0,75 | | | | | | | | | | |
| Board Member | 0.25 | > | | | | | | 0 | 0 | 0 | |
| Ms Jerilan Greene | 0.1 | | | | | | | | | | |
| Co-Chair Grants Committee | 0 | > | | | | | | 0 | 0 | 0 | |
| Mr Gregory Greenwood | 0.5 | | | | | | | | | | |
| Board Member | 0 | > | | | <u> </u> | | | 0 | 0 | 0 | |
| Mr Rick Guillaume | 0.25 | | | | | l | | | | | |
| Board Member | 0 | > | | | | | | 0 | 0 | 0 | |
| Mr Dennis P Heishman | 0.25 | | | | | | | | | | |
| Board Member | 0 | > | | | | | | 0 | 0 | 0 | |
| Mr James A Hillebrand | 0.5 | | | | | | | | | | |
| Chair Compensation Committee and Board Chair I | 0 | > | | | | | | 0 | 0 | 0 | |
| Mr John Gill Holland Jr | 0.5 | | | | | | | | | | |
| Co-Chair Grants Committee | 0 | > | | | | <u> </u> | | 0 | 0 | 0 | |
| Mr Frank B Hower III | 0.20 | | | | | | | | | | |
| Board Member | 0 | > | | | | | | 0 | 0 | 0 | |
| Ms Charlotte Ipsan | 0.25 | | | | | | | | | | |
| Board Member | 0 | > | | | | | | 0 | 0 | 0 | |
| Ms Dawn R Landry | 0.25 | | | | | | | | | | |
| Board Member | 0 | > | | | | | | 0 | ol | 0 | |
| Ms Angela Leet | 0.25 | | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | ol | 0 | |
| Mr Matthew R Lindblom | 0.25 | | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | Ш | 0 | ol | 0 | |
| Mr Jeffrey A McKenzie | 11 | | | | | | | | | | |
| Co-Chair Grants Committee | 0.5 | ✓ | | | | | | 0 | ol | 0 | |
| Mr Joseph A Pusateri | 0.25 | | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0_ | |

Form 990 (2017)

Page 7 - 3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list ar hours for related organizatior below dotte line) | box of individua | unle er ar | Po heck ss pe | ersor direc | than is both Highest compensated employee | th an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|------------------|---------------|---------------------|----------------|---|-------|---|--|--|
| Ms Vidya Ravichandran | 0.1 | | | | | | | | | |
| Board Member | 0 | 1 | | | | | | o | 0 | 0 |
| Hon Sadiga N Reynolds | 0.25 | <u> </u> | | j | ij | | ij | | | |
| Board Member | 0 | 1 | | | 1 | | | o | 0 | 0 |
| Mr Carl M Thomas | 1.00 | i i | | j | İ | | | | | |
| Board Member | 0 | 1 | ١ | | - 1 | | | О | 0 | 0 |
| Mr Terry W Tyler | 0.25 | | | 1 | | | | | | |
| Board Member | 0 | 1 | - 1 | | | | | o | 0 | 0 |
| Ms Melissa A Wasson | 0.5 | | | - 1 | - 1 | - 1 | | 1 | | |
| Board Member | 0 | 1 | - 1 | | - | | | ol | 0 | 0 |
| Mr Mark F Wheeler | 0.25 | | | | | - [| | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Tendai Charasika | 0.5 | | | 1 | | - 1 | | | [| |
| Board Member | 0 | ✓ | | | | l | | 0 | 0 | 0 |
| Mr Jose' Donis | 0.1 | | | | | - | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Kevin Fields | 0.1 | - 1 | | | | | | 1 | 1 | |
| Board Member | 0 | 1 | | | | | | 0 | 0 | 0 |
| Dr John Johnson | 0.1 | | | | | | | 1 | İ | |
| Board Member | 0 | ✓ | | | | | | _ 0 | 0 | 0 |
| Ms Mo McKnight Howe | 2.00 | | l | | | 1 | | | | |
| Board Member and Ind Contractor for Opening Nig | 0 | 1 | | | | | | 6,800 | 0 | 0 |
| Ms Diane Porter | 0.20 | | - 1 | - | | l | | | | |
| Board Member | 0 | 1 | | | | | | 0 | 0 | 0 |
| Mr David Owen | 0.1 | | | - | |) | | 1 | | |
| Board Member | 0 | <u> </u> | | | | | | 0 | 0 | 0 |
| Ms Kirsten Hawley | 2.0 | . 1 | | | | - 1 | |) | | |
| Co-Chair Grants Committee | 0 | <u> </u> | L | | | L | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours fi relatated organizazatii be ilow d dot line) | box, | unles er an | Pos neck | ะเรอก | a than a that the both with both with both with the sampleyee | n an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from grantzations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|----------------|-------------|-------|---|------|--|---|--|
| Dr Mark Lynn | 0.1 | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 1 0 | 0 | 0 |
| Mr Brent McKim | 0.20 | 1 | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Mr David Yates | 0.20 | 1 | | | | | | (| | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Carolle Jones Clay | 0.25 | | | | | | | ed of the state of | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Ms Sarah Davasher-Wisdom | 0.25 | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | <u> </u> | 0 | 0 |
| Mr Thomas Noland | 2.0 | | | | | | | | | • |
| Immediate Past Board Chair and Chair of Nominat | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Martin Pollio | 0.1 | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Dr Erica Sutton | 0.25 | | | | | | | | | |
| Board Member | 0 | ✓ | | | j | | | 0 | 0 | 0 |
| Mr Paul Thompson | 0.25 | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Eddie Tyner | 0.1 | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Mr Paul Whiteley Jr | 0.1 | | | | | | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Hon Erica Lee Williams | 0.1 | | | | | | | | | |
| Board Member | 0 | 1 | | | | | | 0 | 0 | 0 |
| Ms Laura Zachariah | 0.1 | | | l | | | | | | |
| Board Member | 0 | ✓ | | | Ш | | | 0 | 0 | 0 |
| Ms Christen Boone | 60 | | | l | | | | | | |
| President and CEO | 4 | A STREET, STRE | - | <u>_</u> | | | | 239,412 | 0 | 18,977 |

| Section A. Officers, Directors, Track (A) Name and title | (B) Average | (do | not c | Po: heck | (C) sitior moi | n e than | one | (D) Reportable | (E) | (F) Estimated |
|---|---|--|--------------------------------|----------------------------|----------------------------|-------------|-------------------|--|---|--------------------|
| Name and site | hours per week (list any hours for related organizations below dotted line) | offic Individua | er an | dad | lirec | emplo | | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | |
| Mr John Paul Davis | 60.00 | | | | | | | | | |
| Senior Vice President | 0 | | | 1 | | | | 128,569 | 0 | 13,5 |
| Ms Abby Shue | 60 | | | , | | | | | | |
| Vice President of Development | 0 | | | √ | | - ! | | 104,097 | 0 | 11,3 |
| Ms Diane Comwell Chief Financial Offier (Indep Contractor) | 5 | | | 1 | | | | 87,000 | 0 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | . • | | 565,878 | 0 | 43,87 |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 565,878 | 0 | 43,879 |
| reportable compensation from the organization list any former off employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the organization and related organizations of individual | icer, director ichedule J for sum of repor greater than | r, or r suci rtable \$150 | trus h ind e col 0,00 | tee, divid mpe 0? | ke dual ensa if " | y em | ploy and co | yee, or highes other compen mplete Sched ated organizati | t compensated sation from the ule J for such on or individual | Yes No |
| for services rendered to the organization? | ii Tes, con | npiete | 30 | nea | uie | J for | SUC | n person . | | 5 1 |
| Complete this table for your five highest compensation from the organization. Repoyear. | | | | | | | | | | |
| (A) Name and business addre | ss | | | | | | D | (B) escription of servic | ees Co | (C) empensation |
| one | | | | | | | | | | acceptants. |
| | | | | | | | | | | |
| 2 Total number of independent contractors received more than \$100,000 of compensat | | | | | | to th | ose | listed above) | who | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . Revenue excluded from tax under sections 512-514 exempt function revenue business Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a 5,214 1b Membership dues . . . 0 Fundraising events 10 20,523 Related organizations . . . 1d Government grants (contributions) 1e 666,136 All other contributions, gifts, grants, and similar amounts not included above 11 8,203,740 Noncash contributions included in lines 1a-1f: \$ 23,531 Total. Add lines 1a-1f . . 8,895,613 Program Service Revenue 611430 Tuition for NeXt Program 14,250 0 14,250 b 900099 123,840 Tickets to Awards in the Arts 123,840 0 All other program service revenue. 0 0 Total. Add lines 2a-2f 138,090 investment income (Including dividends, interest, and other similar amounts) ▶ 0 42,860 income from investment of tax-exempt bond proceeds ▶ 0 0 0 0 Royalties 0 0 0 0 (i) Real (II) Personal 6a Gross rents . . 72,273 0 0 Less: rental expenses 50,670 Rental income or (loss) 21,603 0 d Net rental income or (loss) 21,603 21,603 (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 1,363,540 0 b Less: cost or other basis and sales expenses . 1,359,424 0 Gain or (loss) . . 0 4,116 Net gain or (loss) 4,116 4,116 Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 5,500 **b** Less: direct expenses **b** 13,363 c Net income or (loss) from fundraising events -7,863 -7,863 Gross income from gaming activities. See Part IV, line 19 a 56,600 Less: direct expenses 28,565 Net income or (loss) from gaming activities . 28,035 28,035 Gross sales of inventory, less returns and allowances . . . a Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . . . Miscellaneous Revenue 11a b C All other revenue . Total. Add lines 11a-11d. Total revenue. See instructions. 9,122,454 88,751 Form **990** (2017)

Form 990 (2017)

