

# Return of Organization Exempt From Income Tax

# 2018

## Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization FUND FOR THE ARTS INC  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
623 W Main  
 City or town, state or province, country, and ZIP or foreign postal code  
Louisville, KY, 40202

**D** Employer identification number  
61-0479626

**E** Telephone number  
502-582-0100

**F** Name and address of principal officer: Christen Boone  
623 W Main, Louisville, KY 40202

**G** Gross receipts \$ 8,422,478

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ fundforthearts.org **H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1945 **M** State of legal domicile: KY

### Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Vision Statement: Together through the Arts we create a great American City. Mission Statement: To maximize the impact of the Arts on economic development, education and the quality of life for everyone by generating resources, inspiring excellence, and creating community connections.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>45</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>45</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>21</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5,549</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>8,895,613</b>	<b>7,665,633</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>138,090</b>	<b>80,940</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>46,976</b>	<b>77,424</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,122,454</b>	<b>7,865,560</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,272,121</b>	<b>5,575,616</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,274,715</b>	<b>1,320,966</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>965,651</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,182,164</b>	<b>1,177,505</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>4,729,000</b>	<b>8,074,087</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>4,393,454</b>	<b>-208,527</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>9,855,011</b>	<b>8,988,180</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>949,638</b>	<b>582,071</b>
			<b>8,905,373</b>	<b>8,406,109</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Janie Martin, CFO/COO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

Vision Statement: Together through the arts we create a great American city. Mission Statement: To maximize the impact of the Arts on economic development, education and the quality of life for everyone by generating resources, inspiring excellence, and creating community connections.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 6,674,737 including grants of \$ 5,384,362) (Revenue \$ 80,940)

Fund for the Arts ("Fund") supports the arts by providing grants to more than 600 schools, community arts organizations and artists ("Arts Partners") across the region and directly offers a range of community arts services designed to advocate for and extend the reach of the arts to the whole community. During the year ended June 30, 2019, the Fund continued focus on the strategic plan based on a community-wide cultural plan, "Imagine Greater Louisville 2020". The strategic plan adopted the five strategic priorities identified by the community stakeholders: Access, Cultivation, Education, Promotion and Equity, Diversity & Inclusion. Total expenditures \$6,674,737. Continued on SCHEDULE O, STATEMENT 1

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses **▶** 6,674,737

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>21</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓

**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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 45 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 45		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<input checked="" type="checkbox"/>	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**Monica Beckmann, (502)582-0122**  
 623 W Main, Louisville, KY 40202

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Barry Allen Board Member	0.50	✓					0	0	0	
Mike Ash Board Member	0.50	✓					0	0	0	
Muhammad Babar Board Member	0.10	✓					0	0	0	
Neville Blakemore Board Member	0.10	✓					0	0	0	
Campbell Brown Board Member	0.50	✓					0	0	0	
Kristen Byrd Board Member	0.50	✓					0	0	0	
Julia Carstanjen Board Member	0.10	✓					0	0	0	
Carolle Jones Clay Chair Compensation Committee	0.50	✓					0	0	0	
Sarah Davasher-Wisdom Board Member	0.50	✓					0	0	0	
Jose Donis Board Member	0.10	✓					0	0	0	
Tawana Edwards Co-Chair Community Impact Committee	0.50	✓					0	0	0	
Kevin Fields Board Member	0.10	✓					0	0	0	
Paul Fultz Chair Finance Committee	2.00 0.50	✓					0	0	0	
Ed Glasscock Board Member	0.75 0.25	✓					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jon Goldberg Board Member	0.25 0.25	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Jerilan Greene Board Member	0.10 0.10	<input checked="" type="checkbox"/>						0	0	0
Greg Greenwood Board Member	2.00 2.00	<input checked="" type="checkbox"/>						0	0	0
Kirsten Hawley Chair Board Governance & Nominating Committee	2.00 2.00	<input checked="" type="checkbox"/>						0	0	0
Ja Hillebrand Board Member	2.00 2.00	<input checked="" type="checkbox"/>						0	0	0
Gill Holland Board Member	0.50 0.50	<input checked="" type="checkbox"/>						0	0	0
Mo McKnight Howe Co-Chair Community Impact; Contractor Opening	1.00 1.00	<input checked="" type="checkbox"/>						6,800	0	0
Nima Kulkarni Board Member	0.10 0.10	<input checked="" type="checkbox"/>						0	0	0
Dawn Landry Chair Investment Committee	0.10 0.10	<input checked="" type="checkbox"/>						0	0	0
Angela Leet Board Member	0.10 0.10	<input checked="" type="checkbox"/>						0	0	0
Matt Lindblom Board Member	0.10 0.10	<input checked="" type="checkbox"/>						0	0	0
Gladys Lopez Board Member	0.10 0.10	<input checked="" type="checkbox"/>						0	0	0
Todd Lowe Board Chair	4.00 4.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Jeff McKenzie Board Member	0.50 0.25	<input checked="" type="checkbox"/>						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Brent McKim Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Tom Noland Board Member	0.50	<input checked="" type="checkbox"/>						0	0	0
Joe Pusateri Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Victoria Russell Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Erica Sutton Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Carl Thomas Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Paul Thompson Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Terry Tyler Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Eddie Tyner Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Joe Ventura Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Melissa Wasson Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Mark Wheeler Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Paul Whiteley Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0
Erica Williams Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
Terry Wright Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0	
Tammy York Day Board Secretary	0.10	<input checked="" type="checkbox"/>						0	0	0	
Laura Zachariah Board Member	0.10	<input checked="" type="checkbox"/>						0	0	0	
Christen Boone President & CEO	60.00 1.00			<input checked="" type="checkbox"/>				234,324	0	18,786	
Diane Cornwell Chief Financial Officer (Independent Contractor)	30.00 1.00			<input checked="" type="checkbox"/>				98,088	0	0	
Janie Martin Chief Financial Officer (effective February 2019)	50.00 2.00			<input checked="" type="checkbox"/>				0	0	0	
<b>1b Sub-total</b>								339,212	0	18,786	
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>								339,212	0	18,786	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
None		

