O-197-21

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

Applicant/Program: Louisville Visual Art, Inc. / Multisensory Public Art for Clifton Applicant Requested Amount: \$10,000 Appropriation Request Amount: \$10,000

#### **Executive Summary of Request**

Grant to Louisville Visual Art, Inc. for a multisensory public art piece in the Clifton Neighborhood. This will be a large-scaled permanent outdoor installation sensory accessible to the blind and visually impaired located at the corner of State and Frankfort Avenue. These funds will specifically pay the lead artist, Liz Richter, and other artists and to purchase materials or rent equipment necessary to fabricate the artwork.

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

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

9 District # Bill Hollander Primary Sponsor Signature

\$10,000 Amount 4/28/2021

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.

None

#### **Approved by:**

Appropriations Committee Chairman

Date

Final Appropriations Amount:

1 | Page Effective May 2016

Legal Name of Applicant Organization Louisville Visual Art, Inc.

Program Name and Request Amount Multisensory Public Art for Clifton - \$10,000

	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?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with:	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	Yes
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes
Prepared by: Eye Elividge Date: 4/28/2021	

SECTION 1 - APPLICANT INFORMATION				
Legal Name of Applicant Organization:				
(as listed on: http://www.sos.ky.gov/business/records Louisville Visual Art, Inc.				
		ddress: 1538 Lytle Stre		03
Website: www.louisv	1	lart.org and www.multi	sensoryart.org	T
Applicant Contact:	Grant J	lohnson	Title:	Strategic Comm. Director
Phone:	(304) 5	20-1475	Email:	grant@louisvillevisualart.org
Financial Contact:	Glenn I	Barber	Title:	Finance Director
Phone:	(502) 5	84-8166	Email:	lvabookkeeping@gmail.com
Organization's Represe	entative	who attended NDF Train	ing: Grant Johnson	
GEOG	RAPHICA	L AREA(S) WHERE PROG	RAM ACTIVITIES ARE (W	/ILL BE) PROVIDED
Program Facility Locat	ion(s):	1824 Frankfort Aven	ue, Louisville, KY 4020	06
Council District(s):		9	Zip Code(s):	40206
	SECTIO	ON 2 – PROGRAM REQU	EST & FINANCIAL INFOR	MATION
PROGRAM/PROJECT N	IAME: M	ultisensory Public Art f	or Clifton	
Total Request: (\$)	\$ 10,000	0.00 Total Metro A	ward (this program) in (	<b>previous year: (\$)</b> \$ 0.00
Purpose of Request (cl	heck all ti	hat apply):		
Operating Fu	nds (gene	erally cannot exceed 33%	6 of agency's total opera	ting budget)
Programming	g/services	events for direct benef	it to community or quali	fied individuals
Capital Proje	ct of the o	organization (equipment	, furnishing, building, etc	c)
The Following are Req	uired Att	achments:		
✓ IRS Exempt Status Determined	erminatior	Letter	Signed lease if rent co	sts are being requested
Current year projected	l budget		IRS Form W9	
Current financial state	ment		Evaluation forms if us	ed in the proposed program
Most recent IRS Form	990 or 112	ю-н	Annual audit (if requi	red by organization)
Articles of Incorporation	on (curren	t & signed)	Faith Based Organizat	ion Certification Form, if applicable
Cost estimates from proposed vendor if request is for capital expense				
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.				
Source:	Metro EA	۶F	Amount: (\$)	
Source: Amount: (\$)				
Source: Amount: (\$)				
Has the applicant contacted the BBB Charity Review for participation? 🔽 Yes 🔲 No				
Has the applicant met t	the BBB C	harity Review Standards	? 🗸 Yes 🔲 No	

#### **SECTION 3 – AGENCY DETAILS**

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

With art education, community engagement, and professional support, Louisville Visual Art (LVA) nurtures our city's diverse artists throughout the creative life-cycle.

Our programs, all of which incorporate educational benefits, fall into three primary categories: visual art education/instruction; professional development and collateral support for local artists; and outreach programming that brings exhibitions, workshops, events and new large-scale artworks to publicly accessible spaces.

Key offerings include:

- Children's Fine Art Classes and the Academy of LVA: out-of-school-time visual art education classes taught by highly qualified instructors and delivered in partnership with public and private schools, community centers, churches, and other institutions.

- The Open Studio Series: highlighting local artists via webcasts of video interviews in their workspaces and regular weekend-long studio crawl events to promote art collection.

- The Mural Art Program: well-established initiative to bring public murals to Louisville, with a special focus on projects that benefit historically under-served groups and communities.

- Spring Break and Summer Art Camps: outside-of-school visual art-oriented day camps combining art instruction and making with socializing activities and exploration.

- Open Doors Educational Outreach: brings enriching art experiences to those with low art access - young people in juvenile detention, children in state care facilities, elders in assisted living, survivors of abuse, students in low art schools/neighborhoods, etc.

- Adult Art Instruction: series of classes available to those 18 and older.

- The LVA Spotlights Series: workshops, roundtables, and interviews supporting artist development and cultivating multiple aspects of the art ecosystem.

LVA's regular fundraisers, the LVA Honors and art[squared], not only help secure needed resources, but also celebrate and elevate contributions of local artists, art educators, and benefactors of the arts, thereby nurturing Louisville's entire cultural ecosystem.

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF		
Board Member	Term End Date	
Lynn Dunbar Bayus	03/01/2022	
Wilma Bethel (Honorary)	03/01/2019	
Don Cartwright	01/01/2027	
Laury Christensen	05/01/2022	
Beverly Cote	01/01/2022	
Andrew Cozzens	03/01/2022	
Elizabeth B. Feldpausch	11/01/2022	
Elizabeth Fennell	11/01/2023	
Logan Gholson	06/01/2022	
Rob Guillen	12/01/2022	
Susan Hallenberg	07/01/2022	
Kathy Hillerich	07/01/2023	
Stewart Hoertz	10/01/2023	
Nicole Humphrey	01/01/2027	
Rob King	06/01/2025	
Alexander Marks	10/01/2024	
Colin Stouffer	09/01/2024	
Jake Theisen	04/01/2024	
Porter Watkins (Honorary)	03/01/2019	

#### Describe the Board term limit policy:

Directors shall serve up to two (2) consecutive terms of three (3) years each (each term renewable at the option of the individual Director with approval by the Board). Should a Director desire to be considered for more than two (2) terms, they may at the discretion of the Board return and serve up to an additional six (6) years; provided however, that a minimum of one (1) year "holiday" be observed between any six (6) year period. In no event however, shall any Director serve more than twelve (12) years on the Board. Should a Director serve twelve (12) years or alternatively wish to resign but remain affiliated with the Association, they can serve on an honorarium board (the "Honorarium Board"), distinguishing them as a loyal and ardent supporter of the Association and its goals. Such admission to an Honorarium Board shall be upon nomination by the Executive Committee and majority vote at any meeting of the Board.

Three Highest Paid Staff Names	Annual Salary
Kristian Anderson	\$ 75,000.00
Grant Johnson	\$ 44,000.00
Amy Chase	\$ 41,000.00

#### 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 is underway, with community listening sessions already conducted, a site selected (NW corner of State and Frankfort), and artist's visualizations progressing. Completion is projected for fall 2021.

The Multisensory Public Artwork for Clifton is a large-scale permanent outdoor art installation sensory accessible to the blind and visually impaired, located not far from the Kentucky School for the Blind and the American Printing House for the Blind.

The visually impaired are often left out of planning for public artwork. This project seeks to redress that by embracing the visually impaired as its primary audience and raising the sighted community's awareness of and empathy for the challenges visually impaired people face. Elevating the prominence and value of sensory accessibility, the mural has great potential to positively influence the direction of public art in Louisville going forward.

The best source for information on the project is its website: www.multisensoryart.org

The slide stack from the original proposal to the Kentucky School for the Blind Charitable Foundation, which became the lead funder, is attached.

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

To pay the lead artist and other contracted artists/artisans (all payments for services rendered will be made directly to the providers by LVA - no sub-grantees).

To purchase materials or rent equipment necessary to fabricate the artwork.

Applicant's Initials \_\_\_\_\_

C:	If this request is a fundraiser, please detail how the proceeds will be spent:
No	ot a fundraiser.
	·
1	For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
	d ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
fur	nds 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:
	<ul> <li>✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this</li> </ul>
	application.
	The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the
	grant agreement.
П	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):
	<ul> <li>Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.</li> </ul>
	<ul> <li>Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work</li> </ul>
	plan identified in this application.

Page 5 Effective May 2016

Applicant's Initials GJ

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:

Partners will measure & share success of program components as they happen:

- By counting participants. Increased participation over time is the goal.

- By noting % of participants who self-identify as blind or sensory impaired. A high proportion is sought.

- By tracking new ideas for sensory accessible components/content. Goal is to incorporate ideas from the visually impaired community & public.

Surveys will circulate at meetings, via email, & on the program's website, with yes/no prompts similar to those below. We seek a high % of "yes" responses & high participation rates.

- "If you are sensory impaired (SA), do you welcome this project?"

- "Does the Multisensory Artwork (MA) increase your empathy for visually impaired people?"
- "Did you feel your input & that of others was welcomed & respected?"
- "Does MA increase your understanding of SA provisions?"
- "Is this project is in the interest of the Clifton Neighborhood?"
- "Would you like to see more SA public artworks?"
- "Would you like to see more SA generally?"

# 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 501(C)(3) Kentucky School for the Blind Charitable Foundation's pledge of \$50K in matching funds makes it the primary fiscal supporter of the project. As such, an ad hoc committee of the KSBCF Board will review proposed designs prior to finalization. (\$20K of the match has been disbursed. The \$10K from Metro District Nine would count towards unlocking the remainder of the match.)

- New Directions Housing Corporation (NDHC) owns the unbuilt lot on the northwest corner of State and Frankfort where the artwork will be installed. A prior partner with LVA on public murals, NDHC frequently pursues collaborations to benefit specific communities with public art, and is enthusiastic about Multisensory Public Art for Clifton.

- Highly regarded local media production company, Kertis Creative, will create a video that is sensory accessible to blind audiences and that captures the story of how this project serves blind and visually impaired (BVI) people, benefits the entire community, and points the way to increased sensory accessible public art in Louisville.

- The American Printing House for the Blind (APH) a long-standing resource for BVI people based in Clifton, has already provided advice on sensory accessibility and historical material that will inform designs. LVA Board Member, Rob Guillen, is APH Special Programs Coordinator for Government and Community Affairs. He acts as a liaison with the APH and with other national organizations that serve the visually impaired.

#### 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	\$ 7,000.00	\$ 51,250.00	\$ 58,250.00
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	\$ 15,000.00	\$ 15,000.00
H: Program Materials	\$ 3,000.00	\$ 22,200.00	\$ 25,200.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)	\$ 0.00	\$ 1,550.00	\$ 1,550.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 10,000.00	\$ 90,000.00	\$ 100,000.00
% of Program Budget	10.00%	90.00%	100%

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

Other State, Federal or Loca	\$ 30,000.00	
United Way		
Private Contributions (do no	t include individual donor names)	\$ 60,000.00
Fees Collected from Program	n Participants	
Other (please specify)		
. Total Revenue for Columns 2 Expenses **		\$ 90,000.00

\*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 (circle one and use multiple sheets if necessary)	Column 1 Proposed Metro Funds	Column 2 Non- Metro Funds	Column (1 + 2)=3 Total Funds
Accessibility Provisions for Unveiling Event	\$ 0.00	\$ 1,050.00	\$ 1,050.00
Insurance	\$ 0.00	\$ 500.00	\$ 500.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 0.00	\$ 1,550.00	\$ 1,550.00

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
NDHC / Space on property for installation	\$ 1.00	There is no readily available valuation method
Total Value of In-Kind	¢ 1 00	
( <i>to match Program Budget Line Item.</i> Volunteer Contribution &Other In Kind)	\$ 1.00	

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

Agency Fiscal Year Start Date: 06/01/2021

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

If YES, please explain:

Grant Johnson

∠igitally signed by Grant Johnson
DN: cn=Grant Johnson, o=Louisville
Visual Art, ou,
email=grant@louisvillevisualart.org,
c=US
Date: 2021.04.23 14:47:14 -05'00'

#### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

#### **SECTION 7 – CERTIFICATIONS & ASSURANCES**

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

#### **Standard Assurances**

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

#### **Standard Certifications**

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

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

#### **SECTION 8 – CERTIFICATIONS & ASSURANCES**

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

application	1.				
Signatur	e of Legal Signatory:	Carto	1	Date:	04/23/2021
Legal Sig	natory: (please print):	Grant Johnson		Title:	Strategic Comm. Dir.
Phone:	(502) 584-8166	Extension:	Email:	grant@louisv	villevisualart.org

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

	1 Name (as shown as your income tay ratium). Name is required as this line, do not be use this line, block		
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	Louisville Visual Art, Inc.		
	2 Business name/disregarded entity name, if different from above		
	Louisville Visual Art		
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	Individual/sole proprietor or 🛛 C Corporation 🖾 S Corporation 🖾 Partnership single-member LLC	Trust/estate	Exempt payee code (if any)1
typ. tion	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	rship)	
Print or type. See Specific Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the LLC is gle-member LLC that	Exemption from FATCA reporting code (if any)
ecif	Other (see instructions)		(Applies to accounts maintained outside the U.S.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)
see	1538 Lytle Street		
0,	6 City, state, and ZIP code		
	Louisville, KY 40203		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		urity number
eside	p withholding. For individuals, this is generally your social security number (SSN). However, for nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see How to ge		
TIN, la	ter.	or	
	If the account is in more than one name, see the instructions for line 1. Also see What Name	and Employer i	dentification number
Numb	er To Give the Requester for guidelines on whose number to enter.	6 1	- 0 4 9 2 3 4 8

Part II Certification

Under penalties of perjury, I certify that:

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

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person	Al
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Kristian Anderson, Exec. Dir. Date 04/29/2021

## **General Instructions**

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

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

### Purpose of Form

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

· Form 1099-INT (interest earned or paid)

Form 1099-DIV (dividends, including those from stocks or mutual funds)

Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

 $\bullet$  Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

Date: October 27, 1988

Louisville Visual Art Association 3005 Upper River Road Louisville, KY 40207

#### Department of the Treasury

P.O. Box 2508 Gincinnati, OH 45201

Person to Contact: Sarah Varnum Telephone Number: 513-684-3957 Refer Reply to: EP/EO, Room 4010

Dear Sir or Madam:

Thank you for submitting the information shown below. We have made it part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name, or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours

Un

Sarah Varnum Taxpayer Service Representative

Item Changed: Name

From: Water Tower Art Association .

To: Louisville Visual Art Association

....