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | | |
|----------|--|-----------------------|------------------------------|--|------------------------------------|
| 8b, | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | and domestic governments. See Part IV, line 21 | 2,160,397 | 2,160,397 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 111,724 | 111,724 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | And a beautiful of | n a garanta langun m a langun a |
| 5 | Compensation of current officers, directors, trustees, and key employees | 512,376 | 123,313 | 79,452 | 309 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | 000 |
| 7 | | 10 | 0 | 10 | 204 |
| 8 | Pension plan accruals and contributions (Include | 607,660 | 198,524 | 87,628 | 321, |
| _ | section 401(k) and 403(b) employer contributions) | 18,690 | 5,953 | 2,866 | 9, |
| 9 | Other employee benefits | 55,775 | 17,706 | 6,910 | 31, |
| 10 14 | Payroll taxes | 80,214 | 23,931 | 11,140 | 45, |
| 11 | Fees for services (non-employees): Management | 70.000 | 47.000 | 40.500 | 0. |
| a b | Legal | 70,000 | 17,800 i | 43,500 | 8, |
| C | Accounting | 22,560 | 01 | 22,560 | |
| ď | Lobbying | 0 | 0 | 0 | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | 1 | 90% | |
| f | Investment management fees | 7,698 | 0 | 6,894 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 86,237 | 86,237 | 0 | |
| 2 | Advertising and promotion | 56,729 | 33,828 | 2,736 | 20,1 |
| 3 | Office expenses | 134,826 | 37,856 | 27,513 | 69,4 |
| Į. | Information technology | 97,675 | 27,739 | 11,914 | 58,0 |
| 5 | Royalties | 12,954 | 11,766 | 0 ; | 1,1 |
| ; | Occupancy | 75,288 | 25,461 | 10,649 | 39,1 |
| • | Travel | 39,141 | 13,186 | 5,664 | 20,2 |
| 3 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | 0 | 0 | |
| | Conferences, conventions, and meetings . | 9,304 | 3,135 | 1,346 | 4,82 |
| | Interest | 0 } | 0) | 0 | |
| | Payments to affiliates | 0 | 0 | 0 | |
| | Insurance | 21,867 | 7,367 | 3,164 | 11,33 |
| | Other expenses. Itemize expenses not covered | 21,007 | 7,367 | 3,104 (sp. 43 (st. st. st. st. st. st. st. st. st. st. | 11,30 |
| | above (List miscellaneous expenses in line 24e. If | | | · 图图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | Campaign Incentives/Performers | 29,217 | 0 | 0 | 29,21 |
| | Arts in Health and Aging/Cultural Pass/Imagine 2 | 162,333 | 162,333 | 0 | |
| • | Events Including Awards in the Arts | 300,142 | 273,610 | 0 | 26,53 |
| | Miscellaneous All other expenses | 56,193 | 32,139 | 12,768 | 11,28 |
| 1 | Fotal functional expenses, Add lines 1 through 24e | 4,729,000 | 3,374,005 | 336,704 | 1,018,29 |
| f | Joint costs. Complete this line only if the organization reported in column (B) joint costs rom a combined educational campaign and undralsing solicitation. Check here □ if ollowing SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2017)
Part X Balance Sheet

| | | Check if Schedule O contains a response of | r note | to any line in this Pa | | | · |
|-----------------------------|----------|--|--------------------------------|--|--------------------------|-------------------------------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | | | | 0 | | <u>l</u> |
| | 2 | Savings and temporary cash investments | • • • | | 516,531 | 2 | 1,964,843 |
| | 3 | Pledges and grants receivable, net | | | 5,739,874 | 3 | 5,751,402 |
| | 4 | Accounts receivable, net | | | 2,920 | 4 | 2,566 |
| | 5 | Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L | ompen | | | 5 | |
| 12 | 6 | Loans and other receivables from other disqualified pers 4958(1)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volum organizations (see instructions). Complete Part II of Sche | sons (as nd cont ntary e | ributing employers and mployees' beneficiary | 0 | 6 | |
| <u>بر</u> | 7 | Notes and loans receivable, net | | | | | 107.044 |
| Assets | 8 | | | | 178,417 | | 187,814 |
| ~ | | | | | 0 | | 0 |
| | 9 10a | Prepaid expenses and deferred charges Land, buildings, and equipment: cost or | | | 29,648 | 9 | 31,079 |
| | | other basis. Complete Part VI of Schedule D | 10a | 1,975,253 | | | |
| | b | Less: accumulated depreciation | 10b | 1,348,794 | 624,455 | 10c | 626,459 |
| | 11 | | | | 2,542,621 | 11 | 1,290,848 |
| | 12 | Investments - other securities. See Part IV, line | 11 . | | 0 | 12 | 0 |
| | 13 | Investments-program-related. See Part IV, line | 11 . | | 0 | 13 | 0 |
| | 14 | Intangible assets | | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line | 34) | 9,634,466 | 16 | 9,855,011 |
| | 17 | Accounts payable and accrued expenses | | | 94,104 | 17 | 145,003 |
| | 18 | Grants payable | | | 4,635,497 | 18 | 804,635 |
| | 19 | Deferred revenue | • h | | 3,769 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D . | 0 | 21 | 0 |
| Liabilities | 22 | Loans and other payables to current and for trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu | sated | | 0 | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | ted th | ird parties | 0 | | 0 |
| | 24 | Unsecured notes and loans payable to unrelated | | | _ | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on lines | payab 17-2 | les to related third 4). Complete Part X | | | , |
| | | | | | 0 | | 0 |
| ossiniste. | 26 | Total liabilities. Add lines 17 through 25 | · | i i i i i i | 4,733,370 | 26 | 949,638 |
| 800 | | Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and | | ck here 🗈 🕜 and | | - 50.00 - 50.00 - 50.00 | |
| É | 27 | Unrestricted net assets | | | 1,894,163 | | 5,447,145 |
| 8 | 28 | Temporarily restricted net assets | | | 2,846,933 | 28 | 3,298,228 |
| ᅙ | 29 | Permanently restricted net assets | | | 160,000 | 29 | 160,000 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34. | 58), ch | eck here ▶ 🗍 and | | 0.747 | |
| ži | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 388 | 31 | Paid-In or capital surplus, or land, building, or ed | quipmo | ent fund | | 31 | |
| ₹ | 32 | Retained earnings, endowment, accumulated in | come, | or other funds . | | 32 | |
| Zet. | 33 | Total net assets or fund balances | | | 4,901,096 | 33 | 8,905,373 |
| - | 34 | Total liabilities and net assets/fund balances . | | | 9,634,466 | | 9,855,011 |

| _ | -4 | • |
|------|----|---|
| Page | ł | L |

| | | | | | 9 |
|---|--|--------|-----------|----------------------|---|
| Pa | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | 7 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 9, | 122,454 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 4,7 | 729,000 |
| 3 | | 3 | | 4,3 | 393,454 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 4,9 | 901,096 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -5,410 |
| 6 | Donated services and use of facilities | 6 | | | 44,284 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | | 8 | | | 0 |
| 9 | - Carlot Changes in the about of fair a balancoa (explain in contract of fair in the fair and fair in the fair and fair in the | 9 | | -4 | 28,051 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | 1 | | | |
| | | 10 | | 8,9 | 05,373 |
| Par | A XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line In this Part XII | | | | <u>. </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other | | 4.5 | | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain | ain in | 1 | | |
| | Schedule O. | | 40.00 | 137% | 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . | | <u>2a</u> | | / |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compile | ed or | | 36.34.77 J.J.Asau | |
| | reviewed on a separate basis, consolidated basis, or both: | | | Or A | 100 |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 30.9 | | j |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited | on a | 100 | | -1. |
| | separate basis, consolidated basis, or both: | | 200 | | À |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 30.2 | 4 | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs | | | | |
| | of the audit, review, or compilation of Its financial statements and selection of an independent accounta | nt? | 2c | 1 | |
| | If the organization changed either its oversight process or selection process during the tax year, explain | in in | 30 | | |
| | Schedule O. | | 151 | I | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fort | h in | | 1 | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | √ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | the | i | ĺ | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | Í | |
| *************************************** | | | Form | 990 | (2017) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.krs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

FUND FOR THE ARTS INC 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 (Fonn 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). 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.) 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 331/s% 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 351,326 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. 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (v) is the organization (i) Name of supported organization (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) (anoitouritani Yes No (A) (B) (C) (D) (E) Total

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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 7,650,822 8,711,920 7,507,546 7,879,129 8,895,613 40,645,030 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 n 0 Total. Add lines 1 through 3. . . . 7,650,822 7,507,546 7,879,129 8,711,920 8,895,613 40,645,030 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) 3,552,028 Public support. Subtract line 5 from line 4 37,093,002 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 (d) 2016 (e) 2017 (a) 2013 (c) 2015 (f) Total 7 Amounts from line 4 , , , 7,507,546 8,895,613 7,650,822 7,879,129 8,711,920 40,645,030 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 103,135 94,710 122,198 106,303 115,133 541,479 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 0 184 0 0 184 11 Total support. Add lines 7 through 10 41,186,693 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) Public support percentage from 2016 Schedule A, Part II, line 14 15 15 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. 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 b 10%-facts-and-circumstances test-2016. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

| Secti | on A. Public Support | | | | | | |
|-------------|--|---|-------------------------|---------------------------------|------------------------------|---|--------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | 1 | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | Nov |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | ł | |
| | 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 | | | | | | |
| _ | Add lines 7a and 7b | ere arm of the low Methods to the Africa. | No. 12 to Burning State | The second second second second | We obtained to the 15 years. | | |
| 8 | Public support. (Subtract line 7c from | | | | Specific 19 | | |
| O = -4° | line 6.) | 4748 | | N/A | Space Charles | *************************************** | |
| | on B. Total Support | 4-10040 | # 3 0044 | () 0045 | l (B.0040 | () 0047 | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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. | | | | | | |
| h | Unrelated business taxable income (less | | | | | + | |
| U | 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 | | | | | l | |
| | (Explain in Part VI.) | | | | | l | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | _ |
| | and 12.) | | | l | | | |
| 14 | First five years. If the Form 990 is for the | _ | 's first, second | d, third, fourth | , or fifth tax ye | ar as a section | 501(c)(3) |
| _ | organization, check this box and stop he | re | | | | | ▶ 🛮 |
| | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2017 (line 8 | | - | | | 15 | <u>%</u> _ |
| 16 Carti | Public support percentage from 2016 Sci | | | <u> </u> | | 16 | <u>%</u> . |
| | on D. Computation of Investment In | | | ulina 10. aalua | (6) | 1471 | |
| 17 | Investment income percentage for 2017 (| | | | | 17 | % |
| 18 19a | investment income percentage from 2016 331/s% support tests—2017. If the organ | | | | | 18 ore than 331a9/ | % and line |
| 134 | 17 is not more than 33½%, check this box | | | | | | |
| ь | 331/3% support tests—2016. If the organiz | | _ | - | | _ | |
| U | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization di | | _ | - | - | | |
| | | | | | | | |

Part IV **Supporting Organizations**

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

| Section A. A | VII. | Supporting C |)rganizat | ions |
|--------------|------|--------------|-----------|------|
|--------------|------|--------------|-----------|------|

| <u> </u> | cuon A. An Supporting Organizations | | | |
|----------|---|----|--------|-----|
| | | | Ye | s N |
| 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). | | | - |
| 3 | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | E 2.41 | |
| í | 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. | 3b | | |
| • | 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. | 3c | 375.1 | |
| 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. | 4a | . 47 | |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | 4 |
| 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? | 5b | 90 | * |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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 . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 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). | 8 | | |
| | | 9a | | _ |
| | | 9b | | |
| С | 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. | 9c | | |