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 519					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b> Government grants (contributions)	<b>1e</b> 307,000					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 7,358,114					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	7,723					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		7,665,633				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> Tuition for NeXt Program	611430	14,250	14,250	0	0	
	<b>b</b> Tickets to Awards in the Arts	900099	66,690	66,690	0	0	
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		80,940					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		80,387	0	0	80,387	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b> Royalties . . . . . ▶		0	0	0	0	
	<b>6a</b> Gross rents . . . . .	(i) Real	64,720				
		(ii) Personal	0				
		<b>b</b> Less: rental expenses	50,507				
		<b>c</b> Rental income or (loss)	14,213				
	<b>d</b> Net rental income or (loss) . . . . . ▶		14,213	0	0	14,213	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	477,598				
		(ii) Other	0				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	480,561				
		<b>c</b> Gain or (loss) . . . . .	-2,963				
	<b>d</b> Net gain or (loss) . . . . . ▶		-2,963	0	0	-2,963	
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	0				
		<b>b</b> Less: direct expenses . . . . .	0				
		<b>c</b> Net income or (loss) from fundraising events . ▶		0		0	0
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	53,200				
<b>b</b> Less: direct expenses . . . . .		25,850					
<b>c</b> Net income or (loss) from gaming activities . . ▶			27,350	0	0	27,350	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> -----							
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		0					
<b>12 Total revenue.</b> See instructions . . . . . ▶		7,865,560	80,940	0	118,987		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,515,368	5,515,368		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	60,248	60,248		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	532,074	183,678	74,064	274,332
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	626,760	214,794	101,489	310,477
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	19,698	7,101	3,059	9,538
<b>9</b> Other employee benefits . . . . .	61,874	22,306	9,608	29,960
<b>10</b> Payroll taxes . . . . .	80,560	28,006	12,764	39,790
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	89,588	35,835	44,794	8,959
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	23,000		23,000	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	17,184			17,184
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	79,445	70,706	794	7,945
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	60,003	7,213	4,049	48,741
<b>14</b> Information technology . . . . .	111,980	31,658	28,624	51,698
<b>15</b> Royalties . . . . .	12,354			12,354
<b>16</b> Occupancy . . . . .	74,772	29,654	10,460	34,658
<b>17</b> Travel . . . . .	57,335	22,619	8,278	26,438
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	45,115	37,445	2,256	5,414
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	24,097	9,507	3,479	11,111
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Campaign Incentives/Artist Fees . . . . .	101,283	68,814	0	32,469
<b>b</b> Arts in Health & Aging/Cultural Pass/Imagine/Cultural Pass . . . . .	28,084	28,084	0	0
<b>c</b> Events including Awards in the Arts . . . . .	184,979	167,714	0	17,265
<b>d</b> NeXt/Training & Dev/Strat Plan & Branding/Mktg . . . . .	268,286	133,987	106,981	27,318
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,074,087	6,674,737	433,699	965,651
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	1,964,843	<b>2</b>	1,359,777
	<b>3</b> Pledges and grants receivable, net . . . . .	5,751,402	<b>3</b>	5,493,278
	<b>4</b> Accounts receivable, net . . . . .	2,566	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	187,814	<b>7</b>	172,791
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	31,079	<b>9</b>	64,345
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,021,636		
	<b>b</b> Less: accumulated depreciation . . . . .	1,430,109	<b>10c</b>	591,527
	<b>11</b> Investments—publicly traded securities . . . . .	1,290,848	<b>11</b>	1,306,462
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,855,011	<b>16</b>	8,988,180	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	145,003	<b>17</b>	128,127
	<b>18</b> Grants payable . . . . .	804,635	<b>18</b>	453,944
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	949,638	<b>26</b>	582,071
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	5,447,145	<b>27</b>	5,317,567
	<b>28</b> Temporarily restricted net assets . . . . .	3,298,228	<b>28</b>	2,928,542
	<b>29</b> Permanently restricted net assets . . . . .	160,000	<b>29</b>	160,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	8,905,373	<b>33</b>	8,406,109	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	9,855,011	<b>34</b>	8,988,180	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,865,560
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,074,087
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-208,527
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,905,373
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-12,647
<b>6</b>	Donated services and use of facilities	<b>6</b>	-3,090
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-275,000
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,406,109