... Internal Revenue Service Department of the Treasury District Director . . . . Date JAN 2 1 1962 **Employment Identification Number:** 61-0492348 Person to Contact: Joseph Russo Contact Telephone Number: 513-684-3578 Internal Revenue Code Section: 501(c)(3) × Water Tower Art Association 3005 Upper River Road Louisville, KY 40207

\_ Dear Sir or Madam:

Thank you for submitting the information shown below or on the enclosure. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of ration, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours, HM ann District Director

From

Item Changed

DO BANGERS Plantered But 45004

Art Center Association Water Tower Art Association

To

## HECEIVED

## KUV 21, 1946

INTERNAL REVENUE ACENT IN CHURGE LOUISVILLE, KLNTUCKY

NOV 5 1946

IT:P:T:1 WHR

Art Center Association (now DBA the Water Tower Art Association) 2111 South First Street 3005 Upper River Rd Louisville, Entury Louisville, KY 40207

Gentlence:

)

It is the opinion of this office, based upon the evidence presented, that you are exempt from Federal income tax under the provisions of section 101(6) of the Internal Revenue Code and corresponding provisions of prior revenue acts, as it is shown that you are organized and operated exclusively for educational purposes.

Accordingly, you will not be required to file income tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. Any such changes should be reported immediately to the collector of internal revenue for your district in order that their effect upon your exempt status may be determined.

Furthermore, under substantially identical authority contained in sections 1426 and 1607 of the Code and/or corresponding provisions of the Social Security Act, the employment taxes imposed by such statutes are not applicable to remuneration for services performed in your employ so long as you meet the conditions prescribed above for retention of an exempt status for income tax purposes.

You will be required, however, to file annually, beginning with your current accounting period, an information return on Form 990 with the collector of internal revenue for your district so long as this exemption remains in effect. This form may be obtained from the collector and is required to be filed on or before the 15th day of the fifth month following the close of your annual accounting period. ì

#### Art Conter Association -

Contributions made to you are deductible by the donors in arriving at their taxable net income in the manner and to the extent provided by section 23(o) and (q) of the Internal Revenue Code, as amended, and corresponding provisions of prior revenue acts.

Bequests, legacies, devises or transfers, to or for your use are deductible in arriving at the value of the net estate of a decedent for estate tax purposes in the manner and to the extent provided by sections 812(d) and 861(a)(3) of the Code and/or corresponding provisions of prior revenue acts. Gifts of property to you are deductible in computing net gifts for gift tax purposes in the manner and to the extent provided in section 1004(a)(2)(B) and 1004(b)(2) and (3) of the Code and/or corresponding provisions of prior revenue acts.

The collector of internal revenue for your district is being advised of this action.

By direction of the Commissioner,

#### Respectfully,

(signod) E. I. McLarney

Deputy Commissioner,

This determination was granted under section 101 (6) of the Internal Revenue Code of 1939 which now corresponds with section 501 (c) (3) of the Internal Revenue Code of 1954.

WHEYEn/ven ' 11-1-46

Louisville Visual Art Budget	FY2021	
Income		
Earned Income		
Program Income	220,000	
Art Sales	2,500	
Studio Rental	7,000	
Fund for the Arts (Partnership)	33,653	
Total Earned Income		263,153
Special Events		
Special Events-Income	40,000	
Special Events-Sponsorships	12,500	
Special Events-Expense	-20,000	·
Total Special Events		32,500
Contributed Income	45.000	
Give Local Louisville Day	15,000	
Fund for the Arts (SIG Operating)	37,860	
Government	30,700	
National Foundations	10,000	
Local Foundations	60,000	
Corporations Name and States	15,000	
Memberships Board Individual Donations	4,000	
Individual Donations	15,000	
Total Contributed Income	65,000	
Total Income		252,560 <b>548,213</b>
		540,215
Expense		
Program Expenses		
Staff Salaries, Benefits (allocated to Programs)	306,000	
Instructor/Contract Payments	65,000	
Supplies	15,000	
Artist/Org Commission	35,000	
Rent	14,000	
Total Program Expenses		435,000
Administrative/Operating Expenses		
Advertising/Marketing	3,000	
Bank/Processing Fees	3,500	
Depreciation/Amortization	10,000	
Meals & Entertainment	1,000	
Office Expenses	10,000	
Organizational Memberships Exp	2,500	
Printing/Promotion	6,000	
Staff Salaries, Benefits (allocated to Administration)	45,000	
Technology	9,000	
Utilities Total Administrative Expenses	10,000	100 000
Total Administrative Expenses		100,000

Fundraising	
Staff Salaries, Benefits (allocated to Fundraising)	50,000
Grant Writer	10,000
Total Fundraising	60,000
Total Expenses	595,000
Net Income	-46,787

-VA Cash Forecast	Cash Flow (4 months)

Ending Balance after 4 Months 120,785

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Cash Flow (4 months)	s)	2.1 2010. 1.1.1.1		Beginning Period:	4/1/21	
		Apr-21	May-21	Jun-21	Jul-21	
Cash on Hand (beginning of month)	196,675	196,675	216,375	177,865	155,075	17-1-11-14-4
CASH RECEIPTS						· w2004000
Accounts Receivable						
FFTA Operating		5,600	5,600	5,600	5,600	1 up 1 au 1944 Al
FFTA Programing					n	
Dedicated Programming		25,000			A remain an ann an Anna an Anna Anna Anna Ann	Philadelphia/summer camp
CFAC					na na Unitaria da Munica da Munica da Principa (na Nacional Mandona e Nacional Presidente e A	
					n received a conversión de la conversión de la conversión de política de la conversión e conversión de la conve	
Board Dues	non en fan it de ser an an an an anne en fan en			200	200	7.0100
Tactile Mural		99 https://www.com/org/fig/	- Shing that a start of the second start of th	men - Community and a subscription of the subs	1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 -	
Studio Rent		400	400	400	400	ng chanter
Donations		250	250	250	250	0.100000
Porter Watkins Quarterly		12,500	And a second		12,500	
Annual Campaign			nin de la Grande de La Constante d	a no conference a contra do contra provincio prime i contra na gran de contra por entre prime a contra de contra	, e len sur son son startiggen of dark meddel land, and an one of the family on	
Art Squared				20,000	nina mana mana mana panja njena na na pologo do nje 1940 na jedno na koleda 1966 na de na jedno na jedno na jed	
Honors					na na waka kata kata kata kata kata kata kat	19 · · ·
Loan/ other cash inj.		45,000		regenza (* 1. je na 1. na 1 Na 1. na 1	no menufacility en o reve de delen del dell'Andere del no service e no se des desenses a sur se	Porter loan turnaround
TOTAL CASH RECEIPTS	0	89,250	6,750	26,750	19,250	
Total Cash Available (before cash out)	196,675	285,925	223,125	204,615	174,325	
CASH PAID OUT						100000000
Accounts Payable		4,000				credit card/valic
Purchases Programs		1,500		e e en en general en	na dana menangan na mangangan penangan na penangan penangan na penangan penangan penangan penangan penangan pe	
Summer Camp Pay					3,000	
Payroll		31,000	31,000	31,000	31,000	
Health Care		4,360	4,360	4,360	4,360	

		Apr-21	May-21	Jun-21	Jul-21	
CFAC Pay	n de mar de la marti en médica en de la mar de la mán de la mar de la mar de la mar de la de la mande de la mar	18,710	720		6,000	
Program Payments			<ul> <li>and a set of the set</li></ul>			
Tactile Mural		4,500	4,500	4,500	4,500 st	4,500 stopped in July
Honors & Art Squared	1		na de la composition de la com	2,000	Very set a set of the set of t	
Professional Services		800				Strothman
Rent	r 542	1,130	1,130	1,130	1,130	
Office/Admin		2,000	2,000	2,000	2,000	
	n the Art of the adjust of the sector of the annual to the annual to the adjust of the sector of the		600	9009	600	
Insurance		0990	950	950	950	
Miscellaneous				4 1/1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1		
SUBTOTAL	0	69,550	45,260	49,540	53,540	
Other			annexed by the second se			
TOTAL CASH PAID OUT	0	69,550	45,260	49,540	53,540	
Cash Position (end of month)	196,675	216,375	177,865	155,075	120,785	
ESSENTIAL OPERATING DATA (non cash flow information)	non cash flow inf	ormation)				
Line of Credit Amount		0	Andre Libert V			
			And and the set of the	santa santa da da santa ana ang kananana na ang kananana ( na ang kanana ang kanana ang kanana ang kanana ang k		
	وللمتعاولة والمتعاولات والمعارين الشرابين والمراور والمراور والمحاومين ومراور والمحاوية والمعارية والمعالمة والمعالمة	The second structure of the second	والمكاففة والمعادمة والمعاركة والمعاركة والمعاملة والمتعاركة والمتحافظ والمتكر والمعاركة والمعاركة والمعاركة والمعاركة	and the second of the second	************************************	

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Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	ŀ	OMB No. 1545-1878
	For calendar year 2019, or fiscal year beginning JUN 1 , 2019, and ending MAY 31	20 20	A 4 A A
Department of the Treasury	Do not send to the IRS. Keep for your records.		2019
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organizatior		Employer id	dentification number
Louisville Vi	anal Art	61-04	92348
Name and title of officer	Sual Alt	101-04	52540
Glenn Barber			
Director of F	inance		
Part I Type of	Return and Return Information (Whole Dollars Only)		
	<ul> <li>ba, below, and the amount on that line for the return being filed with this form was blank, lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable</li> <li>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</li> </ul>	le line below.	Do not complete more
2a Form 990-EZ check h			
a Form 1120-POL check			
a Form 990-PF check h			
a Form 8868 check her	e 🕨 🔜 b Balance Due (Form 8868, line 3c)	5b	
Under penalties of perjury electronic return and acco urther declare that the an ntermediate service provi	tion and Signature Authorization of Officer , I declare that I am an officer of the above organization and that I have examined a copy mpanying schedules and statements and to the best of my knowledge and belief, they a nount in Part I above is the amount shown on the copy of the organization's electronic re der, transmitter, or electronic return originator (ERO) to send the organization's return to	/ of the organi are true, corre eturn. I conser the IRS and t	ization's 2019 ct, and complete. I nt to allow my o receive from the IRS
Under penalties of perjury electronic return and acco urther declare that the an intermediate service provi a) an acknowledgement of he date of any refund. If a debit) entry to the financial eturn, and the financial in I-888-353-4537 no later th processing of the electron payment. I have selected	tion and Signature Authorization of Officer , I declare that I am an officer of the above organization and that I have examined a copy ompanying schedules and statements and to the best of my knowledge and belief, they a nount in Part I above is the amount shown on the copy of the organization's electronic re	y of the organi are true, corre eturn. I conser the IRS and t essing the ret electronic fun ation's federa . Treasury Fina institutions inv d resolve issue	ization's 2019 ct, and complete. I nt to allow my o receive from the IRS urn or refund, and <b>(c)</b> ds withdrawal (direct I taxes owed on this ancial Agent at volved in the es related to the
Under penalties of perjury electronic return and acco urther declare that the an intermediate service provi a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in I-888-353-4537 no later th processing of the electron payment. I have selected	tion and Signature Authorization of Officer , I declare that I am an officer of the above organization and that I have examined a copy impanying schedules and statements and to the best of my knowledge and belief, they a nount in Part I above is the amount shown on the copy of the organization's electronic re der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proc applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organiz- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial i ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.	y of the organi are true, corre eturn. I conser the IRS and t essing the ret electronic fun ation's federa . Treasury Fina institutions inv d resolve issue	ization's 2019 ct, and complete. I nt to allow my o receive from the IRS urn or refund, and <b>(c)</b> ds withdrawal (direct I taxes owed on this ancial Agent at volved in the es related to the
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Jnder penalties of perjury electronic return and acco urther declare that the an intermediate service provi a) an acknowledgement of he date of any refund. If a lebit) entry to the financial in l-888-353-4537 no later th processing of the electron bayment. I have selected organization's consent to <b>Difficer's PIN: check one</b> X I authorize <u>St</u> as my signature is being filed wite enter my PIN or As an officer of indicated within	tion and Signature Authorization of Officer , I declare that I am an officer of the above organization and that I have examined a copy impanying schedules and statements and to the best of my knowledge and belief, they a nount in Part I above is the amount shown on the copy of the organization's electronic re der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organiz- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. I an 2 business days prior to the payment (settlement) date. I also authorize the financial i ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal. box only rothman & Company, P.S.C. ERO firm name on the organization's tax year 2019 electronically filed return. If I have indicated within th h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut	y of the organi are true, corre eturn. I conser the IRS and t essing the ret electronic fun tation's federa . Treasury Fina institutions inv d resolve issue eturn and, if ap to enter my his return that thorize the afc electronically	ization's 2019 ct, and complete. I nt to allow my o receive from the IRS urn or refund, and (c) ds withdrawal (direct I taxes owed on this ancial Agent at volved in the es related to the oplicable, the PIN 92348 Enter five numbers, I do not enter all zeros a copy of the return orementioned ERO to filed return. If I have
Jnder penalties of perjury lectronic return and acco urther declare that the an intermediate service provi a) an acknowledgement of he date of any refund. If a lebit) entry to the financial eturn, and the financial in -888-353-4537 no later th rocessing of the electron ayment. I have selected is ganization's consent to <b>Officer's PIN: check one</b> <b>X</b> I authorize <b>St</b> as my signature is being filed wite enter my PIN or As an officer of indicated within program, I will e	tion and Signature Authorization of Officer , I declare that I am an officer of the above organization and that I have examined a copy impanying schedules and statements and to the best of my knowledge and belief, they a hount in Part I above is the amount shown on the copy of the organization's electronic re- der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and institution account indicated in the tax preparation software for payment of the organiz- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. han 2 business days prior to the payment (settlement) date. I also authorize the financial i ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re- electronic funds withdrawal. box only mothman & Company, P.S.C. ERO firm name on the organization's tax year 2019 electronically filed return. If I have indicated within th h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax year 2019 this return that a copy of the return is being filed with a state agency(ies) regulating chari- net my PIN on the return's disclosure consent screen.	y of the organi are true, corre- aturn. I conser the IRS and t essing the ret electronic fun ation's federa . Treasury Fina institutions inv d resolve issue eturn and, if ap to enter my his return that thorize the afor electronically rities as part o	ization's 2019 ct, and complete. I nt to allow my o receive from the IRS urn or refund, and (c) ds withdrawal (direct I taxes owed on this ancial Agent at volved in the es related to the oplicable, the PIN 92348 Enter five numbers, I do not enter all zero a copy of the return orementioned ERO to filed return. If I have of the IRS Fed/State
Inder penalties of perjury lectronic return and acco urther declare that the an intermediate service provi a) an acknowledgement of he date of any refund. If a ebit) entry to the financial in-888-353-4537 no later th rocessing of the electron ayment. I have selected irganization's consent to officer's PIN: check one X I authorize St as my signature is being filed with enter my PIN or As an officer of indicated within program, I will e fficer's signature	tion and Signature Authorization of Officer  I declare that I am an officer of the above organization and that I have examined a copy impanying schedules and statements and to the best of my knowledge and belief, they a bount in Part I above is the amount shown on the copy of the organization's electronic re der, transmitter, or electronic return originator (ERO) to send the organization's return to freceipt or reason for rejection of the transmission, (b) the reason for any delay in proc- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organiz- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial i c payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.  box only  motheman & Company, P.S.C.  ERO firm name  on the organization's tax year 2019 electronically filed return. If I have indicated within th h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut the return's disclosure consent screen.  the organization, I will enter my PIN as my signature on the organization's tax year 2019 this return that a copy of the return is being filed with a state agency(ies) regulating charities and the return's disclosure consent screen.  Date	y of the organi are true, corre- aturn. I conser the IRS and t essing the ret electronic fun ation's federa . Treasury Fina institutions inv d resolve issue eturn and, if ap to enter my his return that thorize the afor electronically rities as part o	ization's 2019 ct, and complete. I nt to allow my o receive from the IRS urn or refund, and (c) ds withdrawal (direct I taxes owed on this ancial Agent at volved in the es related to the oplicable, the PIN 92348 Enter five numbers, I do not enter all zeros a copy of the return orementioned ERO to filed return. If I have of the IRS Fed/State
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I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature <b>Strothman &amp; Company</b> , <b>P.S.</b>	C Date ▶ 02/03/21
	This Form - See Instructions o the IRS Unless Requested To Do So