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

| Part | IV Supporting Organizations (continued) | | | |
|----------|---|---------------------------------------|------------|---|
| | | | Yes | No |
| 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 (b) and (c) below, the governing body of a supported organization? | | £ | sala ata |
| | | 11a | | |
| | A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11b 11c | | |
| | on B. Type I Supporting Organizations | 110 | | <u> </u> |
| | | | Yes | ⁱ No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | N. | Ŋů. |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | 1,45 | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | 200 | - 323 |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | 1 180-23 | | 1 |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | 2,665 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 200 | 146 | BV. |
| | 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. | 11. | | . ± 15 |
| Casti | , | 2 | <u> </u> | |
| Secu | on C. Type II Supporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 接業 | 100 | NO |
| | 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 | | | A-1 A |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | 120 | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 135318 | Yes | No |
| • | 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? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1000 | | |
| | 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). | | AZA | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 2 | | |
| | 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 | * 512 | | |
| | supported organizations played In this regard. | 3 | | |
| Secti | on 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 it | instru | ctions | i). |
| 2 | 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. | h!- | - 4 | · |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in: | structi | ons). |
| 2 | Activities Test. Answer (a) and (b) below. | [| Yes | No |
| а | 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 | 20 A | | |
| | that these activities constituted substantially all of its activities. | 2a | .02012.5 | 2 |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 | • | 2b | - Alikan | |
| ъ a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | \$9300 350 | | |
| u | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| 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. | 3b | | *************************************** |
| | Schedule A (Form | 990 or 1 | 990-EZ | 2017 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | rga | nizations | |
|--|-------|--|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| 1 Net short-term capital gain | - 1 | | 1 |
| 2 Recoverles of prior-year distributions | 2 | 2 | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | , | |
| 5 Depreciation and depletion | 5 | ; <u> </u> | |
| 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 | 1 |] |
| 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 | 1 | |
| d Total (add lines 1a, 1b, and 1c) | 1d | - | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | 1000 | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 1 | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 1 | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | -250 M 250 M 100 M | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax Imposed in prior year | 5 | (1) 10 mm (1) 1 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally instructions). | inte | egrated Type III supporting o | rganization (see |

| Part | Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | izations (continued) | |
|-----------------|---|--|--|--|
| Sect | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | | | |
| 2 | Amounts paid to perform activity that directly furthers exc | empt purposes of suppo | orted | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt pure | oses of supported orga | anizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | <u> </u> |
| 8 | Distributions to attentive supported organizations to which | h the everyingtion is ye | | <u> </u> |
| | (provide details in Part VI). See instructions. | in the organization is res | sponsive | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | 1 |
| 10 | Line 8 amount divided by line 9 amount | ! ! | | |
| 10 | Line 6 amount divided by line 9 amount | 1 | en. | |
| S | ection E - Distribution Allocations (see Instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (ill) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | Commission and Service and Service | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 | | | |
| C | From 2014 | and the second second second | | The state of the s |
| d | From 2015 | | | |
| | From 2016 | *** | | and the second |
| f | Total of lines 3a through e | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Selection for the second | |
| | Applied to underdistributions of prior years | | # # # # # # # # # # # # # # # # # # # | |
| <u>y</u> h | Applied to 2017 distributable amount | | | se Production Lines Art 1 |
| - | Carryover from 2012 not applied (see instructions) | | Partition and Company | · 1000年8月8日日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本 |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| | Distributions for 2017 from | - N. C. Start Belling Sharing and the selection of | | |
| 4 | | | A CONTROL OF THE CONT | |
| | • | | | |
| | Applied to underdistributions of prior years Applied to 2017 distributable amount | | Raya Vasta Carlo Activity and | Control of the second s |
| <u>b</u> | | | | And the state of the second supplied to the state of the second supplied to the state of the second supplied to |
| | Remainder. Subtract lines 4a and 4b from 4. | | | Section of the second section in the section in the sec |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | A STATE OF S | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | The second second | April 19 Carlot and America Delice Addition of the second |
| а | Excess from 2013 | TERROLOGIES STEVENS | THE RESERVE TO SERVE THE PROPERTY OF THE PROPE | |
| b | Excess from 2014 | CANCEL SERVICE SERVICES | | and well the entire to |
| С | Excess from 2015 | | 强 放射器 | The second second second |
| d | Excess from 2016 | "全国的大学的复数人工会会工会 | A Commence of the Commence of | |
| e | Excess from 2017 | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

> Complete if the organization answered "Yes" on Form 980,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

> Attach to Form 880.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer Identification number

| F | UND FOR THE ARTS INC | | 61-0479626 |
|----------|---|---|-------------------------------------|
| | Part Organizations Maintaining Donor Ad | vised Funds or Other Similar Fun | ds or Accounts. |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 6. | 10 |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| | 1 Total number at end of year | | |
| | 2 Aggregate value of contributions to (during year) | <u> </u> | |
| | 3 Aggregate value of grants from (during year) | | |
| | 4 Aggregate value at end of year | advisors in writing that the assets be | ld in denot advised |
| • | funds are the organization's property, subject to the | | |
| 6 | | | |
| • | only for charitable purposes and not for the benef | | |
| | conferring impermissible private benefit? | | |
| | art I Conservation Easements. | | |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 7. | |
| 1 | | | |
| | Preservation of land for public use (e.g., recreat | ion or education) Preservation of a | historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation of a | certified historic structure |
| _ | ☐ Preservation of open space | | |
| 2 | | d a qualified conservation contribution | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| _ | | | |
| | Total acreage restricted by conservation easements Number of conservation easements on a certified his | | |
| • | | | |
| | historic structure listed in the National Register . | | |
| 3 | Number of conservation easements modified, transfe | erred, released, extinguished, or termin | <u> </u> |
| | tax year ⊳ | | , , |
| 4 | Number of states where property subject to conserve | ation easement is located ▶ | |
| 5 | Does the organization have a written policy rega | | |
| | violations, and enforcement of the conservation ease | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | g, handling of violations, and enforcing cons | servation easements during the year |
| _ | > | | |
| 7 | Amount of expenses Incurred in monitoring, Inspecting, ▶\$ | nandling of violations, and enforcing con | servation easements during the year |
| 8 | Does each conservation easement reported on line 2(| d) above satisfy the requirements of sec | tion 170/h)/4//R)(ii) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports cor | | |
| • | balance sheet, and include, if applicable, the text of the | | |
| | organization's accounting for conservation easements | | |
| Pan | Organizations Maintaining Collections o | | ner Similar Assets. |
| | Complete if the organization answered "Ye | | |
| 1a | If the organization elected, as permitted under SFAS | | |
| | works of art, historical treasures, or other similar as public service, provide, in Part XIII, the text of the foot | • | - |
| h | If the organization elected, as permitted under SFAS | | |
| Ð | works of art, historical treasures, or other similar ass | | |
| | public service, provide the following amounts relating to | • | , 6. 1000201 11. 12.11.0.2.100 0. |
| | (i) Revenue included on Form 990, Part VIII, line 1 . | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ |
| | If the organization received or held works of art, his | torical treasures, or other simllar asse | ets for financial gain, provide the |
| | following amounts required to be reported under SFAS | • • | |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | ▷ \$ |

| | | | | | | | | | - 0 |
|------|---|-------------------|--------------|------------------|-------------|-------------|---------------------|---------|---------------------|
| - | dule D (Form 990) 2017 | A 11 | | | | | 0''I | | Page 2 |
| 3 | Using the organization's acquisition, a collection items (check all that apply): | | | | | | | | |
| | Public exhibition | | | d 🗌 Loa | n or eych | ande pro | orame | | |
| i | — · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | □ Preservation for future generations | | , | | | | | | , |
| 4 | Provide a description of the organization XIII. | on's collections | and ex | kplain how | they furt | her the o | rganization's | exemp | ot purpose in Part |
| 5 | During the year, did the organization sassets to be sold to raise funds rather t | | | | | | | | □ Yes □ No |
| Pa | Escrow and Custodial Arran Complete if the organization a 990, Part X, line 21. | | on F | orm 990, | Part IV, | line 9, o | r reported a | n amo | |
| 1a | | | | | | | | | ☐ Yes ☐ No |
| ь | If "Yes," explain the arrangement in Par | t XIII and compl | ete the | following t | able: | | | | |
| | | • | | J | | | | Amo | ount |
| С | Beginning balance | | | | | . 10 | С | | |
| d | Additions during the year | | | | | | 1 | | |
| е | Distributions during the year | | | | | . 10 | 9 | | |
| f | Ending balance | | | | | | f | | |
| 2a | Did the organization include an amount | on Form 990, Pa | art X, lir | ne 21, for e | escrow or | custodia | l account liab | ility? | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in Part | XIII. Check here | if the | explanatio | n has bee | en provid | ed on Part XII | I | 🗆 |
| Par | Endowment Funds. | | | | | | | | |
| | Complete if the organization a | | | | | | | | |
| | <u>l</u> | (a) Current year | (b) P | rior year | (c) Two y | ears back | (d) Three years | back (| (e) Four years back |
| 1a | Beginning of year balance | 7,573,826 | | 6,964,695 | 7 | ,304,475 | 7,354 | ,731 | 6,585,131 |
| b | Contributions | 0 | | 0 | | 5,000 | 32 | ,800 | 78,513 |
| C | Net investment earnings, gains, and | | | | | | | } | |
| | losses | 582,356 | | 998,324 | | 81,700 | | 268 | 1,032,446 |
| | | 354,677 | | 354,784 | | 396,045 | 341, | 472 | 304,922 |
| е | Other expenditures for facilities and | i i | | | | 1 | | | |
| _ | programs | 0 | | 0 | | 0 | | 0 | 0 |
| f | | | | 34,409 | | 30,435 | | 852 | 36,437 |
| | End of year balance | | | 7,573,826 | | ,964,695 | 7,304,4 | 475 | 7,354,731 |
| | Provide the estimated percentage of the | - | | ce (line 1g, | column | (a)) neid a | S: | | |
| | Board designated or quasi-endowment | | % | | 1 | | | | |
| | Permanent endowment ▶ 99.4 Temporarily restricted endowment ▶ | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c s | 0.6 % | 104 | | | | | | |
| 3a | Are there endowment funds not in the poor organization by: | | | zation that | t are held | and adn | ninistered for | the | Yes No |
| | (i) unrelated organizations | | | | | | | 13 | la(i) ✓ |
| | (li) related organizations | | | | | | | - | a(ii) |
| | f "Yes" on line 3a(ii), are the related organ | | s requi | red on Sch | nedule R? | | | | 3b |
| | Describe in Part XIII the intended uses of | the organization | | | | | | | |
| Part | 1007 1007 | | | | | | | | |
| | Complete if the organization ans | wered "Yes" o | on For | m 990, Pa | art IV, lin | e 11a. S | ee Form 990 |), Part | X, line 10. |
| | Description of property | (a) Cost or other | | (b) Cost or (oth | | | cumulated reciation | (d) | Book value |
| 1a l | and | | | | 0 | | 1 | | |