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization <b>FUND FOR THE ARTS INC</b>	Employer identification number <b>61-0479626</b>
----------------------------------------------------------	-----------------------------------------------------

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	7,507,546	7,879,129	8,711,920	8,895,613	7,665,633	40,659,841
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	7,507,546	7,879,129	8,711,920	8,895,613	7,665,633	40,659,841
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						3,242,567
<b>6 Public support.</b> Subtract line 5 from line 4						37,417,274

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	7,507,546	7,879,129	8,711,920	8,895,613	7,665,633	40,659,841
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	94,710	122,198	106,303	115,133	145,557	583,901
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	184					184
<b>11 Total support.</b> Add lines 7 through 10						41,243,926
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	80,940
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	90.72 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	90.06 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in 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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	<b>1</b>	

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	<b>2a</b>		
<b>b</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? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D—Distributions table with 2 columns: Section D—Distributions, Current Year. Rows 1-10 detailing amounts paid to supported organizations, administrative expenses, and total annual distributions.

Section E—Distribution Allocations table with 4 columns: Section E—Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2018, (iii) Distributable Amount for 2018. Rows 1-20 detailing allocation rules, carryovers, and distributions for 2018.



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>FUND FOR THE ARTS INC</b>	Employer identification number <b>61-0479626</b>
------------------------------------------------------	-----------------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		0
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		41,250
<b>j</b> Total. Add lines 1c through 1i			41,250
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1 - Fund for the Arts utilized the professional services of a government strategist to advocate for the allocation of government revenue directly to the arts and culture sector. Reports were filed with the Kentucky Legislative Ethics Commission. Funds used for these expenditures were restricted by donor for this purpose.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: FUND FOR THE ARTS INC; Employer identification number: 61-0479626

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for line 2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows for questions 1a, 1b, 2, 2a, 2b regarding art collections and financial reporting.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	7,769,215	7,573,826	6,964,695	7,304,475	7,354,731
<b>b</b> Contributions	0	0	0	5,000	32,800
<b>c</b> Net investment earnings, gains, and losses	379,079	582,356	998,324	81,700	292,268
<b>d</b> Grants or scholarships	369,953	354,677	354,784	396,045	341,472
<b>e</b> Other expenditures for facilities and programs	0	0	0	0	0
<b>f</b> Administrative expenses	35,062	32,290	34,409	30,435	33,852
<b>g</b> End of year balance	7,743,279	7,769,215	7,573,826	6,964,695	7,304,475

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 99.5 %
- c** Temporarily restricted endowment ▶ 0.5 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0	0	0
<b>b</b> Buildings	0	1,626,144	1,101,120	525,024
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	395,492	328,989	66,503
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				591,527

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	<b>7,511,079</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	<b>-12,647</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	<b>412,500</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>0</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>399,853</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>7,111,226</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>754,334</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>754,334</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	<b>7,865,560</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	<b>8,010,343</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	<b>415,590</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	<b>0</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>25,849</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>441,439</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>7,568,904</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>505,183</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>505,183</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	<b>8,074,087</b>

**Part XIII Supplemental Information.**

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

Schedule D, Part V, Line 4 - The purpose of the Bingham Endowment (\$7,547,826) is to provide funds for the Fund for the Arts for its mission of supporting the arts community of Metro Louisville. The purpose of the Whittenberg Endowment (\$73,893) is to provide funding for a scholarship to assist pre-college age students in pursuing advanced studies in the arts towards a career in the performing arts. The purpose of the Allan Cowen Innovation Fund for the Advancement of the Arts (\$113,497) is to provide funding to assist community arts administrators in pursuing innovative professional development or educational opportunities that will have a long-term impact on the Louisville arts community. The purpose of the Barbara Sexton Smith Education Enhancement Fund (\$8,063) is to support local education initiatives which utilize the arts.

Schedule D, Part X, Line 2 - The fund has received a determination letter from the IRS indicating that it is exempt from income taxes under IRC Section 501(c)(3) and is classified as an organization that is not a private foundation. The fund is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the fund is subject to income tax on net income that was derived from business activities that are unrelated to their exempt purpose. The Fund files an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS to report its unrelated business income tax. The Fund evaluates the recognition and measurement of uncertain income tax positions using a "more-likely-than-not" approach and that no material adjustment for income tax uncertainties or unrecognized tax benefits is required.