Doc

C Name of o Louis Doing bus Number a 1538 City or too Louis F Name and same a appt status: X	rganization ville Visual Art iness as ind street (or P.O. box if mail is not delivered to street address) Lytle Street vin, state or province, country, and ZIP or foreign postal code ville, KY 40203 address of principal officer: Glenn Barber s C above		AY 31, 2020 D Employer identificati 61-0492348 E Telephone number	
C Name of o Louis Doing bus Number a 1538 City or too Louis F Name and same a appt status: X	rganization ville Visual Art iness as ind street (or P.O. box if mail is not delivered to street address) Lytle Street vn, state or province, country, and ZIP or foreign postal code ville, KY 40203 address of principal officer: Glenn Barber s C above ] 501(c)(3) _ 501(c) ( ) ◀ (insert no.) _ 4947(a)(1) or		D Employer identificati 61-0492348 E Telephone number (502) 584- G Gross receipts \$	8
Louis Doing bus Number a 1538 City or too Louis F Name and same a ppt status: X	ville Visual Art iness as ad street (or P.O. box if mail is not delivered to street address) Lytle Street rn, state or province, country, and ZIP or foreign postal code ville, KY 40203 address of principal officer: Glenn Barber s C above 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	oom/suite	61-0492348 E Telephone number (502) 584- G Gross receipts \$	8
Doing bus Number a 1538 City or tou Louis F Name and same a ppt status: X	iness as       nd street (or P.O. box if mail is not delivered to street address)       Ro         Lytle Street       Ro         vn, state or province, country, and ZIP or foreign postal code       ville, KY 40203         address of principal officer: Glenn Barber       S         C above       501(c)(3)       501(c) (	oom/suite	E Telephone number (502) 584- G Gross receipts \$	
Number a 1538 City or too Louis F Name and same a mpt status: X	ad street (or P.O. box if mail is not delivered to street address)       Ro         Lytle Street       Ro         vn, state or province, country, and ZIP or foreign postal code       ville, KY 40203         address of principal officer: Glenn Barber       S         C above       501(c)(3)       501(c) (	oom/suite	E Telephone number (502) 584- G Gross receipts \$	
1538 City or too Louis F Name and same a mpt status: X	Lytle Street         /n, state or province, country, and ZIP or foreign postal code         ville, KY 40203         address of principal officer: Glenn Barber         s C above         501(c)(3) 501(c) ()		(502) 584- G Gross receipts \$	8166
F Name and Same a ppt status: X	ville, KY 40203 address of principal officer: Glenn Barber s C above ] 501(c)(3) [ 501(c) ( ) ◀ (insert no.) [ 4947(a)(1) or		antinum concernancia concernancia	
F Name and same a npt status: X	address of principal officer: Glenn Barber s C above ] 501(c)(3) [] 501(c) ( ) ◀ (insert no.) [] 4947(a)(1) or		H(a) Is this a group retur	712,563
same a	s C above 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or			
npt status: 🛛	501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or		for subordinates?	
			H(b) Are all subordinates includ	
. 🕨 AA AA AA 🔹 🏹	OTSATUREATSOMRALI'OKG	527	If "No," attach a list	
rganization: X		L Voor	H(c) Group exemption nu of formation: 1942 M St	
Summary				ate of legal dofficile. A
	he organization's mission or most significant activities: <b>To</b> imp	rove	lives throug	h visual
	cation, community outreach, and art			<u></u>
	if the organization discontinued its operations or disposed			
			3	2
	endent voting members of the governing body (Part VI, line 1b)			2
	individuals employed in calendar year 2019 (Part V, line 2a)			
	volunteers (estimate if necessary)			5
	usiness revenue from Part VIII, column (C), line 12			0
et unrelated bu	siness taxable income from Form 990-T, line 39	<u>.</u>		0
			Prior Year	Current Year
ontributions ar	d grants (Part VIII, line 1h)		349,906.	473,633
	revenue (Part VIII, line 2g)		325,738.	193,978
	ne (Part VIII, column (A), lines 3, 4, and 7d)		38,914.	5,024
	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,743.	17,827
otal revenue - a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		728,301.	690,462
rants and simil	ar amounts paid (Part IX, column (A), lines 1-3)		0.	0
-	or for members (Part IX, column (A), line 4)		0.	0
	ompensation, employee benefits (Part IX, column (A), lines 5-10)		354,482.	350,098
	draising fees (Part IX, column (A), line 11e)		0.	0
otal fundraising	expenses (Part IX, column (D), line 25)		251 404	
-	Part IX, column (A), lines 11a-11d, 11f-24e)		351,484.	296,321
her expenses				646,419
ther expenses tal expenses.	perises. Subtract line 18 from line 12			44,043
ther expenses tal expenses.	t Y line 16)			End of Year 1,471,978
ther expenses otal expenses. evenue less ex				119,471
ther expenses otal expenses. evenue less ex otal assets (Pa				1,352,507
ther expenses otal expenses. evenue less ex otal assets (Pa otal liabilities (F	art X, line 26)		1,410,344.	
h	enue less exp	enue less expenses. Subtract line 18 from line 12 al assets (Part X, line 16) al liabilities (Part X, line 26)	al assets (Part X, line 16)	enue less expenses. Subtract line 18 from line 12       22,335.         Beginning of Current Year       1,387,191.         al assets (Part X, line 16)       116,269.         al liabilities (Part X, line 26)       116,269.         assets or fund balances. Subtract line 21 from line 20       1,270,922.

Sign Here	Signature of officer Glenn Barber, Director Type or print name and title	of Finance		Date							
Paid	Print/Type preparer's name James Stevison	Preparer's signature	Date 02/03	/21 Check PTIN if self-employed P00174524							
Preparer	Firm's name 🕒 Strothman & Comp		Firm's EIN ▶ 61-1191655								
Use Only	Firm's address 325 W. Main St.										
	Louisville, KY 4	0202-4251		Phone no. (502) 585-1600							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-20	J32001 01-20-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2019)										

	n 990 (2019) Louisville Visual Art	61-0492348	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To improve lives through visual arts education,	community outreach,	
	and artist support.		
			·····
2	Did the organization undertake any significant program services during the year which were no	· · · · · · · · · · · · · · · · · · ·	<b>T</b>
	prior Form 990 or 990-EZ?	Yes	X No
~	If "Yes," describe these new services on Schedule O.		<b>v</b> .
3	Did the organization cease conducting, or make significant changes in how it conducts, any pr	ogram services? Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest prog		
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al		
	revenue, if any, for each program service reported.	iocations to others, the total expenses, a	nu
4a	(Code:) (Expenses \$443,948. including grants of \$	) (Revenue \$ 193,	978.)
	As a creative hub now established in the Portlan		
	are dedicated to engaging and encouraging artist		
	such as MAP (Mural Art Program), Artebella, Open		
	weekly calls for artists. LVA is shaping and in	nspiring the next	
	generation of creative leaders by providing qual	lity instruction	
	annually through children's fine art classes and		
	schools and community centers. Louisville Visua		,
	inspire, and improve our community through the a	arts.	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
		·····	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Reven	ue \$	
4e	Total program service expenses ► 443,948.	<u> </u>	

	<u>1990 (2019) Louisville Visual Art 61-049</u>	2348	F	Page 3
Pa	rt IV Checklist of Required Schedules		,	
			Yes	No
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? // "Yes," complete Schedule C, Part /	3	[	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			t
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>–</b>		<u> </u>
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
-7		0		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>⊢ ^</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
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	Х	ĺ
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	11c		x
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		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128		10	х	
	Schedule D, Parts XI and XII	12a	-	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	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		<u>x</u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ł
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	·	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
	Service geternation of the active optimity y, into the rest, complete Schedule I, Fails Faild II			

932003 01-20-20

Form **990** (2019)

Forn	n 990 (2019) Louisville Visual Art 61-049	2348	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	2332		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes, " complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			**
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
<b>•</b> •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
0E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		<u></u>
D		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36		30		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
<b>.</b> ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 1000000		NER STREET

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c X

_	<u>990 (2019) Louisville Visual Art 61-0492</u>	2348	F	Page 5				
Pa	<b>tV</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 2a 2a			0999				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
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?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
_	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		X				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8								
-	sponsoring organization have excess business holdings at any time during the year?	8	10.010403103	ARADA C.				
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the energy in a superintian make any tay the distributions under section 40000	9a	07/1020910428	100000000				
		9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30						
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			868-968 1				
11	Section 501(c)(12) organizations. Enter:							
a								
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against							
U.								
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	201701020	1960320423				
		IZa	1999 A.S.	2033				
13								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	6.000900					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		- Kapagari				
L	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand		anomia A	v				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v				
	excess parachute payment(s) during the year?	15	Q23532	X				
40	If "Yes," see instructions and file Form 4720, Schedule N.		8. GAR	220365 37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1000000	X				
	If "Yes," complete Form 4720, Schedule O.	1982530	000	South States				

Form 990 (2019)

#### Louisville Visual Art Form 990 (2019)

6	1-	0	4	9	2	3	4	8	Page	6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Ch . ......

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X				
Sec	tion 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 24							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		X				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
74		7a		x				
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>/a</u>		- 25				
U U	normal at here the environment has here to			v				
•	persons other than the governing body?	7b	7310-9403	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	NO.	10066560 77					
	The governing body?	8a	X					
	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	١		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
<b>_</b>	The organization's CEO, Executive Director, or top management official	15a	2010/00/00/0	X				
	Other officers or key employees of the organization			X				
D D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u>15b</u>	69150.55	<u></u>				
46-								
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-4969955	200000	X				
	taxable entity during the year?	<u>16a</u>	49.2 E 41					
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	120033	1996					
Real	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed KY		****					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Louisville Visual Art Association - (502) 584-8166							
	1538 Lytle St, Louisville, KY 40203							

Form 990 (2	2019) Louisville Visual Art	61-0492348	Page 7							
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 Comple	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.

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

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

Name and title         Average hours per (weak bolts and balance         Description (weak balance         <	(A)	(B)		(C)					(D)	(E)	(F)
hours person is born of week (bit any hours for hours for related organizations         compensation from the organizations         compensation from the organizations         amount of other compensation from the organizations           (1) MARTI KUERN         1.00         X         X         0.         0.         0.           (2) ELIZABETH FELDPAUSCH         1.00         X         X         0.         0.         0.           (3) FRENTT LANE         1.00         X         X         0.         0.         0.           (4) ROB KINO         1.00         X         X         0.         0.         0.           (5) DEIRORE ALIFICATIONS         1.00         X         X         0.         0.         0.           (6) LIXIN DURBAR BAYUS         1.00         X         X         0.         0.         0.           (6) LIXIN DURBAR BAYUS         1.00         X         X         0.         0.         0.           (6) LIXIN DURBAR BAYUS         1.00         X         X         0.         0.         0.           DARD MEMBER         1.00         X         0.         0.         0.         0.           BOARD MEMBER         1.00         X         0.         0.         0.         0.	Name and title		(do	Position							
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	(17) KATHY HILLERICH	1.00					Ī	Ī			
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Form 990 (2019)

Form 990 (2019) Louisvill									61-04	923	48 Page 8
Joccuon A. Onicers, Directors, Trus	st C				<i>(</i> <b>F</b> )						
(A) Name and title	(B) Average			Pos	<b>C)</b> itior	ı		(D) Departable	<b>(E)</b> Reportable		(F)
Name and the	hours per	(do not check more than one box, unless person is both an						Reportable compensation	compensatior	,	Estimated amount of
	week			nd a d				from	from related	·	other
	(list any	sctor						the	organizations		compensation
	hours for	or director	0			ted		organization	(W-2/1099-MIS	C)	from the
	related organizations	66	truste		يە	beuse		(W-2/1099-MISC)			organization
	below	fual tr	tional		ploye	st corr yee	_				and related organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgunizatione
(18) STEWART HOERTZ	1.00										
BOARD MEMBER		X						0.		0.	0.
(19) ALEXANDER MARKS	1.00										
BOARD MEMBER		X						0.		0.	0.
(20) ANDREW PRESTON	1.00										-
BOARD MEMBER	1 00	X						0.		0.	0.
(21) COLIN STOUFFER	1.00										<u> </u>
BOARD MEMBER	1 00	X						0.		0.	0.
(22) JAKE THEISEN VICE PRESIDENT	1.00	x		x				0.		0.	0.
(23) AMY WAGNER	1.00	^		^				0.		<u>•</u> +	0.
BOARD MEMBER	1.00	x						0.		0.	0.
(24) PORTER WATKINS	1.00	**					-	<b>.</b>		<u> </u>	<u> </u>
BOARD MEMBER		x						0.		0.	0.
(25) LINDY CASEBIER	40.00										
EXECUTIVE DIRECTOR (PARTIAL YEAR)		x		x				75,000.		0.	0.
1b Subtotal							<u> </u>	75,000.		0.	0.
to Subtotal c Total from continuation sheets to Part VI								0.		<u>ō.</u>	0.
d Total (add lines 1b and 1c)								75,000.		0.	0.
2 Total number of individuals (including but no							o re			<u> </u>	
compensation from the organization					<i>,</i>	, 		· ,	•		0
											Yes No
3 Did the organization list any former officer,	director, truste	e, k	ey e	mplo	oyee	ə, or	hig	hest compensated empl	oyee on	1999 No.	
line 1a? If "Yes," complete Schedule J for su	ıch individual										3 X
4 For any individual listed on line 1a, is the su	m of reportable	e coi	mpe	nsat	ion	and	oth	er compensation from th	ne organization	1000	
and related organizations greater than \$150	,000? If "Yes,	" cor	mple	te S	che	dule	J fo	or such individual			4 X
5 Did any person listed on line 1a receive or a										ŝ	
rendered to the organization? If "Yes." com	olete Schedule	) J fo	or su	ch p	erso	on .					5 X
Section B. Independent Contractors							- 410		100 000 +6 + +++++		
Complete this table for your five highest cor the organization. Report compensation for t									-	ensatio	on from
(A)	rie caleriuar ye	are	num	y wi		T VVIL		(B)			(C)
Name and business	address	NC	NE					Description of se	ervices	Co	mpensation
							_				
							+				· · · · · · · · · · · · · · · · · · ·