b Buildings 0 1,601,022 1,064,899 536,123 c Leasehold improvements 0 0

d Equipment , 0 374,231 283,895 e Other . . 0 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 626,459

| Part VII | Investments - Other Securities. Complete If the organization answered "Yes" on Form 990, Part | IV line 11h See Fo | orm 990 Part X line 12 |
|---|--|---|--|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market val |
| (1) Financial | | <u> </u> | |
| | el dequity interests | | |
| M) Other | | | |
| (A) | | | |
| (B) | ************************************** | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| | nust equal Form 990, Part X, col. (B) line 12.) ▶ | | Contract of the Section Section |
| Part VIII | Investments - Program Related. | | |
| | Complete If the organization answered "Yes" on Form 990, Part | V, line 11c. See Fo | orm 990, Part X, line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market val |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| M | | | |
| (8) | | | |
| (9) | 1 15 000 D 1V 150 H 160 L | | May 19 and 19 an |
| | n) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |
| Part IX | Other Assets. | N/ Km a 44 d O o o E | 000 Dady line 45 |
| | Complete if the organization answered "Yes" on Form 990, Part | iv, line 11a. See F | b) Book value |
| (1) | for more three c | | 1 (b) Book value |
| (2) | | | |
| (3) | - | | |
| (4) | | | <u> </u> |
| (5) | | | 1 |
| (6) | | | <u> </u> |
| (7) | | | 1 |
| (8) | | | i |
| (9) | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 15.) | · · · · · · · | D |
| Part X | Other Liabilities. Complete If the organization answered "Yes" on Form 990, Part I | IV, line 11e or 11f. | See Form 990, Part X, |
| | line 25. | | |
| 1. (1) Federal in | (a) Description of liability | | (b) Book value |
| | GUITIB LAXES | | |
| | | | |
| (2) | | | |
| (3) | | | |
| (3) (4) | | | |
| (3) (4) (5) | | *************************************** | |
| (3) (4) (5) (6) | | | |
| (3) (4) (5) (6) (7) | | | |
| (3) (4) (5) (6) (7) (8) | | | |
| (3) (4) (5) (6) (7) (8) (9) | o) must equal Form 990, Part X, col. (8) line 25.) ▶ | | |

| Sched | lule D (Form 990) 2017 | | | | Page 6 |
|-------------------------------|---|------------|--------------------------|----------|----------------------|
| Pa | Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, | | | Retu | rn. |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 11 | 8,725,343 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments , | 2a | -5,410 |) XV | |
| ь | Donated services and use of facilities | 2b | 401,488 | | |
| c | Recoveries of prior year grants | 20 | 1 | | |
| d | Other (Describe in Part XIII.) | 2d | 13,363 | | |
| е | Add lines 2a through 2d | - | | 2e | 409,441 |
| 3 | Subtract line 2e from line 1 | | | 3 | 8,315,902 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 | | 3/5 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 2,019 | | |
| b | Other (Describe In Part XIII.) | 4b | 804,533 | 6/8/29 | |
| C | Add lines 4a and 4b | | | 4c | 806,552 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 9,122,454 |
| Part | | | | r Retu | |
| | Complete if the organization answered "Yes" on Form 990, I | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 1 | 4,721,066 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | LNAT | |
| а | Donated services and use of facilities | 2a | 357,204 | | |
| b | Prior year adjustments | 2b | 0 | 13.5 | |
| С | Other losses | 2c | 0 | 14.5 | |
| d | Other (Describe in Part XIII.) | 2d | 13,363 | 724 | |
| e | Add lines 2a through 2d | | | 2e | 370,567 |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,350,499 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | ` ' | | Jacob | 4,000,100 |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 2,019 | | |
| | Other (Describe in Part XIII.) | 4b | 376,482 | 1/NG | |
| | Add lines 4a and 4b | | | 4c | 378,501 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | <u>-</u> | 5 | 4,729,000 |
| Part) | | , u., , | | <u> </u> | 4,729,000 |
| CONTRACTOR OF THE PROPERTY OF | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4: Pa | t IV. lines 1b and 2b: | Part V. | line 4: Part X. line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | | | | |
| | le D, Part V, Line 4 - The purpose of the Bingham Endowment (balance \$7,558 | - | - | | |
| | ion of supporting the arts community of Metro Louisville. The purpose of the W | | | | |
| | funding for a scholarship to assist pre-college age students in pursuing advar | | | | |
| | ing arts. The purpose of the Allan Cowen Innovation Fund for the Advancement | | | | |
| | t community arts administrators in pursuing innovative professional developm | | | | |
| | m impact on the Louisville arts community. The purpose of the Barbara Sexton | | | | |
| |) is to support local education initiatives which utilize the arts. | Offini | Ludcation Elinancem | ent run | o (balance |
| \$13,063 | is to support local education mitatives which durize the arts. | | | | |
| Schedul | e D, Part X, Line 2 - "The Fund evaluates the recognition and measurement of | uncer | rain income tay position | ne Heina | 2 |
| | kely-than-not" approach and has determined that no material adjustment for in | | | | |
| equired | и | | | | _ |
| 290000 | <u></u> | *** | | | ***************** |
| Schedul | e D, Part XI, Line 2d - Expenses for Joy Event that are reported as offset to inc | ome fo | or purposes of tax repo | rting. | |
| Schedule | e D, Part XI, Line 4b - Partnership Gifts of \$376,482; Allowance for Doubtful Plec | iges o | f \$225,000 and Return | ed Grant | s of \$203,051 |
| | | | ********* | | |
| chedul | e D, Part XII, Line 2d - Expenses for Joy Event reported as offset to income for | purpo | ses of tax reporting. | · | |
| chedule | D, Part XII, Line 4b - Partnership Gifts of \$376,482 | •••• | | | |
| | , b, , a, , , and Ento To , and ento ento en to . e, , or | | | | |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 890, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 890-EZ, line 8a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| FUND | FOR THE ARTS INC | | | | | | 0479626 |
|-----------------------------------|--|--|---|---|--|--|---|
| Par | Fundraising Activities. Form 990-EZ filers are r | | | | vered "Yes" on I | Form 990, Part IV, | line 17. |
| 1 a b c d 24a b | Indicate whether the organization Mall solicitations Internet and email solicitation Phone solicitations In-person solicitations | on raised funds ons atten or oral agre a 990, Part VII) o I Individuals or o | through any e [f [g [ement with or entity in c | of the folicitate Solicitate Special Special any individuance | ion of non-govern ion of governmen fundralsing events dual (including offi with professional i | ment grants t grants cers, directors, trust undraising services | Yes 🗌 No |
| | (i) Name and address of individual or entity (fundraiser) | (II) Activity | custody o | draiser have or control of outlons? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundralser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| 1 | | | Yes | No | <u> </u> | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| | | | | | | | , |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | > | | | |
| 3 | List all states in which the orga registration or licensing. | | stered or lic | | olicit contribution | s or has been noting | ea it is exempt from |
| ****** | | | ************ | | | | |
| | | **** | **** | **** | *************************************** | | ****** |
| | ***** | | | | | | |
| | | | | | | | |
| | | , | | | | | |
| | | | | | _ | | |

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

| | | gross receipts greater th | nan \$5,000. | | | |
|-------------------|----------|---|---------------------------|--|----------------------------|---|
| | T | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | Joy Mangano Event | | | (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revense | 3 | | | | | |
| ģ | 1 | Gross receipts | 26,02 | 3 | | 26,023 |
| å | ? | | | | | |
| | 2 | • • • • | 20,52 | 3 | | 20,523 |
| | 3 | | | | | |
| _ | <u> </u> | line 2) | 5,500 | <u> </u> | | 5.500 |
| | 1. | | | 1 | | |
| | 4 | Cash prizes | | 0 | - | 0 |
| | - | Name and a single | | | | _ |
| | 5 | Noncash prizes | <u></u> | 1 | | 0 |
| es S | 6 | Rent/facility costs | ٥ | | | • |
| STE | " | Rentriacinty costs | <u> </u> | <u> </u> |] | 0 |
| Š | 7 | Food and beverages | o | | o | 0 |
| Direct Expenses | • | , dod and beveraged | 1 | <u> </u> | 1 1 | <u> </u> |
| ě | 8 | Entertainment , , | 0 | | ol | 0 |
| | | | | | | |
| | 9 | Other direct expenses . | 13,363 | | | 13,363 |
| | | | | | | |
| | 10 | Direct expense summary. Ad | | | | 13,363 |
| CONTRACTOR | 11 | Net income summary. Subtra | | | | -7,863 |
| P. | rt III | | | red "Yes" on Form 9 | 90, Part IV, line 19, or r | eported more |
| | _ | than \$15,000 on Form 99 | 00-E∠, line ba. | | 1 | |
| ne ne | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | <u> </u> | 1 | - 5 4 |] | |
| & | 1 | Gross revenue | 0 | 0 | 56,600 | 56,600 |
| ' | | 1 | | | 1 00,000 | 00,000 |
| S | 2 | Cash prizes | 0 | 0 | 0 | 0 |
| SE | | · · | Ì | | | |
| 8 | 3 | Noncash prizes | 0 | 0 | 25,785 | 25,785 |
| Direct Expenses | | | Trans | | | |
| 9 | 4 | Rent/facility costs | 0 | 0 | 0 | 0 |
| ۵ | | | | | ľ | |
| | 5 | Other direct expenses . | 0 | 0 | 2,780 | 2,780 |
| 1 | _ | | ☐ Yes% | ☐ Yes% | ✓ Yes 75 % | |
| | 6 | Volunteer labor | No | □ No | □ No | |
| - 1 | 7 | Direct expense summary. Add | lines 2 through 5 in sol | uma (d) | | 00.505 |
| | , | Direct expense summary. Add | lines 2 through 5 in col | umn (o) | | 28,565 |
| | 8 | Net gaming income summary. | Subtract line 7 from line | e 1. column (d) | | 28,035 |
| 1 | | | | , | | 20,000 |
| 9 | | ter the state(s) in which the orga | nization conducts gam | ing activities: KY | | |
| | Ent | | _ | | ? | . 🗹 Yes 🗌 No |
| а | | he organization licensed to con | duct gaming activities i | ii cacii ci iiicee ciaice | | |
| a b | ls t | he organization licensed to con | | | | |
| _ | ls t | he organization licensed to con | | | | |
| Ь | Is t | he organization licensed to con No," explain: | | | | |
| b 10a | Is t | he organization licensed to con No," explain: re any of the organization's gam | | | | |
| Ь | Is t | he organization licensed to con No," explain: re any of the organization's gan | ning licenses revoked, s | suspended, or terminat | | |

| chedu | 』le G (Form 990 or 990-EZ) 2017 | | Pa | ge 🏅 |
|----------|---|---------------|--------------|----------------------------|
| 11 12 | Does the organization conduct gaming activities with nonmembers? | ✓ Yes | _ | |
| 13 a | Indicate the percentage of gaming activity conducted in: The organization's facility | ☐ Yes | 100 | |
| | | | | |
| b 14 | An outside facility | | 0 | % |
| | Name ▶ Monica Beckmann | | | · ex sh-er 0. + |
| | Address ► 623 West Main Street Louisville, KY 40202 | | | |
| | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes | V | No |
| | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | |
| | Name ▶ | | . | |
| | Address ▶ | ***** | | |
| 16 | Gaming manager information: | | | |
| | Name ▶ | | , | |
| | Garning manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | ☐ Y es | | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 0 | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform See Instructions. | | nd | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.
► Go to www.ira.gov/Form990 for the latest information.