Schedule D, Part XI, Line 4b - Partnership Grants \$505,183; Allowance for Doubtful Accounts \$275,000; Raffle expenses netted against revenue (\$25,849)

Schedule D, Part XII, Line 2d - Raffle expenses \$25,849

Schedule D, Part XII, Line 4b - Partnership Gifts \$505,183

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**FUND FOR THE ARTS INC**

Employer identification number

**61-0479626**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			53,200
Direct Expenses	<b>2</b> Cash prizes . . . . .				0
	<b>3</b> Noncash prizes . . . . .			19,958	19,958
	<b>4</b> Rent/facility costs . . . . .				0
	<b>5</b> Other direct expenses . . . . .			5,892	5,892
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 75 % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					25,850
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					27,350

**9** Enter the state(s) in which the organization conducts gaming activities: KY

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	100 %
b An outside facility	<b>13b</b>	0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Monica Beckmann

Address ▶ 623 W Main Louisville, KY 40202

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

61-0479626

FUND FOR THE ARTS INC

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 58
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0



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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	1619 Flux 1619 West Main Street Louisville, KY 40203	81-0711104	20,000	
<b>IRC code section</b>	501( c) 3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Public Art Project			
<b>Name and address</b>	Academy of Music Production 700 West Main Street Louisville, KY 40202	37-1447840	69,410	
<b>IRC code section</b>	501( c) 3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Sustaining Impact & Neighborhood Arts Academy			
<b>Name and address</b>	Actors Theatre of Louisville 315 West Main Street Louisville, KY 40202	61-0645030	987,191	
<b>IRC code section</b>	501( c) 3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Sustaining Impact, Partnership Grants, TAG, 5x5, Arts in Aging & Cultural Pass			
<b>Name and address</b>	Americana Community Center 4801 Southside Drive Louisville, KY 40214	61-1251306	14,500	
<b>IRC code section</b>	501( c) 3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Art for Kosair Kids			
<b>Name and address</b>	Arts Assoc of Oldham Co 104 Main Street LaGrange, KY 40031	61-1350136	8,436	
<b>IRC code section</b>	501( c) 3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Sustaining Impact Grant			
<b>Name and address</b>	Arts Council of So Indiana 820 East Market Street New Albany, IN 47150	35-1383333	7,885	
<b>IRC code section</b>	501( c) 3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Partnership Grant & Cultural Pass			
<b>Name and address</b>	Boys and Girls Haven 2301 Goldsmith Lane Louisville, KY 40218	61-0479621	14,500	
<b>IRC code section</b>	501( c) 3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Art for Kosair Kids			

## Schedule I, Part IV, Statement 1

## FUND FOR THE ARTS INC

<b>Name and address</b>	Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165	61-6001357	8,266
<b>IRC code section</b>	Gov		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Education grants & Teacher Arts Grants		
<b>Name and address</b>	Bunbury Repertory Theatre Company 604 S Third Street Louisville, KY 40202	61-1105681	10,661
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact & Partnership Grants		
<b>Name and address</b>	Center For Neighborhoods 501 W Kenwood Drive Louisville, KY 40214	61-0889003	15,000
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Imagine 2020		
<b>Name and address</b>	Commonwealth Theatre Center 1123 Payne Street Louisville, KY 40204	61-0902733	123,135
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact, Partnership Grants, TAG, 5x5, Art for Kosair Kids, ArtsMatch, SO=AI, Education, Youth Training Scholarships, AITA, Professional Dev, Cultural Pass		
<b>Name and address</b>	Community Ventures Art Inc 1450 North Broadway Lexington, KY 40505	31-1064807	6,348
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ArtsMatch		
<b>Name and address</b>	Falls of the Ohio Foundation Inc 201 W Riverside Drive Clarksville, IN 47129	31-1214133	18,964
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Cultural Pass		
<b>Name and address</b>	Frazier Historical Arms Museum 829 West Main Street Louisville, KY 40202	61-1378343	5,150
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Cultural Pass		
<b>Name and address</b>	Gheens Science Hall and Rauch University of Louisville Louisville, KY 40292	61-1014882	9,871
<b>IRC code section</b>	501( c) 3		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Cultural Pass

## Name and address

Greater Clark County Schools  
2112 Utica Sellersburg Road  
Jeffersonville, IN 47130

35-1151414

17,718

## IRC code section

Gov

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Teacher Arts Grants

## Name and address

Heuser Hearing and Language Academy  
117 E Kentucky Street  
Louisville, KY 40203

61-1383955

15,500

## IRC code section

501( c) 3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Art for Kosair Kids

## Name and address

Home of the Innocents  
1100 E Market Street  
Louisville, KY 40206

61-0445834

14,500

## IRC code section

501( c) 3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Art for Kosair Kids

## Name and address

Institute 193  
193 North Limestone St  
Lexington, KY 40507

27-1871255

10,194

## IRC code section

501( c) 3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

ArtsMatch grants

## Name and address

Jefferson County Public Schools  
Van Hoose Education Center  
3332 Newburg Road  
Louisville, KY 40218

61-6001316

279,517

## IRC code section

Gov

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

EVERY CHILD Education Initiative including Teacher Arts Grants, 5x5,  
Imagine 2020 Grant and Special Project Funding