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

Forr	n 99	90 (	(2019) Louisville Vi	sual Art			61-0492	348 Page 9
Pa	irt '	VII	I Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII	<u></u>		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
50	0 1	l a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b			2,934.				
ិច ខ្ល	2	~	Fundraising events	11,500.				
fts,		ט ה		11,000				
ig ig		d	•	31,300.				
Sir,		e		51,500.				
it e		Ť	All other contributions, gifts, grants, and	407 000				
- é f	3		similar amounts not included above 1f	427,899.				2000
		g	Noncash contributions included in lines 1a-1f		1	100 Barrier 100	a service and the	
Ŭ ā	į	h	Total. Add lines 1a-1f		473,633.			
				Business Code				
è	2		Exhibition & Workshop	900099	188,330.	188,330.		
ž	J	b	Rental and Other	900099	3,119.	3,119.		
- Se		с	Fiscal Sponsorship Rev	900099	2,529.	2,529.		
E S		d						
Program Service Revenue	1	ē	American Anno 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -			1		
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f		193,978.			
	3	<u></u>	Investment income (including dividends, intere					
	3	•			5,024.			5,024.
	other similar amounts)				5,024.			5,024.
	4		Income from investment of tax-exempt bond p					
	5	•	Royalties					
			(i) Real	(ii) Personal				
	6	a	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	7 a Gross amount from sales of (i) Securities		(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					and the second second
e		~	and sales expenses <b>7b</b>					
evenue		r	Gain or (loss) 7c					
ev.			Net gain or (loss)	<b></b>				
L L			Gross income from fundraising events (not					
Other R	°	a	including \$ 11,500. of					
0								
			contributions reported on line 1c). See	20.000				
				39,928.				
			Less: direct expenses 8b	1				A
		С	Net income or (loss) from fundraising events	▶	17,827.			17,827.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	_		and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	····				
		<u> </u>	not moome or nood norm dates of inventory	Business Code				
s		-						
je e	11							
llan (en		b						
Miscellaneous Revenue		c						
Ξ			All other revenue				ACTORNOVAL STATE STATE	
		e	Total. Add lines 11a-11d	1				
	12		Total revenue. See instructions	<b>&gt;</b>	690,462.	193,978.	0.	22,851.

#### 61-0492348 Page 10 Louisville Visual Art Form 990 (2019) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 75,000. 50,550. 14,025. trustees, and key employees 10,425. Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 206,302. 139,048. 38,578. 28,676. 7 8 Pension plan accruals and contributions (include 4,528. 6,718. 1,256. section 401(k) and 403(b) employer contributions) 934. 38,790. Other employee benefits 26,144. 7,254. 5,392. 9 23,288. 15,696. 4,355. 3,237. Payroll taxes 10 11 Fees for services (nonemployees): 3,516. 3,516. Management а b Legal 39,642. 39,642. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 109,329. 109,329. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 27,511. 18,543. 5,144. 3,824. Office expenses 13 6,000. 8,055. 2,055. 14 Information technology Royalties 15 18,340. 30,132. 10,950. 842. 16 Occupancy 4,152. 2,798. 577. 777. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,175. 792. 220. 163. Conferences, conventions, and meetings 19 545. 545. 20 Interest 21 Payments to affiliates 2,799. 2,080. 14,965. 10,086. Depreciation, depletion, and amortization 22 10,065. 6,784. 1,882. 399. 1. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 29,869. Art Supplies 29,869. а Awards and Prizes 7,500. 7,500. h 4,691. 4,691. Fundraising С 1,886. 524. 2,800. 390. d Miscellaneous 2,255. 2,374. 119. e All other expenses 646,419. 443,948. 136,206. 66,265. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation. Check here Image: if following SOP 98-2 (ASC 958-720)

	<u>1 990 (</u> rt X	(2019) Louisville Vis Balance Sheet	ual A	urt		61-0	)492348 Pag	ge <b>11</b>
T C								
		Check if Schedule O contains a response or no	te to any li	ne in this Part X		<u> </u>		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing		66,004.	1	154,4	06	
	2	•			00,004.	2		
	1	Savings and temporary cash investments				3		
	3	Pledges and grants receivable, net			37,969.	4	20,6	27
	5	Accounts receivable, net Loans and other receivables from any current o		37,303.	4	20,0	<u> </u>	
	5	trustee, key employee, creator or founder, subs						
		controlled entity or family member of any of the			5			
	6	Loans and other receivables from other disquali			1 3			
		under section 4958(f)(1)), and persons described	-			6		CONSCRETE:
	7	Notes and loans receivable, net					29,50	60.
Assets	8	Inventories for sale or use				8		<u>.</u>
Ass	9				1,130.	9		0.
	10a							
		basis. Complete Part VI of Schedule D	102	668,616.				
	h	Less: accumulated depreciation		114,063.	569,518.	10c	554,5	53.
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, line		712,570.	12	712,83	32.	
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15	·····		
	16	Total assets. Add lines 1 through 15 (must equ		1,387,191.	16	1,471,9	78.	
	17	Accounts payable and accrued expenses		33,104.	17	13,40		
	18	Grants payable				18		
	19	Deferred revenue			38,165.	19	20,3	59.
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
ş	22	Loans and other payables to any current or form	er officer,	director,				
litie		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%				
Liabilities		controlled entity or family member of any of the	e persons		45,000.	22	45,00	
	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	40,64	<u>49.</u>
	24	Unsecured notes and loans payable to unrelated	d third part	ties		24		
	25	Other liabilities (including federal income tax, pa	•					
		parties, and other liabilities not included on lines	17-24). C	omplete Part X				
		of Schedule D		······	116 060	25	440.41	<b>-</b> 4
	26	Total liabilities. Add lines 17 through 25			116,269.	26	119,4	/1.
s		Organizations that follow FASB ASC 958, che	ck here					
Ce		and complete lines 27, 28, 32, and 33.		73	EE1 2E9		471 01	088800 ∩ ∧
alar	27			551,352.	27	471,92		
Ю Р	28	Net assets with donor restrictions			719,570.	28	880,58	<u>0</u>
'n		Organizations that do not follow FASB ASC 9	be, check	nere 🏴 🛄				
Net Assets or Fund Balances	00	and complete lines 29 through 33.		**************************************				OF TANKS
ets	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				29 30		
Iss	30 31	Retained earnings, endowment, accumulated in				30		
et /	32				1,270,922.	32	1,352,50	07.
Z	33	Total liabilities and net assets/fund balances			1,387,191.	33	1,471,97	
	~~	i oral habilitios and not assets/lunu balances	·····			001	<u> </u>	

Form **990** (2019)

Forn	n 990 (2019) Louisville Visual Art 61	-0492348	Pa			
Pa	rt XI Reconciliation of Net Assets			<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI					
		1				
1	Total revenue (must equal Part VIII, column (A), line 12)	69	0,4	62.		
2	Total expenses (must equal Part IX, column (A), line 25)			19.		
3	Revenue less expenses. Subtract line 2 from line 1	4	4,0	43.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,270	0,9	22.		
5	Net unrealized gains (losses) on investments	3'	7,5	42.		
6	Donated services and use of facilities					
7	Investment expenses 7					
8	Prior period adjustments8					
9	Other changes in net assets or fund balances (explain on Schedule O)			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			X		
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	i,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	· ,				
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule	o.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	ıdit				
	Act and OMB Circular A-133?			X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2019)

SCHEDULE A		Dublic Chevity Status and Dublic Support							OMB No. 1545-0047		
(Form 990 or 990-EZ)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2010			
			L L		nization is a section 50 947(a)(1) nonexempt cha			or a section	2019		
Department of the Treasury			Attach to Form 990 or Form 990-EZ.					Open to Public			
Inter	nal Reve	nue Service		Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.	Inspection		
Nar	ne of	the organizati							Employer identification number		
Loui				<u>sville Vis</u>	ual Art				6	51-0492348	
P	art I	Reason	for Public	Charity Status	(All organizations must c	omplete th	is part.) S	ee instructions	6.		
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1		A church, cor	nvention of ch	urches, or association	on of churches described	d in <b>secti</b> e	on 170(b)(	1)(A)(i).			
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)				
3			-	•	anization described in s			-			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	lJ	city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
				Complete Part II.)							
6			-	-	nental unit described in			•••			
7	Χ	-		-	intial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in	
_		•		Complete Part II.)							
8				• •	(1)(A)(vi). (Complete Par						
9					in section 170(b)(1)(A)						
		-	or a non-land-(	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
10		university:			then 00 1/00/ of the sum						
10	L				than 33 1/3% of its sup						
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment									
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11					ively to test for public sa	faty Sea	caction 5	00(a)(4)			
12	H	-	-		ively for the benefit of, to	•			m out the	nurnoses of one or	
	L	-	-		ed in section 509(a)(1)	•			•	• •	
				-	f supporting organization						
а		-1	-		upervised, or controlled		•		-	aivina	
					gularly appoint or elect a		-	• • •		• •	
			-	complete Part IV, Se							
b		<b>-</b>			l or controlled in connect	tion with it	s supporte	d organization	n(s), by hav	ving	
		control or m	anagement o	f the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manag	e the sup	ported	
		organizatior	n(s). You mus	t complete Part IV,	Sections A and C.			-			
С		] Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,	
		its supporte	d organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		] Type III nor	n-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)	
		that is not fi	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement	(see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.			
е	L	Check this I	oox if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	l, Type III		
		-	-		nally integrated supporting	ng organiz	ation.				
f		r the number o	• •	•				•••••	•••••		
g		ide the followin Name of suppo		about the supporte	d organization(s).	(iv) is the orga	inization listed	(v) Amount of	monotony	(vi) Amount of other	
	, v	organization	neu		(described on lines 1-10	in your govern	ng document?	support (see in	•	support (see instructions)	
					above (see instructions))	Yes	No		······································		
			•				<b></b> i				
Tota	1										

#### Schedule A (Form 990 or 990-EZ) 2019 Louisville Visual Art

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	327,790.	389,672.	368,408.	349,906.	473,633.	1909409.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	327,790.	389,672.	368,408.	349,906.	473,633.	1909409.		
5	The portion of total contributions		<u> </u>						
•	by each person (other than a	a contraction of the second							
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the					a second second			
	amount shown on line 11.								
	column (f)						210 902		
~	••• •••••••••••••••••••••••••••••••••••	and the second					<u>210,893.</u> 1698516.		
	Public support. Subtract line 5 from line 4.						1090510.		
Section B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2015 327,790.	(b) 2016 389,672.	(c) 2017 368,408.	(d) 2018 349,906.	(e) 2019 473,633.	(f) Total 1909409.		
	Amounts from line 4 Gross income from interest.	527,790.	505,072.	300,400.	549,900.	4/3,033.	1909409.		
8	· · · · · · · · · · · · · · · · · · ·								
	dividends, payments received on								
	securities loans, rents, royalties,	27 070	20 116	15 254		E 0.04	77 602		
-	and income from similar sources	27,879.	29,446.	15,254.		5,024.	77,603.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)				36,526.	39,928.	76,454.		
	Total support. Add lines 7 through 10						2063466.		
	Gross receipts from related activities,	•	,			12	519,715.		
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)							
600	organization, check this box and stop	here	oontogo			*****			
	tion C. Computation of Public						00.01		
	Public support percentage for 2019 (li					14	82.31 %		
	Public support percentage from 2018		15	90.38 %					
16a	16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 📃								

Schedule A (Form 990 or 990-EZ) 2019

61-0492348 Page 2

#### Schedule A (Form 990 or 990-EZ) 2019 Louisville Visual Art

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						······
ÿ	are not an unrelated trade or bus-						
	iness under section 513						
					+		
4	Tax revenues levied for the organ- ization'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 disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
		Г	1	Г	T	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b, whether or not the business is			•			
12	Other income. Do not include gain					1	
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
		the every	L		.I		<b>4</b> 1
14	First five years. If the Form 990 is for	-			•		tion,
<u></u>	check this box and stop here	- Cumment De					
	tion C. Computation of Publi					<u> </u>	
	Public support percentage for 2019 (li		•	:olumn (f))		15	%
	Public support percentage from 2018			<u></u>		16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box an	id stop here. The	organization qualit	ies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization					-	
		u					

#### Schedule A (Form 990 or 990-EZ) 2019 Louisville Visual Art

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

#### Section A. All Supporting Organizations

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

 	Yes	No
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2		
3a		
	535566	Weikase.
3b		
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3c		
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9c		
XIMBER C	455538333	
10a		
10b		
100 1		

# Schedule A (Form 990 or 990-EZ) 2019 Louisville Visual Art

1.00	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	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?	11a	
	A family member of a person described in (a) above?	11b	
	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.	11c	
Sec	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion 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		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Stream
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).	
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins		
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		
_	that these activities constituted substantially all of its activities.	2a	
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.	2b	1051240.5
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>	20005
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

# Schedule A (Form 990 or 990-EZ) 2019 Louisville Visual Art Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

A DOLLAR DO NOR	2010 200						U U				
1		Check here if the organization	satisfied the Integr	al Part 1	Fest as a	a qualifying	g trust on	Nov. 20,	1970 (explain in Par	rt VI). See instruct	ions. Al
		other Type III non-functionally	integrated supporti	ng orga	nization	is must co	mplete S	ections A	through E.		