| Name of the organization | | | | | | | Employer identification number | - Contract Contract |
|--|------------------|------------------------------------|-----------------------------|---------------------------------------|---|-------------------------------------|--------------------------------|---------------------|
| FUND FOR THE ARTS INC 61-0479626 | | | | | | | | |
| Paris General Information on Grants and Assistance | | | | | | | | |
| Does the organization maint the selection criteria used to Describe in Part IV the organization. | award the grants | or assistance? | | | ī <i>.</i> . | | | No |
| Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description noncesh essister | | đ |
| (1) Sch I, Stmt 1 | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | İ | |
| 7) | | | | | | | | |
| (8) | | | | | | | | |
| (3) | | | | | | | | |
| (10) | j | | | j | | | | |
| (11) | j | | | | | | | |
| (12) | | j | | | | | | _ |
| 2 Enter total number of section 5 | | | | | | | | |
| 3 Enter total number of other organizations listed in the line 1 table | | | | | | | | |

FUND FOR THE ARTS INC

Part II, Line 1

Form: Schedule I (2017) EIN: 61-0479626

Page: 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Recipient EIN | Amt. of cash grant | Amt. of nor cash ass |
|--|---|---------------|--------------------|----------------------|
| Name and address | Actors Theatre of Louisville 315 West Main Louisville. KY 40202 | 61-0645030 | 123,468 | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501(c)(3) | | | |
| Purpose of grant | Cultural Pass, Special Grant, Partnership Grants, School's Out=Art's In Grants | | | |
| Name and address | KMAC Museum 715 West Main Louisville, KY 40202 | 61-0985312 | 18,715 | |
| IRC code section Method of valuation | 501(c)(3) | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Cultural Pass, Special Grant, Awards in the Arts Recognition, School's Out=Art's In Grants | | | |
| Name and address | Kentucky Opera 323 West Broadway Suite 601 Louisville, KY 40202 | 61-6013111 | 68,744 | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501(c)(3) | | | |
| Purpose of grant | Partnership Grants, Rent Subsidy | | | |
| Name and address | Kentucky Shakespeare 323 West Broadway Suite 401 Louisville, KY 40202 | 61-6036654 | 50,879 | |
| RC code section Method of valuation Desc. of Non-Cash Asst. | 501(c)(3) | | | |
| urpose of grant | ArtsMatch Grants, Cultural Pass, Imagine 2020 Grants, Rent Subsidy, Earl Childhood Grants, School's Out=Art's In Grants | ly | | |
| ame and address | Louisville Ballet 315 East Main Louisville, KY 40202 | 61-6033779 | 38,422 | |
| RC code section lethod of valuation esc. of Non-Cash Asst. | 501(c)(3) | | | |
| urpose of grant | Cultural Pass, Partnership Grants, Early Childhood Grants, Special Grant (Arts for Kosair Kids), School's Out=Art's In Grants | | | |
| ame and address | Louisville Orchestra 620 West Main St Suite 600 Louisville, KY 40202 | 61-6000384 | 66,543 | |
| C code section ethod of valuation esc. of Non-Cash Asst. | 501(c)(3) | | | |
| rpose of grant | Special Grants, Partnership Grants | | | |
| me and address | Louisville Visual Art | 61-0492348 | 26,601 | |

| Schedule I, Part IV, Staten | | | FUND FOR THE ARTS INC |
|--|---|------------|-----------------------|
| | 1538 Lytle St | | |
| | Louisville, KY 40203 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| | Cultural Dage Partnership Grants Special Grants (Art for Kosair Kids) | | |
| Purpose of grant | Cultural Pass, Partnership Grants, Special Grants (Art for Kosair Kids), School's Out=Art's In Grants, Other Miscellaneous Grants | | |
| Name and address | Louisville Youth Choir | 61-6058143 | 10,220 |
| | 3105 Lexington Road | | |
| IRC code section | Louisville, KY 40206 | | |
| Method of valuation | 501(c)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass, Partnership Grants, Early Childhood Grants, Special Grants | | |
| -urpose or grant | (Arts for Kosair Kids) | , | |
| Name and address | Louisville Youth Orchestra | 61-0597184 | 32,648 |
| | PO Box 997 | | |
| | Louisville, KY 40201 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ArtsMatch Grants, Imagine 2020 Grants, Partnership Grants | | |
| Name and address | StageOne Family Theatre | 61-0466715 | 211,008 |
| | 501 West Main Street | | |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ArtsMatch Grant, Special Grant, Partnership Grants | | |
| Name and address | Commonwealth Theatre Center | 61-0902733 | 51,799 |
| | 1123 Payne Street | | |
| | Louisville, KY 40204 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ArtsMatch Grants, Cultural Pass, Partnership Grants, School's Out=Art's Ir Grants | 1 | |
| Name and address | West Louisville Performing Arts Academy | 61-1181511 | 47,159 |
| | 323 West Broadway | | |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Rent Subsidy, Partnership Grants, Imagine 2020 Grant, School's Out=Art's | • | |
| | in Grants | | |
| Name and address | FFTA Properties Inc | 31-1497554 | 28,048 |
| | 623 West Main | | , |
| | Louisville, KY 40202 | | • |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Miscellaneous Grants | | |
| Name and address | 21C Museum Hotel | 37-1447840 | 5,394 |
| una addioss | | 3 | 0,00 . |

| Schedule I, Part IV, Star | tement 1 | | FUND FOR THE ARTS II |
|---|--|----------------|--|
| | 700 West Main | | |
| | Louisville, KY 40202 | | |
| IRC code section | | | |
| Method of valuation Desc. of Non-Cash Asst | | | |
| Purpose of grant | Cultural Pass | | |
| | | | ······································ |
| Name and address | Academly of Music Production (AMPED) | 47-1113120 | 50,000 |
| | 4425 Greenwood Avenue | | |
| IRC code section | Louisville, KY 40211 501(c)(3) | | |
| Method of valuation | 301(0)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Special Grant (Neighborhood Arts Academy) | | |
| Name and address | Acting Against Cancer | 75-3155555 | 7.614 |
| | 323 West Broadwaly | | ., |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ArtsMatch Grants | | |
| Name and address | Allegro Dance Project Inc | 46-4066462 | 8,242 |
| | 315 Sierra Drive | | |
| | Lexington, KY 40505 | | |
| RC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. Purpose of grant | ArtsMatch Grants | | |
| | | 0.4.0.4.4.0.40 | 40.050 |
| lame and address | American Printing House for the Blind 1839 Frankfort Ave | 61-0444640 | 18,656 |
| | Louisville, KY 40206 | | |
| RC code section | 501(c)(3) | | |
| lethod of valuation | (-)(-) | | |
| esc. of Non-Cash Asst. | | | |
| urpose of grant | Cultural Pass, Special Grants | | |
| ame and address | Americana Community Center | 61-1251306 | 15,000 |
| | 4801 Southside Drive | | |
| | Louisville, KY 40214 | | |
| C code section | 501(c)(3) | | |
| ethod of valuation | | | |
| esc. of Non-Cash Asst. | O and all Ocean Mark front and a little of | | |
| irpose of grant | Special Grant (Arts for Kosair Kids) | | |
| ame and address | Arts Commission of Danville | 61-1335123 | 6,895 |
| | 105 E Walnut | | |
| C code section | Danville, KY 40442 501(c)(3) | | |
| ethod of valuation | 00 1(v)(v) | | |
| sc. of Non-Cash Asst. | | | |
| rpose of grant | ArtsMatch Grants | | |
| me and address | Arts Council of Southern Indiana | 35-1383333 | 8,135 |
| | 820 East Martket Street | 55 .550000 | 5,.55 |
| | New Albany, IN 47150 | | |
| | | | |
| code section | 501(c)(3) | | |

| Schedule I, Part IV, Staten | nent 1 | | FUND FOR THE ARTS INC |
|-----------------------------|---------------------------------------|------------|--|
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass, Partnership Grants | | |
| Name and address | Althiri Inc | 82-3492822 | 5,719 |
| | 1506 West Jefferson Street | | |
| | Louisville, KY 40203 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ArtsMatch Grants | | |
| Name and address | Isaac W Bernheim Foundation | 61-0444651 | 10,805 |
| | 2499 Clermont Road | | |
| | Clermont, KY 40110 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Imagine 2020 Grant, Cultural Pass | | |
| Name and address | Boys and Girls Clubs of Kentuckiana | 61-0568789 | 13,000 |
| | 3900 Crittenden Drive | | |
| | Louisville, KY 40209 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Schools's Out=Art's In Grants | | |
| Name and address | Boys and Girls Haven | 61-0479621 | 15,000 |
| | 2301 Goldsmith Lane | | |
| | Louisville, KY 40218 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Special Grants (Arts for Kosair Kids) | | |
| Name and address | Bullitt County Arts Council | 20-3469402 | 5,055 |
| | PO Box 1244 | | |
| | Shepherdsville, KY 40165 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Imagine 2020 Grant | | The state of the s |
| Name and address | Bullitt County Public Schools | 61-6001357 | 9,497 |
| | 1040 Highway 44 East | | |
| | Shepherdsville, KY 40165 | | |
| IRC code section | Gov | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Teacher Arts Grants | | |
| Name and address | Center for Neighborhoods | 61-0889003 | 20,000 |
| | 501 W Kenwood Drive | | |
| | Louisville, KY 40214 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Imagine 2020 Grant | | |
| Name and address | Creative Agents of Change | 46-3469821 | 25,000 |
| | | | |