## Name and address

Josephine Sculpture Park  
3355 Lawrenceburg Road  
Frankfort, KY 40601

27-0686281

10,000

## IRC code section

501( c) 3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

ArtsMatch grants

## Name and address

Kentucky Center for the Arts Foundation  
501 West Main Street  
Louisville, KY 40202

31-0999046

17,170

## IRC code section

501( c) 3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Awards in the Arts, Imagine 2020

## Name and address

Kentucky Derby Museum

31-1023459

13,130

## Schedule I, Part IV, Statement 1

## FUND FOR THE ARTS INC

	704 Central Avenue Louisville, KY 40208		
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Cultural Pass		
<b>Name and address</b>	Kentucky Opera 323 West Broadway Suite 601 Louisville, KY 40202	61-0601311	572,342
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Partnership Grants, Rent Support Grant, ArtsMatch, Arts In Aging & Cultural Pass		
<b>Name and address</b>	Kentucky Refugee Ministries 969 B Cherokee Road Louisville, KY 40205	61-1229842	18,650
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ArtsMatch grants		
<b>Name and address</b>	Kentucky Science Center 727 W Main St Louisville, KY 40202	31-1005850	25,000
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Cultural Pass		
<b>Name and address</b>	Kentucky Shakespeare 323 West Broadway Suite 401 Louisville, KY 40202	61-6036654	160,651
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grants, Partnership Grants, Rent Support Grant, Education Grants, Imagine 2020, Early Childhood & Cultural Pass		
<b>Name and address</b>	KMAC Museum 715 West Main Street Louisville, KY 40202	61-0985312	132,408
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Partnership Grants, 5x5, Arts In Aging, Imagine 2020, SO=AI, Teacher Art Grants		
<b>Name and address</b>	LaNita Rocknettes School of Dance PO Box 11721 Louisville, KY 40251	81-3907943	16,750
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Youth Training Scholarships, SO=AI & Arts In Aging		
<b>Name and address</b>	Looking for Lilith Theatre Com 312 Crescent Avenue Louisville, KY 40206	30-0135891	18,749

## Schedule I, Part IV, Statement 1

## FUND FOR THE ARTS INC

<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Imagine 2020, Arts In Aging & Cultural Pass		
<b>Name and address</b>	Louisville Ballet 315 East Main Street Louisville, KY 40202	61-6033779	580,360
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Partnership Grants, 5x5, Art for Kosair Kids, Arts In Aging, Early Childhood, SO=AI, Special Projects & Cultural Pass		
<b>Name and address</b>	Louisville Central Community Center 1300 West Muhammad Ali Blvd Louisville, KY 40203	61-0590743	14,500
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Art for Kosair Kids		
<b>Name and address</b>	Louisville Chorus 6303 Fern Valley Pass Louisville, KY 40228	31-0929701	6,351
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Art for Kosair Kids & Cultural Pass		
<b>Name and address</b>	Louisville Metro Parks - Community Centers 527 West Jefferson Street Louisville, KY 40202	20-4372292	16,480
<b>IRC code section</b>	Gov		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Schools Out = Arts In		
<b>Name and address</b>	Louisville Story Program 851 S Fourth St Louisville, KY 40203	47-5237414	7,500
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Imagine 2020		
<b>Name and address</b>	Louisville Theatrical Assoc 626 West Main Street Louisville, KY 40202	61-6000383	64,920
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Ticket Subsidy Grant		
<b>Name and address</b>	Louisville Visual Art 1538 Lytle Street Louisville, KY 40203	61-0492348	82,891
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Partnership Grants, Youth Training Scholarships, Arts In Aging, Arts In Health, SO=AI, Education & Cultural Pass		

## Schedule I, Part IV, Statement 1

## FUND FOR THE ARTS INC

<b>Name and address</b>	Louisville Youth Choir 3105 Lexington Road Louisville, KY 40206	61-6058143	34,980
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Partnership Grants, Youth Training Scholarships, Art for Kosair Kids & Cultural Pass		
<b>Name and address</b>	Louisville Youth Orchestra PO Box 997 Louisville, KY 40202	61-0597184	66,469
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Partnership Grants, Youth Training Scholarships, Arts In Aging, Teacher Art Grants		
<b>Name and address</b>	Louisville Zoo 1100 Trevilian Way Louisville, KY 40205	31-0971742	5,530
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Cultural Pass		
<b>Name and address</b>	Muhammad Ali Center 144 No Sixth Street Louisville, KY 40202	61-1323046	9,566
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Cultural Pass		
<b>Name and address</b>	Nativity Academy at St Boniface 529 East Liberty Street Louisville, KY 40202	51-0450314	14,500
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Art for Kosair Kids		
<b>Name and address</b>	New Albany Floyd County Schools 2813 Grantline Road New Albany, IN 47150	35-6005953	39,282
<b>IRC code section</b>	Gov		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	5x5 and Teacher Arts Grants		
<b>Name and address</b>	Oldham County Public Schools 6165 W Highway 146 Crestwood, KY 40014	61-6001396	6,225
<b>IRC code section</b>	Gov		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Teacher Arts Grants		
<b>Name and address</b>	Pandora Productions PO Box 4185 Louisville, KY 40204	20-1012066	20,972
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			