Sect	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		-
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-functional	ly integra	ted Type III supporting organ	ization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990 EZ) 2019 Louisville Visual Art

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions	•	Current Year	
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	
	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.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		a second design of the second s	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.	and the second second		
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$		and the second second second second	
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2019 distributable amount			
<u> </u>	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990 EZ) 2019 Louisville Visual Art

61-0492348 Page 8

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

Louisville Visual Art

Schedule A

923171 04-01-19

# Identification of Excess Contributions Included on Part II, Line 5

61-0492348

### 2019

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS	193,431.	152,162
WL Lyons Brown Foundation	100,000.	58,731
		· · · · · · · · · · · · · · · · · · ·
at		ANNOUND - 1
otal Excess Contributions to Schedule A, Part II, Line 5		210,893

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Louisville Visual Art

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

61-0492348
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

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

Name of organization

Employer identification number

Louisville Visual Art

61-0492348

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FUND FOR THE ARTS 623 WEST MAIN STREET #200 LOUISVILLE, KY 40202	\$ <u>75,719.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LOUISVILLLE/JEFFERSON COUNTY METRO GOVERNMENT 611 WEST JEFFERSON ST LOUISVILLE, KY 40202	\$31,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMUNITY FOUNDATION OF LOUISVILLE 325 WEST MAIN STREET SUITE 110 LOUISVILLE, KY 40207	\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ANONYMOUS 1538 LYTLE STREET Louisville, KY 40203	\$51,840.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WL LYONS BROWN FOUNDATION 333 EAST MAIN STREET STE 401 LOUISVILLE, KY 40202	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CLARK FAMILY FOUNDATION 868 102ND AVE N #302 NAPLES, FL 34108	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Louisville Visual Art

Name	of	organi	zation

Employer identification number

61-0492348

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NORTON FOUNDATION 333 EAST MAIN STREET STE 400 LOUISVILLE, KY 40202	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Name	of	organization

Employer identification number

61-0492348

## Louisville Visual Art

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

ran II	Noncash Property (see instructions). Use duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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

	orm 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of orga	nization			Employer identification number
Louisvi	lle Visual Art			61-0492348
Part III E	Exclusively religious, charitable, etc., contributi rom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additional	through <b>(e) and</b> the following line entricharitable, etc., contributions of <b>\$1,000 or l</b>	v For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	ad ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift	I	***************************************
	Transferee's name, address, ar	Id ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of trar	nsferor to transferee

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SC	HEDULE D	Supplement	al Financial Statements			OMB No. 1545-0047
(For	m 990)	Complete if the org	anization answered "Yes" on Form 990,			2019
Denar	tment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.	<b>).</b>		Open to Public
	al Revenue Service	►Go to www.irs.gov/Form9	90 for instructions and the latest informa	ition.		Inspection
Nam	e of the organizati	on Louisville Visual J	Art		Emp	loyer identification number 61-0492348
Pa	rt I   Organiza		d Funds or Other Similar Funds o	or Ac	coun	
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(Ł	) Fund	Is and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised	d fund	s	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes No
6			dvisors in writing that grant funds can be u			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferrir	ng	
	impermissible priva	ate benefit?	· · ·			Yes No
Pa	rt II Conserva		ganization answered "Yes" on Form 990, Pa			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a	a histor	rically in	mportant land area
	Protection o	f natural habitat	Preservation of a	a certifi	ed hist	oric structure
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of	facon	servati	on easement on the last
	day of the tax year	·.				Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b					2b	
С			ucture included in (a)		2c	
d			fter 7/25/06, and not on a historic structure	1		
	listed in the Nation	al Register			2d	
3			eased, extinguished, or terminated by the o		ation d	uring the tax
	year 🕨					
4	Number of states v	where property subject to conservation eas	ement is located 🕨			
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation	easen	nents during the year
	_     _     _					
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on ease	ements	during the year
	▶\$	······································				
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	)	[]
	and section 170(h)					Yes No
9	•	5 1	on easements in its revenue and expense st			
			ote to the organization's financial statemen	its that	descri	bes the
Da	till Organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Oth	or Ci	milor	Accoto
Fai				er on	IIIdi	A35013.
		the organization answered "Yes" on Form				
<b>1</b> a			8, not to report in its revenue statement and			
		-	lic exhibition, education, or research in furth		e of pu	DIIC
	· •		cial statements that describes these items.			
D			8, to report in its revenue statement and ba			
			exhibition, education, or research in further	rance	iduq to	ic service,
	•	ng amounts relating to these items:				
					► \$	
~			auroa ar athar aimilar agasta far financial a		► \$	
2			asures, or other similar assets for financial g	jain, pr	ovide	
_	-	Ints required to be reported under FASB A	-		•	
					► \$	
			6		<u>▶ \$</u>	abadula D /F 000) of 10
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	tor Form 990.		S	chedule D (Form 990) 2019

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Sche		lle Visual					61-04			'age <b>2</b>	
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, o	r Othe	r Simila	ar Asset	s (contin	ued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	t make s	ignificant	use of its				
	collection items (check all that apply):										
а	Public exhibition	d	Loan or exc	hange progra	am						
b	Scholarly research	е	Other								
c	Preservation for future generations										
4	Provide a description of the organization's co						ose in Part	XIII.			
5	During the year, did the organization solicit o									~~~	
1 1000 1000	to be sold to raise funds rather than to be ma							Yes		No	
Pa	TIV Escrow and Custodial Arran	gements. Comple	te if the organizatio	on answered	"Yes" or	Form 99	0, Part IV,	line 9, or			
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		-				<b></b>		·		
	on Form 990, Part X?						L	Yes	L	No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			r	<b>T</b>				
								Amount			
C	Beginning balance						<u> </u>				
d	Additions during the year										
e	Distributions during the year					1					
f	Ending balance					. <u>1f</u>		7.	<u> </u>		
	Did the organization include an amount on Fo					ity?	k	Yes		No	
Pa	If "Yes," explain the arrangement in Part XIII. <b>TV</b> Endowment Funds. Complete in					10					
1. Sec. 1		(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four	Veare	hack	
1a	Beginning of year balance	712,570.	630,239.	+ · · · · · · · · · · · · · · · · · · ·	5,358.		565,811.			671.	
ia h	Contributions		28,872.				····,··			198.	
Č	Net investment earnings, gains, and losses	37,542.	92,373.		7,957.		69,401.			178.	
d	Grants or scholarships	·····							,		
e	Other expenditures for facilities										
Ũ	and programs	36,231.	37,027.	34	1,076.		28,854.		27,	880.	
f	Administrative expenses	1,049.	1,887.						<u> </u>		
g	End of year balance	712,832.	712,570.		),239.		606,358.		565,	811.	
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:							
а	Board designated or quasi-endowment		%	, ,							
b	Permanent endowment <b>5.65</b>	%	-								
с	Term endowment > 94.35	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administer	ed for th	ie organiz	ation	_			
	by:								Yes	No	
	(i) Unrelated organizations							3a(i)	Х		
	(ii) Related organizations							3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b			
4	Describe in Part XIII the intended uses of the		/ment funds.								
Par	<b>t VI</b> Land, Buildings, and Equipme										
	Complete if the organization answered						·····				
	Description of property	(a) Cost or ot		or other	•••	ccumulat		(d) Book	value	е	
	· · · · · · · · · · · · · · · · · · ·	basis (investm		(other)	de	preciatior	ו ו				
	Land			$\frac{1,291}{1,291}$		<u> </u>	4.2			<u>91.</u>	
	Buildings			<u>4,163.</u>		58,6				$\frac{20}{20}$	
	Leasehold improvements			5,244.		2,3				$\frac{39}{02}$	
	Equipment			7,918.		53,1	<u>+2.</u>	4	.,8(	03.	
	Other		I	l				EE A	E 1	53	
lotal	. Add lines 1a through 1e. <i>(Column (d) must ec</i>	<u>ual Form 990. Part X</u>	<u>, column (B), line 1(</u>	0c.)				554			
							Schedule	D (Form	990)	2019	

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# Schedule D (Form 990) 2019 Louisville Visual Art

Complete if the organization answered "Yes" of the organization and the organization and the organization and the organization answered "Yes" of the organization and the organization a	on Form 990, Part IV line 1	11b See Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
1) Financial derivatives			
2) Closely held equity interests	·····		
3) Other			
(A) Beneficial Interest in			
(B) Perp Trust	712,832.	End-of-Year Market	Value
(C)			
(D)			
(E)			
(F)			
(G)	i	***************************************	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	712,832.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			and the second secon
Part IX Other Assets.			
Complete if the organization answered "Yes" c		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	•	
Part X Other Liabilities.			
Part X Other Liabilities. Complete if the organization answered "Yes" of		1e or 11f. See Form 990, Part X, line 25.	
Part X         Other Liabilities.           Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability           .         (a) Description of liability		● 1e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
Part X         Other Liabilities.           Complete if the organization answered "Yes" of the organization of liability           (a) Description of liability           (1) Federal income taxes		● 1e or 11f. See Form 990, Part X, line 25	<b>(b)</b> Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2)		▶ 1e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3)		▶ 1e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of liability         .       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)		1e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of liability         .       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)		1e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of liability         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)		1e or 11f. See Form 990, Part X, line 25.	<b>(b)</b> Book value
Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization of liability         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X       Other Liabilities.         Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)		1e or 11f. See Form 990, Part X, line 25.	(b) Book value

Column (b) must equal Form 990. Part X. col. (B) line 25.)

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

Sch	edule D (Form 990) 2019 Louisville Visual Art			61-04	92348	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	750	,105.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	37,542.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,542.</u>
3	Subtract line 2e from line 1			3	712,	,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	·			
b	Other (Describe in Part XIII.)	4b	-22,101.			
С	Add lines 4a and 4b			4c	-22	<u>,101.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	690,	462.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			T T		
1	Total expenses and losses per audited financial statements			1	668,	,520.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	1 1				
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)	•	22,101.		~ ~ ~	
е	Add lines 2a through 2d			2e		101.
3	Subtract line 2e from line 1			3	646,	419.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	646,	419.
Pa	t XIII Supplemental Information.					

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

### Part V, line 4:

Distributions from the earning of the Beneficial Interest in the Perpetual

Trust are used for administrative and program expenses.

Part X, Line 2:

The	Organization	is	exempt	from	income	taxes	under	Section

501(c)(3) of the Internal Revenue Code. In addition, the Organization

qualifies for the charitable contribution deduction under Section

170(b)(1)(A) and has been classified as an organization that is not a

private foundation under Section 509(a)(2). No provision for income taxes

has been made in the accompanying financial statements.

Schedule D (Form 990) 2019 Louisville Visual Art Part XIII Supplemental Information (continued)	61-0492348 Page 5
<u>Part XI, Line 4b - Other Adjustments:</u>	
Fundraising Expenses	-22,101.
Part XII, Line 2d - Other Adjustments:	
Fundraising Expenses	22,101.
·	

SCHEDULE G	Suppleme	ental Information Regarding	, Fund	drais	ing or Gaming A	Activ	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2019
Department of the Treasury			Open to Public					
Internal Revenue Service	De 🖡	1	Inspection					
Name of the organization	dentification number							
Part Fundrais		Ile Visual Art           Complete if the organization answer	orod "\	(00" 01	Earm 000 Dart N/		61-049	
	complete this par		erea "Y	es" or	1 Form 990, Part IV, I	line 1	7. Form 990-	EZ filers are not
<ol> <li>Indicate whether the a Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solicited</li> <li>In-person so</li> <li>2 a Did the organization key employees lists</li> <li>b If "Yes," list the 10</li> </ol>	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followir e Solicita f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees,	<b>Y</b>	<b>'es No</b> be
compensated at le	ast \$5,000 by the	organization.						
(i) Name and address or entity (fund		<b>(ii)</b> Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid r retained by undraiser ed in col. (i)	
			Yes	No				
<u></u>							· · · · ·	
								· ·
			1					
			1					
••••••••••••••••••••••••••••••••••••••								
Total			.1					
	ch the organization	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2019

61-0492348 Page 2

 Schedule G (Form 990 or 990-EZ) 2019 Louisville Visual Art
 61-0492348 Page

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

 event contributio d 6h | list events

		of fundraising event contributions and gr	7			Jis greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Honors	None	(add col. (a) through
			8X8 Art Sale	Awards		
			(event type)	(event type)	(total number)	
e					(total fidfibel)	
Revenue			1 405	40.040		F1 400
é	1	Gross receipts	1,485.	49,943.		51,428.
ш.						
	2	Less: Contributions		11,500.		11,500.
	3	Gross income (line 1 minus line 2)	1,485.	38,443.		39,928.
	Ť			0072201		
		Cash mines				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
, ŝ						
岩	7	Food and beverages				
Direct Expenses	l '	Food and beverages				
۵		Fatadalamant				
	8	Entertainment		00 101		00 101
	9	Other direct expenses		22,101.		22,101.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		🕨	22,101.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			17,827.
Pa	irt I					
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				bingo/progressive bingo		col. (a) through col. (c)
Jev Sev						
	1	Gross revenue				
<i>"</i>	2	Cash prizes				
Direct Expenses						
	3	Noncash prizes				
Ĕ	Ů	Nonedan prizea				
ţ						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	-					
	7	Direct expense summary. Add lines 2 through	E in column (d)		•	
	7	Direct expense summary. Add lines 2 through			▶	*****
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
а	ls ti	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
		No," explain:				
~					· · · · · · · · · · · · · · · · · · ·	
					-	
		re any of the organization's gaming licenses re			ear?	Yes No
b	lf "`	Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
	*****					

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 Louisville Visual Art 6	1-04	9234	18 Page 3
11	Does the organization conduct gaming activities with nonmembers?	[	Ye	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Г	Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:			Resources of the second
	The organization's facility	.	3a	%
	An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	···· L	50	/
14	citer the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	C	Ye	s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	of gaming revenue retained by the third party  \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ye	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th			
-	organization's own exempt activities during the tax year <b>&gt;</b> \$	•		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III	lines	9 9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	o, oo, 100,
			~	
	······································			

Schedule G (Form 990 or 990-EZ) Louisville Visual Art Part IV Supplemental Information (continued)	61-0492348 Page 4
Part IV Supplemental Information (continued)	
·	

SCHEDULE L (Form 990 or 990-EZ)	▶ Complete i		ansaction organization ans	swere	d "Ye	s" on F	Form 990, Par	rt IV, line	25a, 25b,	26, 27	, 28a,		™ №. <b>2</b> 0	1545-0	047
Department of the Treasury Internal Revenue Service	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.									<b>ZUI3</b> Open To Public Inspection					
Name of the organization											ploye	r ident	ificat	ion n	umber
	Louisv	i11	e Visual	Ar	t					61	-04	1923			
Part I Excess E	Benefit Trans	sacti	ons (section 50	D1(c)(3	3), sect	ion 50	1(c)(4), and se	ction 50	1(c)(29) org	anizati	ons or	nly).			
Complete if	the organizatio	n ans	wered "Yes" on F	orm 9	990, Pa	art IV, I	ine 25a or 25t	o, or Fori	n 990-EZ, F	Part V,	line 40	Db.			
1 (a) Name of disquali	fied person	(b) l	Relationship bety			lified	(	c) Descr	ption of tra	nsactio	on		(d)	Corr	ected?
····			person and or	ganiza	ation		· · · · · · · · · · · · · · · · · · ·						-  ¥	es	No
													+		
								······································					+		
2 Enter the amount of	,		0	0		•		· ·							
												·			
3 Enter the amount of	tax, if any, on l	ne 2,	above, reimburs	ed by	the or	ganizat	tion				▶ \$				
Part II Loans to	and/or Fror	n Int	erested Pers	ons.											
Complete if	the organization	n ansv	wered "Yes" on F	orm 9	990-EZ	. Part \	/. line 38a or F	- orm 990	). Part IV. lir	ne 26:	or if th	ne orga	nizatio	on	
•	•		, Part X, line 5, 6			,			, · <u> </u>	,					
(a) Name of	(b) Relatio		(c) Purpose		oan to or m the	1 10	e) Original	(f) Ba	lance due		) In	(h) Ap		1 10 1	Nritten
interested person	with organ	ization	of loan		ization?	princ	cipal amount			defa	ault?	comm		agre	ement?
D					From	Contraction of the local division of the loc			<u> </u>	Yes	No	Yes	No	Yes	<u>No</u>
Porter Watkir	is Board	ме	Operatin	X			50,000.	4	5,000.		X	X		X	
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							<b>.</b> .	<u> </u>	E 000	Sec. (52525)			6008-00 <u>5</u> 0	299.835	
rotal Part III   Grants or	Assistance	Ber	nefiting Intere	ester	d Per	sons	> \$	4	5,000.	0,98399	991-944 		50.002A	6025	
			vered "Yes" on F												
(a) Name of interes			(b) Relationship			T T	c) Amount of		(d) Type	of	Т	(e)	Purp	IOSE C	
			interested pers				assistance		assistar				assist		
			the organiza	ition											
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		1													
HA For Paperwork Re	duction Act No	tice,	see the Instruct	ions f	or For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	0-EZ	2019