| Schedule I, Part IV, State | 803 East Martket Street | | FUND FOR THE ARTS |
|--|---|------------|-------------------|
| | Louisville, KY 40206 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Arts in Health | | |
| Name and address | ELEVATOR Artist Resource | 61-0973376 | 40,000 |
| | 946 Goss Avenue | | |
| | Louisville, KY 40217 | | |
| IRC code section | | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Investing 2000 Creat | | |
| Purpose of grant | Imagine 2020 Grant | | |
| Name and address | Frazier History Museum | 61-1378343 | 8,796 |
| | 829 West Main Street | | |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Cultural Pass | | |
| Purpose of grant | *************************************** | | |
| Name and address | Gheens Science Hall and Rauch Planetarium | 61-1014882 | 8,466 |
| | University of Louisville | | |
| 50 1 1 | Louisville, KY 40292 | | |
| RC code section | Gov | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass | | |
| Name and address | | 35-1151414 | 40.220 |
| vanie and address | Greater Clark County Public Schools 2112 Utica Sellersburg Road | 35-1151414 | 10,320 |
| | Jeffersonville, IN 47130 | | |
| RC code section | Gov | | |
| Method of valuation | | | |
| esc. of Non-Cash Asst. | | | |
| Purpose of grant | Teacher Arts Grants and 5X5 | | |
| ame and address | Heuser Hearing & Language Academy | 61-1383955 | 11,900 |
| | 117 E Kentucky Street | 01 100000 | 11,000 |
| | Louisville, KY 40203 | | |
| RC code section | 501(c)(3) | | |
| ethod of valuation | ,,,, | | |
| esc. of Non-Cash Asst. | | | |
| urpose of grant | Special Grant (Arts for Kosair Kids) | | |
| ame and address | Historic Locust Grove | 61-1390403 | 6,627 |
| | 561 Blankenbaker Lane | | |
| | Louisville, KY 40207 | | |
| C code section | 501(c)(3) | | |
| ethod of valuation | | | |
| esc. of Non-Cash Asst. | | | |
| rpose of grant | Cultural Pass | | |
| me and address | Home of the Innocents | 61-0445834 | 15,000 |
| | 1100 E Market Street | | |
| | Louisville, KY 40206 | | |
| | 501(c)(3) | | |
| thod of valuation | | | |

| Schedule I, Part IV, Sta | rement 4 | | FUND FOR THE ARTS |
|--------------------------|--|------------|-------------------|
| Name and address | La'Nita Rocknettes School of Dance | 81-3907943 | 28,467 |
| | PO Box 11721 | | |
| | Louisville, KY 40251 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Ass | t. | | |
| Purpose of grant | School's Out = Art's In. Youth Scholarships, Miscellaneous Grants | | |
| Name and address | Louisville Central Community Center | 61-0590743 | 19,000 |
| | 1300 West Muhammad Ali Blvd | | |
| | Louisville, KY 40203 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst | • | | |
| Purpose of grant | Special Grant (Arts for Kosair Kids) and School's Out=Art's In Grant | | |
| Name and address | Louisville Children's Film Festival Inc | 81-5283026 | 20,040 |
| | 6019 Innes Trace Road | | |
| | Louisville, KY 40222 | | |
| RC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ArtsMatch Grants | | |
| lame and address | Louisville Federation of Musicians | 61-0288994 | 10,000 |
| | 1436 Bardstown Road | | |
| | Louisville, KY 40205 | | |
| RC code section | 501(c)(5) | | |
| lethod of valuation | | | |
| esc. of Non-Cash Asst. | | | |
| urpose of grant | Imagine 2020 Grants | | |
| ame and address | Louisville Grows | 27-0959401 | 9,692 |
| | 1641 Portland Avenue | | |
| | Louisville, KY 40203 | | |
| C code section | 501(c)(3) | | |
| ethod of valuation | | | |
| esc. of Non-Cash Asst. | | | |
| urpose of grant | ArtsMatch Grants | | |
| ame and address | Louisville Metro Parks Community Centers | 20-4372292 | 9,275 |
| | 527 West Jefferson Street | | |
| | Louisville, KY 40202 | | |
| C code section | Gov | | |
| ethod of valuation | | | |
| sc. of Non-Cash Asst. | | | |
| rpose of grant | School's Out=Art's In Grants | | |
| me and address | Louisville Nature Center | 61-6036081 | 7,757 |
| | 3745 Illinois Ave | | |
| | Louisville, KY 40213 | | |
| C code section | 501(c)(3) | | |
| thod of valuation | | | |
| sc. of Non-Cash Asst. | Cultural Dans | | |
| rpose of grant | Cultural Pass | | |
| me and address | Louisville Story Program | 47-5237414 | 7,500 |
| | 851 South Fourth Street | | |

| Schedule I, Part IV, Statem | nent 1 | | FUND FOR THE ARTS INC |
|-----------------------------|--------------------------------------|------------|-----------------------|
| IRC code section | 501(c)(3) | | FUND FOR THE ARTS INC |
| Method of valuation | 55.(5)(5) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Imagine 2020 Grants | | |
| Name and address | Louisville Urban League | 61-0444771 | 10,000 |
| Name and address | 1535 West Broadway | 01-044771 | 10,000 |
| | Louisville, KY 40203 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | 00.(0)(0) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Imagine 2020 Grant | | |
| Name and address | Louisville Water Tower Park | 46-2069742 | 6,888 |
| | 550 South Third Street | | 0,000 |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass | | |
| Name and address | Maker Mobile Inc | 47-5371748 | 10,000 |
| | 10319 Stoney Point Road | | |
| | Charlestown, IN 47111 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Imagine 2020 Grant | | |
| Name and address | Muhammad Ali Center | 61-1323046 | 6,142 |
| | 144 South Sixth Street | | |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass | | |
| Name and address | Nativity Academy at St Boniface | 51-0450314 | 10,000 |
| | 529 East Liberty Street | | |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Special Grant (Arts for Kosair Kids) | | |
| Name and address | New Albany Floyd County Schools | 35-6005953 | 22,225 |
| | 2813 Grantline Road | | |
| | New Albany, IN 47150 | | |
| IRC code section | Gov | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Tanahar Ada Ossala and EVE | | |
| Purpose of grant | Teacher Arts Grants and 5X5 | | |
| Name and address | Pandora Productions | 20-1012066 | 14,147 |
| | PO Box 4185 | | |
| | Louisville, KY 40204 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | ArtoMatch Grants | | |
| Purpose of grant | ArtsMatch Grants | | |

| Schedule I, Part IV, Stat | ement 1 | | FUND FOR THE ARTS |
|---------------------------|---|------------|-------------------|
| Name and address | Pediatric Medical Office Building | 47-5680120 | 10,000 |
| | 571 South Floyd Street No 432 | | |
| | Louisville, KY 40202 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Grant for Artwork for Pediatric Center | | |
| Name and address | River City Drum Corp | 55-0820407 | 29,267 |
| | 3308 Chauncey Avenue | | |
| | Louisville, KY 40211 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | School's Out=Art's In Grants, Youth Scholarships, Miscellaneous Grant | ts | |
| Name and address | Riverside the Famsley Moremen Landing | 61-1243762 | 6,222 |
| | 7410 Moorman Road | | |
| | Louisville, KY 40272 | | |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass | | |
| Name and address | Sarbande Books | 61-1256352 | 8,850 |
| | 2234 Dundee Road Suite 200 | | |
| | Louisville, KY 40205 | | |
| RC code section | 501(c)(3) | | |
| flethod of valuation | | | |
| esc. of Non-Cash Asst. | | | |
| urpose of grant | Imagine Grants | | |
| lame and address | Shelby County Public Schools | 61-6001356 | 7,500 |
| | PO Box 159 | | |
| | Shelbyville, KY 40065 | | |
| RC code section | Gov | | |
| ethod of valuation | | | |
| esc. of Non-Cash Asst. | | | |
| urpose of grant | Teacher Arts Grants | | |
| ame and address | Speed Art Museum | 61-0444823 | 13,515 |
| | 2035 South Third Street | | |
| | Louisville, KY 40208 | | |
| C code section | 501(c)(3) | | |
| ethod of valuation | | | |
| esc. of Non-Cash Asst. | | | |
| rpose of grant | Cultural Pass | | |
| ame and address | Squallis Puppeteers | 42-1552694 | 24,575 |
| | PO Box 4987 | | |
| | Louisville, KY 40204 | | |
| C code section | 501(c)(3) | | |
| ethod of valuation | | | |
| sc. of Non-Cash Asst. | | | |
| rpose of grant | Imagine 2020 Grants. Early Childhood Grants, Partnership Grants | | |
| me and address | Steam Exchange | 61-1374470 | 30,448 |
| | 735 Lampton St | | |
| | Louisville, KY 40203 | | |

| Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | ArtsMatch Grants, School's Out=Art's In Grants The Gap Felony Prevention Program 3500 Algonquin Parkway Louisville, KY 40212 501(c)(3) Imagine 2020 Grant Summit Academy 11508 Main Street Louisville, KY 40243 501(c)(3) | 81-3223964 61-1214457 | 24,933 |
|---|--|--------------------------|--------|
| Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | The Gap Felony Prevention Program 3500 Algonquin Parkway Louisville, KY 40212 501(c)(3) Imagine 2020 Grant Summit Academy 11508 Main Street Louisville, KY 40243 | | 24,933 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | 3500 Algonquin Parkway Louisville, KY 40212 501(c)(3) Imagine 2020 Grant Summit Academy 11508 Main Street Louisville, KY 40243 | | 24,933 |
| Method of valuation Desc. of Non-Cash Asst. Purpose of grant Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | Imagine 2020 Grant Summit Academy 11508 Main Street Louisville, KY 40243 | 61-1214457 | |
| Desc. of Non-Cash Asst. Purpose of grant Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | Summit Academy 11508 Main Street Louisville, KY 40243 | 61-1214457 | |
| Purpose of grant Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | Summit Academy 11508 Main Street Louisville, KY 40243 | 61-1214457 | |
| Name and address IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | Summit Academy 11508 Main Street Louisville, KY 40243 | 61-1214457 | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | 11508 Main Street Louisville, KY 40243 | 61-1214457 | |
| Method of valuation Desc. of Non-Cash Asst. Purpose of grant | 501(c)(3) | | 15,000 |
| Desc. of Non-Cash Asst. Purpose of grant | | | |
| Purpose of grant | | | |
| | Smarial Count (Arta for Manais Mids) | | |
| Name and address | Special Grant (Arts for Kosair Kids) | | |
| (| The Little Loomhouse 328 Kenwood Hill Road Louisville, KY 40214 | 61-0961553 | 7,375 |
| IRC code section | 501(c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass and Imagine 2020 Grant | | |
| ; | Whitley County Schools 300 Main Street Williamsburg, KY 40769 | 61-6001378 | 5,593 |
| | Gov | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Education Grants | | |
| (| Yew Dell Botanical Gardens 6220 Old LaGrange Road Crestwood, KY 40014 | 61-1390688 | 9,386 |
| | 501(c)(3) | | |
| Method of valuation | ,,,, | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Cultural Pass | | |
| | Young Authors Greenhouse Inc 1355 Bardstown 121 | 82-2878352 | 30,088 |
| | Louisville, KY 40204 501(c)(3) | | |
| Method of valuation | ,, | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | ArtsMatch Grants | | |
| • | Zoom Group 410 West Chestnut St Suite 900 Louisville, KY 40202 | 61-1101882 | 10,000 |
| | 501(c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | | | |

Attachment 15 - Board Directory

2019-2020 Fund for the Arts Board Directory As of December 23, 2019



Mr. Barry Allen President & Treasurer Gheens Foundation, Inc. One Riverfront Plaza

401 West Main Street, Suite 705, Louisville, KY 40202

(O) Phone: (502) 912-8431

(O) Email: <u>barry@gheensfoundation.org</u>

Curent Term Start:7/1/2015

Committees: Executive, Resource Development, Campaign

Leadership Team, Investment



Mr. James Allen (Jim)
Vice Chairman
R.W. Baird & Co.
500 West Jefferson Street, Louisville, KY 40202
(O) Phone: (502) 588-8604
(O) Fmail: irallen@rwbaird.com

(O) Email: jrallen@rwbaird.com Curent Term Start: 05/21/2019

Committees: Executive, Finance & Audit



Mr. Michael K. Ash (Mike)
Regional President
Fifth Third Bank Kentucky
401 S. 4th St., 7th Floor, Louisville, KY 40202
(O) Phone: (502) 562-5550

(O) Email: mike.ash@53.com Curent Term Start:09/29/2015

Committees: Executive. Finanace & Audit



Dr. Muhammad Babar President Kentuckiana Geriatric and Palliative Services 720 West Broadway, Suite 202, Louisville, KY 40202 (C) Phone: (502) 544-8293

Curent Term Start:06/26/2012 Committees: Community Impact

KA



Mr. Neville Blakemore Chairman Great Northern Building Products 901 S 15th Street, Louisville, KY 40210 (O) Phone: (502) 266-6662

(O) Email: nevilleb@gnbuilding.com Curent Term Start: 06/26/2018

Committees: Governance & Nominating, Advocacy & Public

Funding



Mr. Campbell Brown President and Managing Director, Old Forester Brown-Forman Corportation 850 Dixie Highway, Louisville, KY 40210 (O) Phone: (502) 774-7346

(O) Email: campbell_brown@b-f.com Curent Term Start: 02/26/2019

Committees: Executive, Campaign Leadership Team



Ms. Kristen Byrd Sr. Vice President-Regional Banking Director PNC Wealth Management Mail Stop: K1-K201-04-1 101 S. Fifth Street, Louisville, KY 40202 (O) Phone: (502) 581-2270

(O) Phone: (502) 581-2270 (O) Email: kristen.byrd@pnc.com Curent Term Start:02/26/2019 Committees: Community Impact



Mrs. Julia Carstanjen

Residence: 13909 River Glen Lane, Prospect, KY 40059

(H) Phone: (502) 292-1073

(H) e-mail: julia.carstanjen@gmail.com

Curent Term Start:1/1/2016

Committees: Campaign Leadership Team



Mrs. Carolle J. Clay
Compensation Committee Chair
Senior Vice President
Republic Bank
601 W. Market St., Louisville, KY 40202
(O) Phone: (502) 560-8637
(O) Email: cjones@republicbank.com

Curent Term Start:7/1/2017

Committees: Executive, Campaign Leadership Team,

Compensation



Ms. Sarah Davasher-Wisdom
Chief Operating Officer
Greater Louisville, Inc.
614 West Main Street, Suite 6000, Louisville, KY 40202
(O) Email: sdavasher@greaterlouisville.com
Curent Term Start:7/1/2017
Committees: Resource Development, Audit & Public Funding



Mr. Charlie Farnsley
Principal
Bahe Farnsley Advisors
4360 Brownsboro Rd., Suite 104, Louisville, KY 40207
(O) Phone: (502) 627-0918
(O) Email: cfarnsley@bahefarnsley.com

Curent Term Start:8/27/2019

Committees: Campaign Leadership Team



Ms. Erica Fields
President/Owner
Brooks Grain LLC
5130 Port Rd, Jeffersonville, IN 47130
(O) Phone: (812) 280-6658
(O) Email: erica.fields@brooksgrain.com
Curent Term Start:8/27/2019
Committees:



Mr. Paul Gerard Fultz Finance & Audit Committee Chair Managing Partner KPMG LLP

400 West Market Street, Suite 2600, Louisville, KY 40202

(O) Email: pfultz@kpmg.com (C) Phone: (502) 523-1386 Curent Term Start: 6/28/2010

Committees: Executive, Finance & Audit, Compensation



Mr. C. Edward Glasscock (Ed) Emeritus Member Chairman Emeritus Frost Brown Todd LLC 400 West Market Street, Suite 3200, Louisville, KY 40202

(O) Phone: (502) 568-0230

(O) Email: eglasscock@fbtlaw.com

Curent Term Start:

Committees:



Mr. Jonathan D. Goldberg (Jon) Emeritus Member Managing Partner Goldberg Simpson, LLC 9301 Dayflower Street, Prospect, KY 40059 (O) Phone: (502) 589-4440 (O) Email: jgoldberg@goldbergsimpson.com

Curent Term Start: Committees:



Ms. Jerilan Greene Vice President, Global Chief Communications Officer Yum! Brands, Inc. 1441 Gardiner Lane, Louisville, KY 40213

(O) Phone: (502) 874-2875

(O) Email: jerilan.greene@yum.com

Curent Term Start:7/13/2013 Committees: Compensation



Mr. Gregory H. Greenwood (Greg) Partner, Tax Services

400 West Market Street, Suite 1200, Louisville, KY 40202

(O) Phone: (502) 585-6418

(O) Email: greg.greenwood@ey.com

Curent Term Start: 8/1/2014

Committees: Finanace & Audit, Community Impact



Ms. Kirsten Hawley Governance & Nominating Committee Chair Sr. VP. Chief Human Resources Officer Brown-Forman Corportation 850 Dixie Highway, Louisville, KY 40210 (O) Phone: (502) 774-7212

(O) Email: kirsten hawley@b-f.com

Curent Term Start:11/22/2016

Committees: Governance & Nominating



Mr. James A. Hillebrand (Ja) Board Chair **CEO** Stock Yards Bank & Trust Company 1040 East Main Street, Louisville, KY 40206 (O) Phone: (502) 625-2415 (O) Email: <u>ja.hillebrand@syb.com</u>

Committees: Executive, Governance & Nominating,

Compensation



Mr. John Gill Holland (Gill) Founder Portland Investment Initiative 2509 Portland Ave., Louisville, KY 40212 (O) Phone: (502) 561-1162 Ext 10

(O) Email: <u>gill@thegroupentertainment.com</u> Curent Term Start:6/4/2008

Curent Term Start:6/28/2011

Committees: Executive, Advocacy & Public Funding,

Campaign Leadership Team



Mrs. Mo McKnight Howe Owner & Artist Revelry Boutique Gallery 742 E. Market St., Louisville, KY 40202 (O) Phone: (502) 414-1278

(O) Email: mo@revelrygallery.com (C) Phone: (502) 500-0759

Curent Term Start:7/1/2016

Committees: Executive, Community Impact



Mr. Matthew R. Lindblom (Matt) Attorney Stoll Keenon Ogden PLLC 2000 PNC Plaza 500 West Jefferson Street, Louisville, KY 40202-2828

(O) Phone: (502) 568-5417

(O) Email: <u>matthew.lindblom@skofirm.com</u>

Curent Term Start:6/26/2012

Committees: Campaign Leadership Team



Ms. Gladys Lopez Senior Vice President & Chief Human Resources Officer Norton Healthcare 9500 Ormsby Station Road, Suite 101, Louisville, KY 40223

(O) Phone: (502) 446-5804

(O) Email: gladys.lopez@nortonhealthcare.org

Curent Term Start:2/26/2019 Committees: Community Impact



Mr. Todd P. Lowe Immediate Past Chair of the Board President Parthenon LLC 9900 Corporate Campus Drive, Suite 2100, Louisville, KY 40223

(O) Phone: (502) 327-5660

(O) Email: tlowe@parthenonllc.com

Curent Term Start:7/1/2015

Committees: Executive, Community Impact, Governanace & Nominating, Campaign Leadership Team, Compensation



Mr. Jeffrey A. McKenzie (Jeff) Capital Member Bingham Greenebaum Doll LLP PNC Tower, Suite 3500 101 South Fifth Street, Louisville, KY 40202 (O) Phone: (502) 587-3594

(O) Email: <u>imckenzie@bgdlegal.com</u> Curent Term Start: 6/24/2008 Committees: Community Impact



Mr. Brent McKim President Jefferson County Teachers Association 1941 Bishop Lane, Louisville, KY 40218 (O) Phone: (502) 454-3400 (O) Email: <u>brent.mckim@jcta.org</u> Curent Term Start:2/27/2017 Committees: Governance & Nominating



Ms. Sabeen Nasim Public Affairs & Community Relations 1400 N. Hurstbourne Pkwy., Louisville, KY 40223 (O) Phone: (502) 329-3062 (O) Email: snasim@ups.com Curent Term Start:5/21/2019 Committees: Community Impact, Campaign Leadership Team



Mr. Joseph A. Pusateri (Joe) President Elite Homes, Inc. P. O. Box 43607, Louisville, KY 40253 16218 Shelbyville Rd., Louisville, KY 40245 (O) Phone: (502) 245-6159 Ext: 203 (O) Email: elitehomes@msn.com Curent Term Start:7/8/2008 Committees: Executive, Finance & Audit, Campaign

Leadership Team



Ms. Victoria Russell Chief of Diversity, Equity and Inclusion Papa John's Intenational 2002 Papa John's Blvd, Louisville, KY 40299 (O) Phone: (502) 261-4345

(O) Email: victoria russell@papajohns.com Curent Term Start:2/26/2019

Committees: Executive, Community Impact



Mr. Scott Schaftlein
Partner/Principal
EY
400 W Market St, Suite 1200 Louisville, KY 40202
(O) Phone: (502) 630-4076
(O) Email: scott.schaftlein@ey.com
Curent Term Start:8/27/2019
Committees: Finance & Audit