## Schedule I, Part IV, Statement 1

## FUND FOR THE ARTS INC

## Desc. of Non-Cash Asst.

Purpose of grant Sustaining Impact Grants &amp; Partnership Grants

<b>Name and address</b>	Portland Museum 2308 Portland Avenue Louisville, KY 40212	23-7422794	11,014
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IRC code section 501( c) 3

Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Imagine 2020 &amp; Cultural Pass

<b>Name and address</b>	River City Drum Corp 3308 Chauncey Avenue Louisville, KY 40211	55-0820407	30,975
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IRC code section 501( c) 3

Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Sustaining Impact Grants, Youth Training Scholarships, Education Grants &amp; Arts In Aging

<b>Name and address</b>	Shelby County Public Schools PO Box 159 Shelbyville, KY 40065	61-6001356	5,380
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IRC code section Gov

Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Teacher Arts Grants

<b>Name and address</b>	Speed Art Museum 2035 So Third Street Louisville, KY 40208	61-0444823	85,355
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IRC code section 501( c) 3

Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Sustaining Impact Grant, Partnership Grants, 5x5, Arts in Aging, Education Grants &amp; Cultural Pass

<b>Name and address</b>	Squallis Puppeteers PO Box 4987 Louisville, KY 40204	42-1552694	12,438
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IRC code section 501( c) 3

Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Sustaining Impact Grant, 5x5, Early Childhood, SO=AI &amp; Teacher Art Grants

<b>Name and address</b>	St Joseph Childrens Home 2823 Frankfort Avenue Louisville, KY 40206	61-0475286	7,960
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IRC code section 501( c) 3

Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Imagine 2020

<b>Name and address</b>	StageOne Family Theatre 315 West Market Street Suite 25 Louisville, KY 40202	61-0466715	550,431
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IRC code section 501( c) 3

Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Sustaining Impact Grant, Partnership Grants, 5x5, Allan Cowen Education Grant, ArtsMatch, Education Grants, Teacher Arts Grants &amp; Cultural Pass

## Schedule I, Part IV, Statement 1

## FUND FOR THE ARTS INC

<b>Name and address</b>	Summit Academy 11508 Main St Louisville, KY 40243	61-1214457	9,705
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Art for Kosair Kids		
<b>Name and address</b>	The Little Loomhouse 328 Kenwood Hill Road Louisville, KY 40214	61-0961553	10,177
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Imagine 2020 & Cultural Pass		
<b>Name and address</b>	The Louisville Orchestra 620 West Main Street Suite 600 Louisville, KY 40202	61-6000384	860,089
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grants, Partnership Grants, 5x5 & Arts in Health		
<b>Name and address</b>	West Louisville Performing Arts Academy 323 West Broadway Louisville, KY 40202	61-1181511	125,482
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Sustaining Impact Grant, Partnership Grants, Youth Training Scholarships & Rent Support Grant		
<b>Name and address</b>	Yew Dell Botanical Gardens 6220 Old Lagrange Rd Crestwood, KY 40014	61-1390688	5,857
<b>IRC code section</b>	501( c) 3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Cultural Pass		
<b>Name and address</b>	Young Authors Greenhouse Inc 1355 Bardstown Road Suite 121 Louisville, KY 40204	82-2878352	27,715
<b>IRC code section</b>	501(c)3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	ArtsMatch, SO=AI & Awards in the Arts		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

61-0479626

**FUND FOR THE ARTS INC**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |                                                                                                          |           |                          |                                     |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                                              |           |                          |                                     |
|----------------------------------------------|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |                                              |           |                          |                                     |
|----------------------------------------------|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	194,324	40,000	0	14,670	18,786	267,780	
	(ii)	0	0	0	0	0	0	
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 3 - The Fund for the Arts' Compensation Committee includes a Chair, the Fund for the Arts' Board Chair, the Chair of the Finance & Audit Committee and the Chair of the Campaign Committee. Members of the committee review a summary of accomplishments for the year and the compensation data developed from the review of other Forms 990 and a compensation survey. Recommendations related to the CEO and other executive compensation are discussed and voted on by the Compensation Committee in an executive session and meeting minutes are recorded. Recommendations are then taken to the organization's Executive Committee and/or Board for their final review and approval.