#### Schedule L (Form 990 or 990-EZ) 2019 Louisville Visual Art Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharin organizati revenue	Sharing or inization's venues?	
				Yes	No	
Part V Supplemental Information	1					

#### **Part V** Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Porter Watkins

#### (b) Relationship with Organization: Board Member

#### (c) Purpose of Loan: Operating Funds

DocuSign Envelope ID: 1A0074EA-6F6D-4158-8487-AD4CD47BFFB2

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	
Name of the organization	Louisville Visual Art	Employer identification number 61-0492348
Form 990, Par	t VI, Section B, line 11b:	
The Treasurer	and Finance Committee review the 990 and t	he return is
distributed t	o the Board of Directors prior to filing wi	th the IRS.
	t VI, Section B, Line 12c: lete a compliance survey for every year.	
Form 990, Par	t VI, Section B, Line 15:	
Compensation	is established by an independent consultant	and then reviewed
and approved	by the Board of Directors.	
Form 990, Par	t VI, Section C, Line 19:	
Documents ava	ilable upon request.	
Form 990, Par	t IX, Line 11g, Other Fees:	
Contract Labo	r :	
Program servi	ce expenses	96,294.
Management and	d general expenses	0.
Fundraising e	xpenses	0.
Total expense:	S	96,294.
Artists Commis	ssions:	
Program servi	ce expenses	13,035.
Management and	l general expenses	0.
Fundraising ex	kpenses	0.
Total expense:		13,035.
LHA For Paperwork Red 932211 09-06-19	uction Act Notice, see the Instructions for Form 990 or 990-EZ. Sc	hedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Louisville Visual Art	Employer identification number 61-0492348
Total Other Fees on Form 990, Part IX, line 11g, Col A	109,329.
Form 990, Part XII, Line 2c	
The process has not changed from prior year.	

Form	8868
(Rev.	January 2020)

\_ \_ \_ \_

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

Department of the Treasury
Internal Revenue Service

#### File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

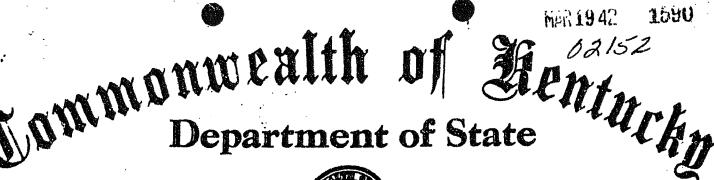
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or						tion number (TIN)	
print	Louisville Visual Art		61-0492348				
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.					01-0	492340	
return. See instructions.	City, town or post office, state, and ZIP code. For a for Louisville, KY 40203	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)				
Applicati	on	Return	Application			Return	
ls For	1 · · · · · · · · · · · · · · · · · · ·	Code	ls For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above) Louisville Visu	06	Form 8870			12	
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box</li> <li>If it is for part of the group, check this box</li> <li>I request an automatic 6-month extension of time until <u>April 15, 2021</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:</li> <li>calendar year or</li> <li>X tax year beginning JUN 1, 2019, and ending MAY 31, 2020</li> </ul>							
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estir	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.	
c Bala	ance due. Subtract line 3b from line 3a. Include your pay	yment with	n this form, if required, by				
usin	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						
Caution: I instruction	If you are going to make an electronic funds withdrawal is.	(direct deb	it) with this Form 8868, see Form 84	53-EO an	d Form 88	79-EO for payment	

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2020)

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MER 1942

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# Office of Secretary of State

GEORGE GLENN HATCHER, SECRETARY DOMESTIC CORPORATION DEPARTMENT NON-STOCK CORPORATION

I, George Glenn Hatcher, Secretary of the State of Kentucky, hereby certify that a certified copy of Articles of Incorporation of the\_ ART CENTER ASSOCIATION

has this day been filed in my office.

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



Given under my hand as Secretary of State, this and day of March <u>7\_194</u> Leona Secretary of State Corporation Clerk

Form Sec-O-S--Nonstee

#### ARTICLES OF INCORPORATION

#### OF THE

#### ART GENTER ASSOCIATION MER 1942 1590

XNOW ALL MEN BY THESE PRESENTS, that we, Arthur D. Allen, Jane M. Allen, Morris Belknap, Kathryn Browder, Helen W. Burnett, Alice Cane, Mavin Brown, Austine B. Morton, Foree Dennis, Adele Brandeis, Lucy Diecks, Marcia S. Hite, Norman Kohlhepp, Martin Shallenberger, Dorothy Irene Kohlhepp, Laura E.K. Green, Murah Oulter, Maud Ainslie, Ethel duPont, Julia Duke Henning, Marion Long, Ida Belle G. Thompson, Anna Mae Hallenberg, Lois P. Smock, Dorothy N. Doe and Tess H. Speidel, of Jefferson County, Kentucky do hereby associate ourselves and our successors in office and become a non-profit body - corporate and politic, without capital stock, for the purposes hereinafter set forth.

l. The name of the Corporation shall be the "Art Center Association."

2. The object for which this corporation is formed is the promotion of Art and Art Education in Louisville, Kentucky,

3. No person shall derive any pecuniary profit from the operation of this corporation.

4. The principal place of business shall be in Louisville, Jefferson County, Kentucky. The corporation shall have the right to aus and be sued, contract and be contracted with, to have and to use a common seal, and after same at pleasure, and receive and hold property, real and personal, whether obtained by purchase, gift or devise, as may be necessary to carry on or promote the objects of this corporation, and may sell, mortgage, or dispose of said property at pleasure,

> MAR 2 - 1942 George Glenn Hatcher

unless the property has been received as a gift or devise for some special purpose, and if so received it shall be used and applied only for such purpose. Private property of the members shall not be subject to the payment of the debts of the corporation.

5. This corporation shall have all the rights, powers and authorities that any corporation could have under and by virtue of the Act relating to religious, charitable and educational institutions, and which may be necessary and proper in order to carry out the objects and purposes herein set forth.

6. This Corporation shall be governed by a Board of Directors, consisting of not less than nine (9) nor more than thirty-three (33) members to be elected as provided in its by-laws.

7. Until the by-laws otherwise provide, the Board of Directors shall consist of Arthur D. Allen, Jane M. Allen, Morris Belknap, Kathryn Browder, Nora I. Bullitt, Helen W. Burnett, Alice Cane, Mavin Brown, Austine B. Morton, Foree Dennis, Adele Brandeis, Lucy Diecks, Marcia S. Hite, Norman Kohlhepp, Martin Shallenberger, Dorothy Irene Kohlhepp, Leura E.K. Green, Murah Culter, Maude Ainslie, Ethel duPont, Anne Bruce Haldeman, Julia Duke Henning, Marion Long, Jane M. Norton, Dorothy Prentice, Ida Belle G. Thompson, Paulie B. Johnson, Tessa Merritt, Anna Mae Hallenberg, Lois P. Smock, Dorothy N. Doe and Tess H. Speidel, who shall hold office until their successors shall have been elected and enter into the performance of their duties. The first regular election for Directors shall be held on a day in March, 1942 to be fixed by the Board of Directors and annually thereafter on the daté provided in the By-Laws.

-2-

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8. This Corporation shall begin its existence when the Articles of Incorporation are filed and recorded in the office of the Secretary of State and a certificate of fact has been issued, and shall continue for fifty (50) years, unless sconer dissolved as provided by law. IN TESTIMONY WHEREOF witness our signatures this 27th day of February, 1942, at Louisville, Jefferson County, Kentucky.

Alice Cane	Kathryn Browder
Marion Long	Adele Brendeis
Foree Dennie	Austine B. Morton
Morris Belknap	Anna Mae Hellenberg
Maude Ainslie	Mertin Shallenberger
Julia Duke Henning,	Lucy Diecks
Ide Balle G. Thompson	Lois P. Smock
Marcia S. Hite	Tess H. Speidel
Murah Pace Culter	Ethel duPont
Arthur D. Allen	Dorothy N. Doe
Jane H. Allen	Helen W. Burnett
Dorothy Irene Kohlhepp	
Leura E.K. Green,	
Mavin Brown	
Norman Kohlhepp	

THE COMMONWEALTH OF KENTUCKY SOT COUNTY OF JEFFERSON

I, the undersigned, a Notary Public in and for the state and Dounty afcreasid do hereby certify that the foregoing instrument of writing was on this day produced to me in my office and was before me signed and acknowledged by Arthur D. Allen, Jane M. Allen, Morris Belknep, Kathryn Browder, Helen W. Burnett, Alice Cane, Mavin Brown, Austine B. Morton, Fores Dennis, Adele Brandeis, Lucy Diecks, Marcia 9. Hite, Norman Kohlhepp, Martin Shallenberger, Dorothy Irene Kohlhepp, Laura E.K. Green, Murch Pace Oulter, Maud Ainslie, Ethel DuPont, Julia Duke Henning, Marion Long, Ida Belle G. Thompson, Anna Mae Hallenberg, Lois P. Smock, Dorothy N. Doe and Tess H. Speidel, parties thereto, to be not and deed.

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Given under my hand this the 27th day of February, 1943.

My commission expires December 5, 1942.

Marcella Stickler Notary Public, Jefferson County, Ky.

SEAL

in the State of Romerky, an orthig ther on this day at 1138 reach A. M the foregoing Articles of Lacon persilion were produced to me in my office, and that I. have recorded them, this, and the foregoing certificate in my said office. Witness my hand this 28 day of

men contra

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Cierk

A COPY, Attest: House. e.

ANNA HUBBUCH SETTLE ATTORNEY AT LAW KENTUCKY HOME LIFE BLDG. LOUISVILLE, KENTUCKY firR 1942

February 28, 1942

Hon. George Honn Hatcher, Secretary of State, Frankfort, Kentucky.

Dear Mr. Hatcher:

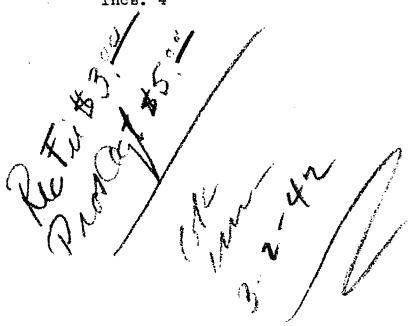
I am inclosing herewith an attested copy of the Articles of Incorporation of the Art Center Association. There is also inclosed check for \$8.00, made payable to the State Treasurer as a filing fee.

I am also inclosing notice of dissolution of the Louisville Art Association and the Art Center of Louisville, Incorporated. If there is any charge for filing these will you be good enough to let me know the amount.

> Yours very truly, anna II. Secre

Anna H. Settle

AHS:ms Incs. 4

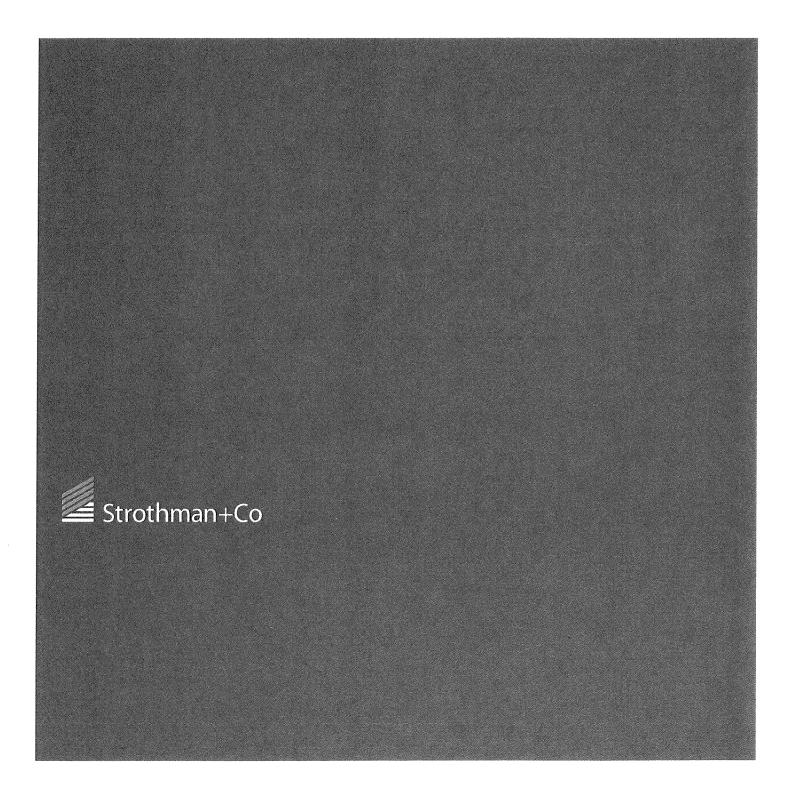


**Financial Statements** 

# 2019

Louisville Visual Art, Inc.

May 31, 2019 and 2018



Financial Statements

### Louisville Visual Art, Inc.

May 31, 2019 and 2018

Independent Auditors' Report	1
Financial Statements	
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	7
Notes to Financial Statements	8

#### Strothman and Company

Certified Public Accountants and Advisors 1600 Waterfront Plaza 325 West Main Street Louisville, KY 40202 502 585 1600



**Independent Auditors' Report** 

Board of Directors Louisville Visual Art, Inc. Louisville, Kentucky

We have audited the accompanying financial statements of the Louisville Visual Art, Inc. (the "Organization"), which comprise the statements of financial position as of May 31, 2019 and 2018, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

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

#### Auditors' Responsibility

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

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

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

#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of May 31, 2019 and 2018, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Change in Accounting Principle – Adoption of Financial Accounting Standards Board Accounting Standards Update

As discussed in Note B, the Organization adopted the requirements of Financial Accounting Standards Board, Accounting Standards Update No. 2016-14 retroactive to 2018. Our opinion is not modified with respect to this matter.