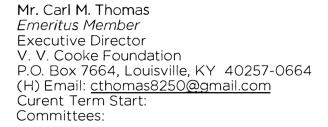


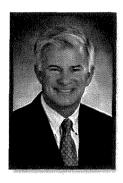
Ms. Linda Schuster
President/CEO
QtheAgency
1201 Story Ave, #123, Louisville, KY 40206
(O) Phone: (502) 742-9163
(O) Email: linda@qtheagency.com
Curent Term Start:5/21/2019
Committees: Community Impact



Dr. Erica Sutton
Assistant Professor of Surgery
University of Louisville School of Medicine
Department of Surgery
550 South Jackson Street, Louisville, KY 40202
(O) Phone: (502) 852-5676
(O) Email: erica.sutton@louisville.edu
Curent Term Start:7/1/2017
Committees: Community Impact







Mr. Paul W. Thompson Resource Development Chair Chairman, CEO & President LG&E and KU Energy LLC 220 W. Main St., Louisville, KY 40202

(O) Phone: (502) 627-3861

(O) Email: <u>paul.thompson@lge-ku.com</u>

Curent Term Start: 4/23/2016

Committees: Executive, Resource Development, Campaign

Leadership Team

Mr. Joe Ventura



Mr. Eddie Tyner President, Midwest Region Gannett, Inc. 312 Elm Street, Cincinnati, OH 45202 (O) Phone: (513) 768-8201 (O) Email: etvner@gannett.com Curent Term Start:7/1/2017 Committees: Community Impact



Chief Legal Officer Humana, Inc. 500 W. Main St., Louisville, KY 40202 (O) Phone: (502) 580-3149 (O) Email: <u>iventura@humana.com</u> Curent Term Start:4/23/2019 Committees: Executive, Governance & Nominating



Mr. Mark F. Wheeler

Emeritus Member

President

Central Bank

9300 Shelbyville Road, Suite 100, Louisville, KY 40222

(O) Email: mwheeler@centralbank.com

Curent Term Start:

Committees:



Hon. Erica Lee Williams
District Court Judge
Louis D. Brandeis Hall of Justice
600 W Jefferson Street, Louisville, KY 40202
(O) Phone: (502) 595-4162

(O) Email: ericawilliams@kycourts.net

Curent Term Start:7/1/2017

Committees: Community Impact, Campaign Leadership

Team



Mr. David Wombwell Market President US Bank 1 Financial Square, Louisville, KY 40202 (O) Phone: (502) 562-6685

(O) Email: <u>david.wombwell@usbank.com</u>

Curent Term Start:5/21/2019

Committees: Executive, Resource Development, Campaign

Leadership Team, Compensation



Mr. Terry Wright
Member & Chair, Intellectual Property & Technology
Service Group
Stites & Harbison, PLLC
400 W Market St, Suite 1800, Louisville, KY 40202
(O) Phone: (502) 779-5829
(O) Email: twright@stites.com
Curent Term Start:2/23/2019

Committees: Advocacy & Puiblic Funding, Campaign

Leadership Team



Ms. Tammy York Day Secretary President and CEO Louisville Healthcare CEO Council 601 W Main Street, Louisville, KY 40202 (O) Email: tyorkday@LHCCinc.com Curent Term Start: 9/29/2015 Committees: Campaign Leadership Team



Mrs. Laura Zachariah 805 Surrey Ln Anchorage, KY 40223 (C) Phone: (847) 302-3463 (H) Email: Lmzachariah@gmail.com Curent Term Start: 6/28/2018 Committees: Community Impact

<u>Ex-Officio Members</u> – The Board may include ex-officio Non-voting Directors from community partners. They shall have the same obligations and duties (including the duty of confidentiality) as Voting Directors, but shall not have the same fiduciary duties as Voting Directors.



Mrs. Tonya Abeln Director, Community Relations Churchill Downs Incorporated 600 Hurstbourne Pkwy, Suite 400, Louisville, KY 40222 (O) Phone: (502) 636-4506

(O) Email: tonya.abeln@kyderby.com



Mrs. Shannon Woolley Allison Co-Chair, Cultural Advisory Council Co-Artistic Director, Looking for Lilith Theatre Company 201 S. Peterson Ave., Louisville, KY 40206 (O) Email: shannon@lookingforlilith.org (O) Phone: (502) 638-2559, ext. 701



Ms. Althea Jackson Mayor's representative Director of Boards & Commissions Louisville Metro Government 527 W Jefferson St., Louisville, KY 40202 (O) Phone: (502) 574-5549 (O) Email: althea.jackson@louisvilleky.gov



Councilman David James Louisville Metro City Council President 601 W Jefferson St., Louisville, KY 40202 (O) Phone: (502) 574-1190 (O) Email: david.james@louisvilleky.gov



Mr. A. Dale Josey President, Arts & Culture Alliance 3200 Tucker Station Rd., Louisville, KY (O) Phone: (502) 266-9802

(O) Email: blackacre1844@gmail.com



Dr. Martin A. Pollio (Marty)
Superintendent, Jefferson County Public Schools
Van Hoose Education Center
3332 Newburg Road, Louisville, KY 40218
(O) Email: Marty.pollio@jefferson.kyschools.us



Ms. Diane Porter
Jefferson County Board of Education
District 1
P.O. Box 34020, Louisville, KY 40232
(O) Phone: (502) 485-3566
(O) Email: porterschoolboard@gmail.com



Hon. Sadiqa N. Reynolds President & CEO, Louisville Urban League 1535 West Broadway, Louisville, KY 40203 (O) Phone: (502) 566-3415 (O) Email: sreynolds@lul.org



Ms. Candace Weber NeXtGen Board President Regional Support Specialist Mortenson Family Dental (O) Email: candyshiffman@me.com

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for Instructions and the latest Information.

| | A For | the 2017 calendar year, or tax year beginning 07/01 , 2017, and e | indina () | 6/30 | ,20 18 | |
|-------------------------------|----------|---|----------------------------------|--|-----------------------------|--|
| - | | ck If applicable: C Name of organization FUND FOR THE ARTS INC | D Employer identification number | | | |
| ŗ | _ | Address change Doing business as | | | 61-0479626 | |
| ר | _ | ame change Number and street (or P.O. box if mall is not delivered to street address) Room/suite | | | one number | |
| | _ | | a relepin | | | |
| | _ | return 623 West Main Street | | | 502-582-0100 | |
| | - | | | | | |
| Ļ | _ | ded return Louisville, KY, 40202 | <u> </u> | G Gross r | | |
| L | _ Appli | cation pending F Name and address of principal officer: Christen Boone | | | subordinates? Yes Vo No | |
| _ | | 623 West Main Street, Louisville, KY 40202 | | | s included? Yes No | |
| <u>!</u> | Tax-e | xempt status: | 7 If "No," atta | ch a list. (s | ee instructions) | |
| J | | ite: ► www.fundforthearts.org | H(c) Group | exemption | number > | |
| K | | of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of to | mation: 1949 | M State | of legal domicile: KY | |
| | Papel | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: Vis | ion Statement: T | ogether | through the Arts we | |
| 8 | 3 | create a great American city. Mission Statement: To maximize the impact of the | Arts on economic | develop | ment, education and | |
| Activities & Governmenco | i | the quality of life for everyone by generating resources, inspiring excellence, and | | | | |
| 9 | 2 | Check this box ▶☐ if the organization discontinued its operations or dispose | | | | |
| ع ج | 3 | | | 3 | 49 | |
| e | 4 | Number of independent voting members of the governing body (Part VI, line 1 | | 4 | 49 | |
| .0 | 5 | Total number of individuals employed In calendar year 2017 (Part V, line 2a) | | 5 | 16 | |
| \$ | 6 | Total number of volunteers (estimate If necessary) | | 6 | 3,000 | |
| ğ | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 3,000 | |
| | b | | | 7b | | |
| _ | 1 5 | Net unrelated business taxable income from Form 990-T, line 34 | Prior Year | | 2,888 Current Year | |
| | | Contributions and greats (Dort VIII. line 4b) | - | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 1 | 39,230 | 8,895,613 | |
| e u | 9 | Program service revenue (Part VIII, line 2g) | | 13,000 | 138,090 | |
| é | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1 | 33,502 | 46,976 | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1 | 37,628 | 41,775 | |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 48,104 i | 9,122,454 | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,84 | 44,594 | 2,272,121 | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | <u> </u> | 0 | 0 | |
| 8 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,00 | 65,239 | 1,274,715 | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | |
| ğ | Ь | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,018,291 | Marien et 1149 | 7 CK(S L.) | glander i Wergang | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 94 | 7,060 | 1,182,164 | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,85 | 6,893 | 4 ,729 ,000 | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 79 | 1,211 | 4,393,454 | |
| 58 | | | Beginning of Curre | nt Year | End of Year | |
| Net Assets or und Balances | 20 | Total assets (Part X, line 16) | 9,63 | 4,466 | 9,855,011 | |
| 25 25 26 26 | 21 | Total liabilities (Part X, line 26) | | 3,370 | 949 638 | |
| \$5 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,096 | 8,905,373 | |
| THE REAL PROPERTY. | d.II | Signature Block | , | | | |
| Unc | er pena | ties of perjury, I declare that I have examined this return, including accompanying schedules and state | ements, and to the b | est of my l | knowledge and belief, it is | |
| | | , and complete. Declaration of preparer (other than officer) is based on all information of which prepare | | | • | |
| | | May Martini | 3 | Tiali | 9 | |
| Sig | 1 | Signature of/officer | Date | // // / | | |
| Here Janie Martin, CFO/COO | | | | | | |
| | | Type or print name and title | | | | |
| D-: | | Print/Type preparer's name Preparer's signature Di | ate / c | hank 🗖 : | PTIN | |
| Pai | | | | theck [_] i elf-employe | ed . | |
| Freparer | | | | | | |
| USE | Uni | / Firm's name ► | Phone no | | | |
| May | the IR | S discuss this return with the preparer shown above? (see instructions) | į FRONE N | <u>. </u> | . Yes No | |
| | | (one managed) ()) | | | | |



Department of the Treasury Internal Revenue Service Ogden, UT 84201
 Notice
 CP211A

 Tax period
 June 30, 2019

 Notice date
 November 18, 2019

 Employer ID number
 61-0479626

 To contact us
 Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

FUND FOR THE ARTS INC % MONICA BECKMAN 623 W MAIN ST LOUISVILLE KY 40202-2978



211662

Important information about your June 30, 2019 Form 990

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

We approved the Form 8868 for your June 30, 2019 Form 990.

Your new due date is May 15, 2020.

What you need to do

File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.