Schedule J, Part I, Line 7 - In addition to base salary, the Fund's President and CEO, christen Boone, the Executive Vice President, JP Davis and the Vice President Abby Shue were eligible for bonuses for the fiscal ear ended June 30, 2018 based on agreed upon performance criteria. The compensation Committee reviewed the applicable information and determined the recommended amount which were approved and paid during FY19.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

**FUND FOR THE ARTS INC**

**61-0479626**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	7	7,723	FMV from donor
26				
27				
28				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

A series of horizontal dashed lines providing space for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**FUND FOR THE ARTS INC**

Employer identification number

**61-0479626**

Form 990, Part III, Line 4a - ACCESS- Arts, cultural and creativity are fully integrated into daily life and accessible to everyone in every neighborhood every day. More art, for more people, in more places. Initiatives included Cultural Pass - provide children ages 0 to 21 with free access to arts and culture organizations during the summer with the goal of reducing summer learning loss and increasing access and participation for low-income families; Imagine 2020 - provide project funding to cultural providers and alongside investments in strategic initiatives that specially support access to otherwise underserved populations; ArtsMatch - expand the capacity of cultural providers to create special arts-based projects to reach otherwise underserved audiences; Arts in Health - support integration of the arts into healthcare facilities to improve the overall health and well-being of patients, families, caregivers, and medical professionals; Arts in Aging - provide senior citizens with access to free arts experiences to improve overall health and wellness and reduce feelings of isolation. During FY2019, the Fund provided support in serving 2.1 million people with 536,000 free or discounted admissions to 9,000 arts opportunities across 855 locations in 83 counties. CULTIVATION: Greater Louisville is a magnet for artists and creative professionals, where arts and culture organizations and creative industries, both institutional and emerging, are thriving. Initiatives included: Imagine 2020 - provide project funding to cultural providers and alongside investments in strategic initiatives that build capacity of local artists and arts organizations. ArtsMatch - expand the capacity of the local artists and arts organizations supporting special arts-based projects. Partnership Grants - working with donors to fund arts partner organizations; Awards in the Arts - celebrates the extraordinary arts community in the Greater Louisville region and the arts tremendous contribution to the unique cultural landscape and artists themselves, their talent and passion, to create, produce and present transformative and inspiring works of arts, in and for the Louisville community; Professional Development Scholarships - provide artists and arts organizations with access to professional development opportunities that will enhance their professional and organizational growth. During FY2019, the Fund awarded grants to 96 artists and 95 organizations providing 4,117 training opportunities and 2,200 jobs. This was fueled by 1,241 artists and 5,549 volunteers providing 72,098 volunteer hours with Arts Partners delivering \$1.83 million value for volunteer hours to the Fund and its Arts Partners. EDUCATION: Every child in the community has the opportunity to experience and participate in the arts and culture through experiences in-school, out-of-school and with their families. Initiatives included: Imagine 2020 - Provide project funding to cultural providers and alongside investments in strategic initiatives that advance the educational programming available; ArtsMatch - support expanded capacity of cultural providers to create special arts-based educational programming; EVERY CHILD Arts Education Initiative (including Teacher Arts Grants program) enabling teachers to request funding to allow their students to attend arts events or supplement their classroom with residency arts programming often with a math/history/science curriculum, the "5 by 5 Initiative" where the goal is for every child to have an arts experience during each of their first 5 years of school, and "School's Out=Art's In" developed in conjunction with Louisville Metro Parks to provide arts based activities during out-of-school time such as summer and spring breaks; Arts in Kindergarten Readiness - provide equitable access to the arts for early childhood education to improve students' readiness for kindergarten, including their academic, physical, and social-emotional development; Arts for Kosair Kids - deliver the healing, transforming, inspiring power of the arts to support the health and well-being of special needs youth of the community; Youth Training Scholarships - provide low-income youth the opportunity to participate in intensive arts training experiences to improve college-and-career readiness by enhancing academic achievement and social-emotional skill development; Cultural Pass - provide children ages 0 to 21 with free access to arts and cultural organizations during the summer with the goal of reducing summer learning loss. More than 300,000 Arts in Education experiences were provided by Arts Partners during FY2019 with 150,000 of those directly funded by the Fund. These experiences were provided in more than 450 different schools and 45 out-of-school locations in 83 counties. The average GPA reported for those participating in the Youth Arts Training programs supported was 3.29. PROMOTION: Greater Louisville is recognized nationally and internationally as a leading city of arts and culture attracting talent to live and work and tourists to play and stay. In FY2019, the Fund reached 2.1 million people through its Arts Partners. There were more than 2,755+ press mentions with approximately 111 international and 1,441 national mentions. The Fund maintains a social media presence through Facebook, Twitter and YouTube, promoting all things "arts" in the community and hosts the free app "Louisville Arts Link" which had 5,571 downloads during the year. The Fund also produces an electronic newsletter that has more than 21,000 subscribers. Other initiatives included: Awards in the Arts/Opening Night - celebrates the extraordinary arts community in the Greater Louisville region and the arts contribution to the unique cultural landscape and quality of place; ArtsMatch - support the capacity of Cultural Providers to create special arts-based projects promoting the Greater Louisville Region. Imagine 2020 - provide project funding to cultural providers and alongside investments in strategic initiatives that promote the Greater Louisville Region, and the Busker Program - providing both locals and visitors a unique arts experience while touring the city. Equity, Diversity & Inclusion: Cultural equity is leading the way to a more equitable, diverse and inclusive community improving the social connectivity and cultural vitality of the region. Initiatives included: Arts for Kosair Kids - deliver the healing, transforming, inspiring power of the arts to support the health and well-being of special needs youth in the community; Imagine 2020 - provide project funding to cultural providers and alongside investments in strategic initiatives supporting EDI; ArtsMatch - expand the capacity of Cultural Providers to create special arts-based projects to reach new audiences; Neighborhood Art Academy/West Louisville Arts Collaborative - provide youth living in underserved neighborhoods in Louisville with safe, positive and engaging arts-based training opportunities, offering a productive alternative to occupy out-of-school time while also enhancing their 21st century skill development,