Strothman and Company Louisville, Kentucky

September 23, 2019

### Statements of Financial Position

### Louisville Visual Art, Inc.

4	Ma	iy 31	
	 2019		2018
Assets			
Cash and cash equivalents	\$ 66,004	\$	69,529
Grants and accounts receivable	37,969		12,158
Promises to give			10,500
Prepaid expenses	1,130		5,474
Property and equipment, net of accumulated depreciation	569,518		585,047
Beneficial interest in perpetual trusts	 712,570		630,239
Total Assets	\$ 1,387,191	\$	1,312,947
Liabilities and Net Assets	 		
Accounts payable	\$ 31,012	\$	9,104
Accrued expenses and other	2,092		13,468
Deferred revenues	33,808		69,310
Fiscal sponsorship payable	4,357		3,503
Note payable, related party	 45,000		45,000
Total Liabilities	116,269		140,385
Net Assets			
Without donor restrictions	551,352		530,237
With donor restrictions	 719,570		642,325
Total Net Assets	 1,270,922		1,172,562
Total Liabilities and Net Assets	\$ 1,387,191	\$	1,312,947

See Notes to Financial Statements

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Louisville Visual Art, Inc.

		2019	Year Ended May 31	d May 31	2018	
	Net Assets Without Restrictions	Net Assets With Restrictions	Total	Net Assets Without Restrictions	Net Assets With Restrictions	Total
Revenues and Support Grants and contributions Membership income Proceeds from special events Program revenue	<ul> <li>\$ 321,141</li> <li>3,765</li> <li>54,526</li> <li>318,989</li> </ul>	\$ 7,000	\$ 328,141 3,765 54,526 318,989	<ul> <li>\$ 343,643</li> <li>4,265</li> <li>63,022</li> <li>315,289</li> <li>63</li> </ul>	\$ 20,500	\$ 364,143 4,265 63,022 315,289
Change in value of perpetual trust Fiscal sponsorship revenue Rental and other revenue	32,608 1,015 5,734	82,331	114,939 1,015 5,734	3,061 12,858	39,043	39,043 3,061 12,858
Total Support	737,778	89,331	827,109	742,230	59,543	801,773
Net Assets Released From Restrictions	12,086	(12,086)		49,576	(49,576)	
Total Revenues and Support	749,864	77,245	827,109	791,806	9,967	801,773
<b>Expenses</b> Program expenses Direct benefits to donors Management and general Fundraising	515,735 22,783 103,695 86,536		515,735 22,783 103,695 86,536	597,068 18,145 96,697 89,298		597,068 18,145 96,697 89,298
Total Expenses	728,749		728,749	801,208		801,208
Change in Net Assets	21,115	77,245	98,360	(9,402)	9,967	565
Net Assets Beginning of Year	530,237	642,325	1,172,562	539,639	632,358	1,171,997
Net Assets End of Year	\$ 551,352	\$ 719,570	\$ 1,270,922	\$ 530,237	\$ 642,325	\$ 1,172,562

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### Statement of Functional Expenses

### Louisville Visual Art, Inc.

### Year Ended May 31, 2019

	Program Services	_	Direct Benefits to Donors	(	nagement and General xpenses	ndraising xpenses	E	Total xpenses
Salaries	\$ 192,369			\$	53,372	\$ 39,672	\$	285,413
Payroll taxes and benefits	46,552				12,916	9,601		69,069
Fundraising expense Professional fees					11,768	9,086 16,300		9,086 28,068
Office expense and supplies	16,687				4,630	3,441		24,758
					.,	-,		,
Telephone	1,934				537	399		2,870
Travel	6,284				1,743	1,296		9,323
Contract labor	106,150							106,150
Art supplies	30,512							30,512
Artist commissions	57,064							57,064
Awards and prizes	11,290							11,290
Repairs and maintenance	10,501				2,913	2,165		15,579
Insurance	7,446				2,066	1,536		11,048
Occupancy	14,310				8,368			22,678
Development costs		\$	22,783		x			22,783
Membership expense					413	22		435
Technology					880			880
Miscellaneous	4,169				1,157	860		6,186
Interest					28			28
Depreciation	 10,467				2,904	 2,158		15,529
Total Expenses	\$ 515,735	\$	22,783	\$	103,695	\$ 86,536	\$	728,749

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See Notes to Financial Statements

### Statement of Functional Expenses

### Louisville Visual Art, Inc.

### Year Ended May 31, 2018

		<sup>p</sup> rogram Services	_	Direct Benefits to Donors	C	nagement and General xpenses	ndraising xpenses	E	Total xpenses
Salaries	\$	205,161			\$	56,921	\$ 42,311	\$	304,393
Payroll taxes and benefits Fundraising expense		40,607				11,266	8,375 21,891		60,248 21,891
Professional fees						9.701	5,945		15,646
Office expense and supplies		12,859				3,568	2,651		19,078
Telephone		3,106				862	641		4,609
Travel		8,287				2,299	1,709		12,295
Contract labor		131,094							131,094
Art supplies		43,519							43,519
Artist commissions		79,807							79,807
Awards and prizes		12,250							12,250
Repairs and maintenance		5,783				2,797			8,580
Insurance		8,236				2,285	1,698		12,219
Occupancy		24,374							24,374
Development costs			\$	18,145					18,145
Membership expense						1,501	79		1,580
Technology	-					119			119
Miscellaneous		7,853				2,179	1,620		11,652
Fiscal sponsorship									
disbursements		2,602							2,602
Depreciation		11,530				3,199	 2,378		17,107
Total Expenses	\$	597,068	\$	18,145	\$	96,697	\$ 89,298	\$	801,208

See Notes to Financial Statements

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### Statements of Cash Flows

### Louisville Visual Art, Inc.

	Year End	ed Ma	y 31
	 2019		2018
Operating Activities			
Change in net assets	\$ 98,360	\$	565
Adjustments			
Depreciation	15,529		17,107
Increase in value of perpetual trusts	(82,331)		(23,881)
Changes in operating assets and liabilities			
Grants and accounts receivable	(25,811)		28,624
Promises to give	10,500		15,500
Prepaid expenses	4,344		1,709
Accounts payable	21,908		(6,461)
Accrued expenses and other	(11,376)		(4,077)
Deferred revenue	(35,502)		(37,775)
Fiscal sponsorship payable	 854		3,503
Net Cash Used In Operating Activities	(3,525)		(5,186)
Investing Activities			
Purchases of property and equipment			(16,493)
Proceeds from sale of investments			9,437
Net Cash Used In Investing Activities	 		(7,056)
Net Decrease in Cash and Cash Equivalents	(3,525)		(12,242)
Cash and Cash Equivalents Beginning of Year	 69,529		81,771
Cash and Cash Equivalents End of Year	\$ 66,004	\$	69,529
Supplemental Disclosure of Cash Flow Information Interest paid	\$ 28	\$	655

See Notes to Financial Statements

Notes to Financial Statements

Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note A--Nature of Operations

Louisville Visual Art, Inc. (the "Organization"), located in Louisville, Kentucky, was organized under the laws of the Commonwealth of Kentucky in September 1987. The Organization was originally organized under the name of Water Tower Art Association; in September 1988 changed their name to Louisville Visual Art Association, Inc.; and in fiscal year 2016, the Organization elected to change their name again to its current name. The mission of the Organization is to improve lives through visual art education, community outreach and artist support. A significant portion of the Organization's funding is from the Fund for the Arts, grants, contributions, membership and program service fees. The Organization also receives investment and rental income.

### Note B--Summary of Significant Accounting Policies

<u>Basis of Accounting</u>—The Organization follows generally accepted accounting principles as outlined in the Financial Accounting Standards Board's *Accounting Standards Codification* ("GAAP"). Significant accounting policies are as follows:

<u>Financial Statement Presentation</u>--The Organization reports information regarding its financial position and activities according to two classes of net assets; without donor restrictions, and with donor restrictions. Contributions received are recorded as with donor restriction or without donor restriction support, depending on the existence and/or nature of any donor restrictions.

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

<u>Cash and Cash Equivalents</u>—For purposes of the statements of cash flows, the Organization considers all highly liquid investments with a maturity of three months or less to be cash equivalents.

<u>Grants Receivable</u>—Grants receivable consists primarily of receivables from other organizations and businesses for revenues earned by the Organization. An allowance for uncollectibles is recorded to the extent it is probable that a portion or all of a particular account will not be collected. Receivables are considered uncollectible if payments are not received in ninety days. It is the Organization's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. There is no allowance for uncollectibles at May 31, 2019 and 2018.

<u>Beneficial Interest in Perpetual Trusts</u>—Beneficial interests in perpetual trusts are funds held by outside trustees for the benefit of the Organization in accordance with the terms of irrevocable trusts. These funds are neither in the possession, nor under the control, of the Organization. The terms provide that the Organization is to receive all or a portion of the income earned by the funds that are held in trust. The fair values of the trusts are recognized as assets. Distributions from the trusts are recorded as a decrease in the beneficial interest.

Continued

### Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note B--Summary of Significant Accounting Policies-Continued

<u>Promises to Give</u>--Promises to give are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give due in subsequent years are reported at the present value of their net realizable value, using risk-adjusted discount rate applicable to the years in which the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met. The Organization uses the allowance method to estimate uncollectible promises to give. The allowance is based on collection experience in prior years and management's analysis of specific promises made.

<u>Property and Equipment</u>—Property and equipment are recorded at cost, if purchased or at fair market value at the date of the gift, if donated. It is the Organization's policy to capitalize expenditures for property and equipment in excess of \$250. Repairs and maintenance are charged to expenses as incurred; renewals or betterments are capitalized.

Depreciation is provided on the estimated useful lives of the assets using the straight-line method. The estimated useful lives are 4 to 40 years for property and equipment. Depreciation expense was \$15,529 and \$17,107 for the years ended May 31, 2019 and 2018, respectively, and is included in program services, management and general, and fundraising expenses on the accompanying statements of activities.

<u>Impairment of Long-Lived Assets</u>--Management of the Organization reviews for the impairment of long-lived assets whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. An impairment loss would be recognized when estimated future cash flows expected to result from the use of the asset and its eventual disposition is less than its carrying value. There were no charges for impairment of long-lived assets during the years ended May 31, 2019 and 2018.

<u>Income Taxes</u>--The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2). No provision for income taxes has been made in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax asset (or a reduction of a liability) only if the Organization has taken a position that more likely than not would be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Organization and has concluded that as of May 31, 2019 and 2018, all tax positions taken or expected to be taken would more likely than not be sustained upon examination.

<u>Functional Allocation of Expenses</u>--The costs of providing various programs and other activities have been summarized on a functional basis in the statements of functional expenses. During the years ended May 31, 2019 and 2018, certain costs have been allocated among the programs and supporting services benefited.

<u>Deferred Revenue</u>--Revenues from advanced receipts for registration for workshops are deferred until completion of the workshop performance.

Continued

### Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note B--Summary of Significant Accounting Policies--Continued

<u>Donated Services</u>--No amounts have been reflected in the financial statements for donated services. The Organization pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Organization with programs, solicitations and various assignments.

<u>Investments</u>--Generally accepted accounting principles ("GAAP") establishes a framework for measuring fair value and expands disclosures required for fair value measurements. It also establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three levels. These levels, in order of lowest to highest priority are described as follows:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the Organization's own assumptions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

<u>Contributions</u>—Contributions received are recorded as with donor restriction or without donor restriction support, depending on the existence and/or nature of any donor restrictions.

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

Continued

### Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note B--Summary of Significant Accounting Policies--Continued

<u>New Accounting Pronouncement</u>—During the year ended May 31, 2019, the Organization adopted the requirements of Financial Accounting Standards Board's Accounting Standards Update No. 2016-14—Not-for-Profit Entities (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities* (ASU No. 2016-14). This Update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU No. 2016-14 is the net asset classes used in these financial statements. Amount previously reported as unrestricted net assets are now reported as net assets without donor restrictions, and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions. A required footnote on liquidity has also been added (Note J).

<u>Subsequent Events</u>--In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through September 23, 2019, the date the financial statements were available to be issued.

### Note C--Property and Equipment, Net of Accumulated Depreciation

Property and equipment consists of the following:

	May 31				
		2019		2018	
Land and building Furniture and equipment	\$	533,699 57,918	\$	533,699 57,918	
Less accumulated depreciation		591,617 99,099		591,617 83,570	
Construction in progress		492,518 77,000		508,047 77,000	
Property and Equipment, Net	\$	569,518	\$	585,047	

The Organization has plans for major renovations to its facility and the construction in progress consists of the architecture and engineering plans for the renovations to be made to their facility.

### Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note D-Beneficial Interest in Perpetual Trusts

The Organization is the income beneficiary of perpetual trusts held and administered by third party investment companies that set the investment and distribution policies. The Organization records its beneficial interest in these trusts at the fair value of the assets. The beneficial interest comprises elements of the Organization's net assets with donor restrictions. Fair values of the trusts are as follows as of May 31, 2019 and 2018:

		Fair Value Mea	suren	nents Using:	
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)		observable Inputs (Level 3)	Total Fair Value
<u>May 31, 2019</u> PNC Charitable Trust Community Foundation of Louisville Weisberg/Schrodt Fund		<u></u>	\$	674,076 25,674	\$ 674,076 25,674
Barney Bright Fund			\$	12,820 712,570	\$ 12,820 712,570
<u>May 31, 2018</u> PNC Charitable Trust Community Foundation of Louisville Weisberg/Schrodt Fund Barney Bright Fund			\$	591,430 25,840 12,969	\$ 591,430 25,840 12,969
-			\$	630,239	\$ 630,239

### Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note D--Beneficial Interest in Perpetual Trusts--Continued

Investment income and changes in the value of the beneficial interests are recognized in the change in permanently restricted net assets in the statements of activities. Distributions received from the trusts are recorded as decreases in the beneficial interest and investment income on these trusts are recognized in the accompanying statements of activities. The changes in the value of assets are as follows:

		 May 31			
		 2019		2018	
Beginning Balance		\$ 630,239	\$	606,358	
Change in value of perpetual trusts Distributions		 119,358 (37,027)		57,957 (34,076)	
	Ending Balance	\$ 712,570	\$	630,239	

#### Note E--Line of Credit

The Organization has a line of credit with a borrowing limit up to \$50,000 and interest payable at 1.47%. There were no outstanding balances at May 31, 2019 and 2018 and this line of credit expires in June 2020.

### Note F--Note Payable, Related Party

The note payable consists of a promissory note to a board member, secured by the property at 1538 Lytle Street, with an annual interest rate of 1.47%. The Organization is required to make annual interest payments at the end of each calendar year and a balloon payment due in March 2020. The outstanding balance at May 31, 2019 and 2018 was \$45,000.

#### Note G--Employee Benefit Plan

The Organization provides a SIMPLE IRA for those employees who meet the eligibility requirements set forth in the plan. The Organization contributes matches participants' salary deferrals dollar for dollar up to 3%, of the employee's salary, not to exceed the limits imposed by the Internal Revenue Code. The Organization's expense related to the plan was \$6,600 and \$5,761 for the years ended May 31, 2019 and 2018, respectively.

### Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note H--Net Assets With Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods as of:

	Мау	y 31
	2019	2018
Subject to the Passage of Time or Expenditure for Specified Purpose:		
Support for other specified purposes		\$ 12,086
Support for investment in capital assets	\$ 7,000	
Total Subject to the Passage of Time or Expenditure		
for Specified Purpose	7,000	12,086
Beneficial Interest in Perpetual Trusts: Original gifts and required retained earnings (corpus)		
Beneficial Interest in perpetual trusts	11,500	11,500
Weisberg Fund - Louisville Community Fund	15,105	15,105
Barney Bright Fund - Louisville Community Fund	12,472	12,472
	39,077	39,077
Accumulated unspent earnings	673,493	591,162
Total Beneficial Interest in Perpetual Trusts	712,570	630,239
	<u>\$ 719,570</u>	\$ 642,325

### **Note I-Contingencies**

During the year ended May 31, 2019, the Organization settled and paid a legal claim in the amount of \$10,000, of which \$7,500 was covered by liability insurance.

Louisville Visual Art, Inc.

May 31, 2019 and 2018

### Note J-Liquidity and Availability of Financial Assets

The Organization has \$134,000 of financial assets available within one year of the statement of financial position date to meet cash needs for general expenditures consisting of cash of \$66,004, accounts receivables of \$37,969 and an expected appropriation from the beneficial interest in perpetual trusts of \$30,027. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date.

In addition, as part of liquidity management, the Organization has a committed line of credit with an available draw of \$50,000. This could be drawn upon in the event of an unanticipated liquidity level.

Financial assets, at year-end	\$	816,543
Less those unavailable for general expenditure within one year, due to: Contractual or donor-imposed restrictions:		
Beneficial interest in perpetual trusts		(712,570)
Add back: amount appropriated for following year		37,027
Other donor restrictions	Retrictions	(7,000)
Financial Assets Available to Meet Cash Needs		
for Expenditures Within One Year	\$	134,000

### **Note K--Future Accounting Pronouncements**

On May 28, 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). The core principle of this guidance is that "an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services." On August 12, 2015, the FASB further amended this guidance and issued ASU No. 2015-14, *Revenue from Contracts with Customers* (Topic 606), which deferred the effective date for all entities by one year. These new standards, which the Organization is not required to adopt until its year ending May 31, 2020, deal with the timing of reporting revenues from contracts with customers, and disclosures related thereto.

On February 25, 2016, the FASB issued ASU No. 2016-02 *Leases* (Topic 842). This new standard, which the Organization is not required to adopt until its year ending May 31, 2021, is intended to improve financial reporting about leasing transactions by requiring entities that lease assets to recognize on their statement of financial position the assets and liabilities for the rights and obligations created by those leases, and to provide additional disclosures regarding the leases. Leases with terms (as defined in the ASU) of twelve months or less are not required to be reflected on an entity's statement of financial position.

The Organization is presently evaluating the effects that these ASUs will have on its future financial statements, including related disclosures.



### Kentucky Secretary of State Michael G. Adams

### LOUISVILLE VISUAL ART, INC.

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biddress around a set or out aroun	Printable Forms	Additional Services	Certificates

### **General Information**

Organization Number	0002152
Name	LOUISVILLE VISUAL ART, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	КҮ
File Date	3/2/1942
Organization Date	3/2/1942
Last Annual Report	6/2/2020
Principal Office	LOUISVILLE VISUAL ART ASSOCIATION
	1538 LYTLE STREET
	LOUISVILLE, KY 40203
<b>Registered Agent</b>	MARTI KUEHN
	1538 LYTLE STREET
	LOUISVILLE, KY 40203

### **Current Officers**

President	Jake Theison
Secretary	Elizabeth Feldspauch
Treasurer	Logan Gholson
Director	JAKE THEISON
Director	DEIDRE ALPHENAAR
Director	WILMA BETHEL

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Director	ARTHUR D ALLEN
Director	JANE M ALLEN
Director	MORRIS BELKNAP
Director	KATHRYN BROWDER
Director	HELEN W BURNETT
Incorporator	ARTHUR D ALLEN
Incorporator	JANE M ALLEN
Incorporator	MORRIS BELKNAP
Incorporator	KATHRYN BROWDER
Incorporator	HELEN W BURNETT

### 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.

Annual Report	6/2/2020	1 page	PDF	
Registered Agent name/a change	address 1/31/2020 12:00:58 PM	1 1 page	PDF	
Annual Report	6/20/2019	1 page	PDF	
Annual Report	6/21/2018	1 page	PDF	
Annual Report	5/17/2017	1 page	tiff	PDF
Amendment	9/27/2016	1 page	tiff	PDF
Certificate of Assumed Na	ame 7/29/2016	1 page	tiff	PDF
Registered Agent name/a change	address 3/9/2016 9:50:12 AM	1 page	PDF	
Principal Office Address (	Change 3/9/2016 9:47:05 AM	1 page	PDF	
Annual Report	3/9/2016	1 page	PDF	
Registered Agent name/a change	address 5/26/2015 2:00:53 PM	1 page	PDF	
Annual Report	5/26/2015	1 page	PDF	
Annual Report	1/22/2014	1 page	PDF	
Annual Report	6/24/2013	1 page	PDF	
Principal Office Address (	Change 1/8/2013 2:11:50 PM	1 page	PDF	
Registered Agent name/a change	12/4/2012 3:16:54 PM	1 page	PDF	
Annual Report	2/8/2012	1 page	PDF	
Annual Report	5/17/2011	1 page	PDF	
Annual Report	4/27/2010	1 page	PDF	
Annual Report	6/29/2009	1 page	PDF	
Registered Agent name/a change	ddress 8/5/2008	1 page	tiff	PDF
Annual Report	6/30/2008	1 page	tiff	PDF
Annual Report	5/25/2007	1 page	tiff	PDF
Annual Report	6/20/2006	1 page	tiff	PDF
Statement of Change	6/13/2005	1 page	tiff	PDF
Annual Report	5/19/2005	1 page	PDF	
Annual Report	9/25/2003	1 page	tiff	PDF
Statement of Change	7/29/2003	1 page	tiff	PDF
Annual Report	8/23/2002	1 page	tiff	PDF

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-		1 page	tiff	PDF
Certificate of Assumed Name	7/20/2001	1 page	tiff	PDF
Certificate of Assumed Name	7/20/2001	2 pages	tiff	PDF
Annual Report	7/2/2001	1 page	tiff	PDF
Annual Report	7/19/1999	1 page	tiff	PDF
Annual Report	7/23/1998	10 pages	tiff	PDF
Annual Report	7/1/1997	10 pages	tiff	PDF
Annual Report	7/1/1996	10 pages	tiff	PDF
Annual Report	7/1/1995	6 pages	tiff	PDF
Annual Report	7/1/1994	9 pages	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	11 pages	tiff	PDF
Sixty Day Notice	9/1/1989	1 page	tiff	PDF
Annual Report	7/1/1989	11 pages	tiff	PDF
Amendment	10/3/1988	3 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Articles of Merger	3/22/1988	5 pages	tiff	PDF
Restated Articles	9/10/1987	1 page	tiff	PDF
Amendment	9/10/1987	6 pages	tiff	PDF
Statement of Change	9/8/1987	1 page	tiff	PDF
Annual Report	7/1/1986	1 page	tiff	PDF
Statement of Change	6/28/1983	2 pages	tiff	PDF
Letters	6/28/1983	2 pages	tiff	PDF
Annual Report	7/1/1981	3 pages	tiff	PDF
Statement of Change	6/22/1979	2 pages	tiff	PDF
Statement of Change	9/2/1977	2 pages	tiff	PDF
Letters	8/25/1977	1 page	tiff	PDF
Statement of Change	11/12/1975	4 pages	tiff	PDF
Statement of Change	8/8/1973	2 pages	tiff	PDF
Statement of Change	1/26/1972	2 pages	tiff	PDF
Statement of Change	8/1/1967	2 pages	tiff	PDF
Annual Report	7/1/1942	39 pages	tiff	PDF
Statement of Change	4/3/1942	2 pages	tiff	PDF
Articles of Incorporation	3/2/1942	6 pages	tiff	PDF
		-		

### **Assumed Names**

LOUISVILLE VISUAL ART	
ARTOPIA CREATIVE ARTS STUDIOS	
TRYART GALLERY	

### Active Inactive Inactive

### **Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/2/2020 9:03:40 AM	6/2/2020 9:03:40 AM	
Registered agent address change	1/31/2020 12:00:58	1/31/2020 12:00:58	
	PM	PM	
Annual report	6/20/2019 11:47:17	6/20/2019 11:47:17	
	AM	AM	
Annual report	6/21/2018 3:03:23	6/21/2018 3:03:23	
	PM	PM	

DocuSign Envelope ID: 1A0074EA-6F6D-4158	-8487-AD4CD47BFFB2		
Annual report	PM	5/17/2017	
Amendment - Change name	9/27/2016 8:56:42 AM	9/27/2016	LOUISVILLE VISUAL ART ASSOCIATION, INC.

### **Microfilmed Images**

Contact Site Map

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Kentucky Unbridled Spirit

# UPDATES KSBCF Community Public Art Initiative and Timeline

LVA Outreach Director, Katy Delahanty
Liz Richter, Artist

## The <u>PHASE ONE</u> Plan

- Communicate on Action Items with principals and identify additional key stakeholders (October-November)
  - Memoranda of agreement/understanding with all relevant parties
  - Finalize budget for first \$40K and related payment schedules
- Communicate with Stakeholders & community (November-March)
  - 2 Community listening sessions (Documented by Kertis Creative)
  - Surveys (in-person and online)
- Collect and interpret data to refine project goals and assess needs (January-April)
- Identify sites & start permit process with Metro (November-Februray)
- Artwork design & charette process (December-April)
  - Identify design partners
  - Plan education and community component
  - 2 charettes with KSBCF ad hoc Tactile Public Artwork Committee
- Media Production by Kertis Creaive (December-May)
  - Documentation of all events, interviews with principals
  - 2 short edited video assets delivered by mid-April
  - Proposal for final documentary by May

## The <u>PHASE ONE</u> Plan

- Communicate on Action Items with principals and identify additional key stakeholders (October-November)
  - Memoranda of agreement/understanding with all relevant parties
    - LVA has provided a draft MOA to KSBCF
  - Finalize budget for first \$40K and related payment schedules
    - LVA has provided a detailed budget

## The PHASE ONE Plan

- Communicate with Stakeholders & community (November-March)
  - 2 Community listening sessions (Documented by Kertis Creative)
  - Surveys (in-person and online)

## **COMMUNITY LISTENING SESSIONS**

- In winter 2020 and spring 2021, LVA will facilitate two socially distanced listening sessions which Lead Artist, Liz Richter, will attend.
- In these sessions, the Clifton Community, KSBCF, KSB, KSB Alumni, APH, Louisville Blind Community, Clifton Community Council & others will be invited to engage via safe in-person options, as well as teleconferencing. Sessions will be accessible to all.
- These meetings will be recorded by Kertis Creative, one of the principal entities.
- Data will be collected and interpreted to inform the design.



Photo of Louisville Visual Art space with 60 artists seated waiting to hear the presentation from Philadelphia Mural Arts Program Professionals in 2019.

## The **PHASE ONE** Plan

- Collect and interpret data to refine project goals and assess needs (January-April)
  - LVA will process community input and provide it to Lead Artist, Liz Richter to inform her design.

## The PHASE ONE Plan

- Identify sites & start permit process with Metro (November-February)
  - LVA will draw upon extensive experience with public art projects and its close working relationships in Metro Government's Office of Public Art.

### REFRESHER About LVA

- 111 year history
- Mural Art Program celebrates 6 years
- Partners with over 80 organizations
- Contracts with 200 + artists
- Programs in 83 schools

LOUISVILLE VISUAL ART





 LVA outreach program teacher and students.
 Tactile Public Artwork for Clifton Lead Artist, Liz Richter, working with young students on a large LVA-sponsored mural in Hikes Point.
 2020 Black Muralists Workshop at the Nia Center. Katy Delahanty is seated on grass listening to NYC muralists and workshop director, Charlie Nunn.



1

## LVA MURAL ART PROGRAM

- Louisville's Large Public Mural Leader
- Created Louisville's mobile Mural App
- Partners with community organizations, non-profits, the city and others







## The PHASE ONE Plan

- Artwork design & charette process (December-April)
  - Identify design partners
  - Plan education and community component
  - 2 charettes with KSBCF ad hoc Tactile Public Artwork Committee

## Refresher about the Artist: Liz Richter

- Deeply Invested in the community
  - 5 year resident of Clifton
  - Visiting artist at KSB since 2012
- Experienced leading community-based public art projects
- Expert at designing educational curriculum around public art



Richter teaching KSB elementary students in 2012.

## The <u>PHASE ONE</u> Plan

- Media Production by Kertis Creaive (December-May)
  - Documentation of all events, interviews with principals
  - 2 short edited video assets delivered by mid-April
  - Proposal for final documentary by May

The <u>Tactile Public Artwork for Clifton</u> is off to a great start!

40% of the funding against KSBCF's match (\$20,000) has been raised since February.

Media highlighting upcoming events and the design process will make it easier to raise the remaining \$30K and to enlist additional stakeholders.

We're truly excited!

### **Encouraging Kinetic Interaction is KEY**







# Examples of public art that encourages kinetic interaction







- Relief mural with wood panels and mosaic pieces at the Kresge Art Institute.
- 2. Mural inlaid with braille.
- Japanese visually impaired students adhering 3D elements to a public artwork.

## Ways visually impaired people can participate in public art

- Creating a Tactile Public Artwork for Clifton that serves visually impaired and sighted members of the community will require input from experts at KSB, APH, and likely other organizations that serve the blind regionally and nationally.
- Specifics will evolve and be refined, but here are some ideas:
  - Braille applied directly to the design. Could present statements from the community, inspirational thoughts, poetry or a description of the 2D content. Many options for how this could be physically realized.
  - 3D ceramic or metal relief panels that protrude from the wall at a height within reach to most audience members, to encourage touching.
  - A scaled-down relief version of 2D content at a reachable height.
  - Audio enhancement (music, or recorded ambient sounds of the neighborhood) or audio description/interpretation available via the web or a mobile app.

## **Deliverables by the end of Phase One**

- 2 edited video assets with interviews and documentation of listening sessions and charrettes

 2 community listening sessions completed, with data from surveys gathered, analyzed and shared

- Stakeholders and Partnerships established with written agreements

- Sites selected and all permitting and historical restrictions mapped out

- Final design approved by KSBCF