### Supplemental Information (Continued)

helping them to prepare for college and career; Cultural Pass - provide children ages 0 to 21 with free access to arts and culture organizations during the summer with the goal of reducing summer learning loss and increasing access and participation for low-income families; and Fran Huettig Public Art Series - provide individual artists with funds to complete public art projects in West Louisville to enhance community connectedness and health; . In FY2019, the Fund supported 37 projects serving more than 41,500 people. It invested in West Louisville through 2 organizations serving more than 55 000 people throughout that community. In FY2019, the fund made 178 grants to 51 organizations and 17 artists serving more than 43,200 people from diverse populations. Additionally, it granted general operating support to 4 organizations located in West Louisville serving more than 772,000 people throughout the community.

Form 990, Part VI, Section A, Line 1a - Delegation of Authority - Pursuant to the Bylaws, the Board selected an Executive Committee. Under the Bylaws, when the Board is not in session the Executive Committee has any may exercise all the authority of the Board without action by or notice to the Board; provided that neither the Executive Committee, nor any other committee created by the Board, shall have the authority to take any of the following actions: (a) elect or appoint Directors; (b) elect or appoint Officers; (c) approve the Corporation's annual Operating Budget and/or annual Sustaining Impact Grants; (d) amend, alter or repeal the Bylaws; (e) appoint or removed any member of the Executive Committee, any Director or any Officer; (f) amend or restate the Articles; (g) adopt a plan of merger or consolidation with another corporation; (h) amend, alter, repeal any resolution of the Board.

Form 990, Part VI, Section A, Line 2 - Board Member, Carl M. Thomas and CFO, Diane Cornwell - business relationship; Board Member, Tammy York Day and CFO, Diane Cornwell - business relationship; In FYE June 30, 2019 CFO, Diane Cornwell's tenure ended in February 2019.

Form 990, Part VI, Section A, Line 3 - Did the organization delegate control over the management duties customarily performed by or the direct supervision of officers, directors, trustees or key employees to a management company or other person? The Chief Financial Officer position is contracted through 2/28/2019 to Diane Cornwell, an independent contractor. She was paid \$98,098 reportable compensation and provided parking to oversee the financial function with a dual reporting relationship to the Fund for the Arts' board and CEO.

Form 990, Part VI, Section B, Line 11b - The Finance Committee and an outside consultant are provided a draft of the Form 990 for review prior to its finalization. The return is prepared by the organizations' CFO. Prior to filing the return, a copy is electronically provided to all voting Board members prior to filing.

Form 990, Part VI, Section B, Line 12c - Annually, the Fund for the Arts, provides a copy of the COI Policy to all directors and Officers. Directors and Officers are required to read and comply with the policy which requires, at a minimum, annual disclosure of outside activities and relationships which could give rise to a potential conflict. this is then used by the organization's management in its ongoing monitoring of potential conflicts. In addition, the COI Policy requires that a Director or Officer provide full disclosure of any conflicts or perceived conflicts as defined in the Policy and recuse him/herself from participation in the decision-making or vote regarding the affected transaction.

Form 990, Part VI, Section B, Line 15 - Each year the Fund for the Arts' Compensation Committee reviews the compensation arrangements for the CEO. They also review the CEO's recommendation regarding compensation for the Vice Presidents and the CFO. The Committee then presents their recommendations to the organization's Executive Committee or Board for final approval. The Committee is comprised of independent members, uses comparability data and documents the deliberations and recommendations. The compensation arrangements are reviewed/approved prior to changes being implemented.

Form 990, Part VI, Section C, Line 19 - The most current audited financial statements are available on the Fund for the Arts' website. Articles of Incorporation are on file with the KY Secretary of State. The Conflict of Interest Policy and Bylaws are available upon request.

Form 990, Part XI, Line 9 - Allowance for Uncollectible Pledges \$275,000

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FUND FOR THE ARTS INC**

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

**61-0479626**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>FFTA Properties Inc (31-1497554)</b> <b>623 W Main, Louisville, KY 40202</b>	<b>ArtSpace &amp; Conference Center</b>	<b>KY</b>	<b>501(c)3</b>	<b>9</b>	<b>N/A</b>		<input checked="" type="checkbox"/>
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	✓	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part VII** **Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information.