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990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements 2008, and ending For the 2008 calendar year, or tax year beginning July 1 June 30 20 09 D Employer Identification number C Name of organization. Kentucky Center for the Arts Endowment Fund, Inc. Please B Check if applicable Doing Business As Kentucky Center for the Arts Endowment Fund, Inc. 0999046 Address change label or print or E Telephone number Number and street (or P O. box if mail is not delivered to street address) Room/suite ☐ Name change type. See Initial return 501 West Main Street (502)562-0100 Specific City or town, state or country, and ZIP + 4 ☐ Termination Louisville, KY 40202-2989 G Gross receipts \$ 434,648 Amended return F Name and address of principal officer Stephen Klein Application pending H(a) Is this a group return for affiliates? Yes No Same as C above H(b) Are all affiliates included? Tyes No Tax-exempt status. 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► N/A H(c) Group exemption number ▶ Type of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation. 1980 M State of legal domicile: KY Part Summary 1 Briefly describe the organization's mission or most significant activities: Solicitation and receipt of gifts, grants and contributions from individuals, groups, corporations and other sources, public and private, to finance the capital, operating and programming costs of The Kentucky Center for the Arts. 2 Check this box ➤ ☐ If the organization discontinued its operations or disposed of more than 25% of its assets. 3 15 3 Number of voting members of the governing body (Part VI, line 1a). 4 14 Number of independent voting members of the governing body (Part VI, line 1b) . . . 5 0 6 15 6 Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34, 0 **Prior Year** Current Year 64,515, 12,420 Contributions and grants (Part VIII, line 1h) . . . 0 0 Program service revenue (Part VIII, line 2g) 503,956 422,503 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 (275)Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 568,471 434,648 840,822 888,927 similar amounts paid (Part IX, column (A), lines 1-3) Sentific baid to be for members (Part IX, column (A), line 4) 0 0 15 Salaries, other employee benefits (Part IX, column (A), lines 5–10) 0 0 0 0 b Total fundrais 100 expenses (Part IX, column (D), line 25) ►

- Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 121,360 119,092 1,010,287 959,914 GD Total, expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12 (441,816)(525, 266)9 Beginning of Year End of Year 17,694,801 21,648,802 Total assets (Part X, line 16) . 2,418,847 2,337,086 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 15,275,954 Part II Signature Block Under penalties of penury, 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 better than officer) is based on all information of which preparer has, any knowledge. Sign Signature of officer Here Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) sionature employed ▶ __ Paid Preparer's Firm's name (or yours EIN Use Only if self-employed), address, and ZIP + 4 Phone no. >

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2008)

No

Yes

عما	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Solicitation and receipt of gifts, grants, and contributions from individuals, groups, corporations and other sources,
	public and private, to finance the capital, operating and programming costs of The Kentucky Center for the Arts.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
^	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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 756,396 including grants of \$ 736,896) (Revenue \$)
	Operating Support for The Kentucky Center for the Performing Arts: Approximately 470,000 attended events from July 1, 2008 through June 30, 2009.
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$ 45,000 including grants of \$ 45,000) (Revenue \$) Education Program: Kentucky Governor's School for the Arts. Over 1,700 students applied for the 228 openings in the annual 3 week program. Over 1,000 students participated in related workshops.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ 58,926 including grants of \$ 58,926) (Revenue \$) Education Program: ArtsReach Louisville empowers community centers to provide arts programming through workshops, institutes, and artist residencies. Approximately 3,000 youths and adults participated.
	······································
4d	Other program services. (Describe in Schedule O) (Expenses \$ 23,330 including grants of \$) (Revenue \$)
	Total program capiles expanses > \$ 993.553 (Must equal Part IV Line 25 column (R))

Pá	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes, complete Schedule A		1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_	✓	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D Parts VI, VIII, IX, or X as applicable	. 11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	<u> </u>	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		/
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		/
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		/
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		1	<u> </u>
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III.	22		1
23				
20	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>√</u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓

Form 990 (2008)

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓

: 8	Statements Regarding Other IRS Filings and Tax Compliance			r			
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ĺ					
	U.S. Information Returns. Enter -0- if not applicable	l					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	- '				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
~u	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1			
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-			
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1			
b	If "Yes," enter the name of the foreign country: ▶	ł					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	<u> </u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	√			
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).		,				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	ا ": ا	'				
	\$75?	7a	ļ	✓_			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		.	,			
	required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		✓_			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section						
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	٠,		,			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	ι.,					
а	Initiation fees and capital contributions included on Part VIII, line 12		ł				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	٠, ١	Ì				
11	Section 501(c)(12) organizations, Enter:	·	}				
	Gross income from members or shareholders	İ	İ				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	<u>(</u> u					
10-	amounts due or received from them.)	12a					
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	14-4					

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.	!	1	
1a	Enter the number of voting members of the governing body	[
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]	ł	1
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
• -	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a	Does the organization have local chapters, branches, or affiliates?	9a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
J	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	
11	Is there any officer, director or 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	11		1
Sec				
	uon B. Policies			
	tion B. Policies		Yes	No
		12a	Yes ✓	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		Yes ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	1 2b	Yes ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13		> > .	No
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	> > >	No
12a b c 13	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	> > >	No
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	> > >	No
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	> > >	No
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	> > >	No
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	> > >	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	> > >	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No ·
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Lion C. Disclosure	12b 12c 13 14 15a 15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Kentucky	12b 12c 13 14 15a 15b 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	12b 12c 13 14 15a 15b 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cavailable for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No V
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b 16a	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	No V
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	12b 12c 13 14 15a 15b 16a	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	No V
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b 16a 16b 16b 16b 16b 17	√ √ √ √ √ · ·	No V

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not c	eck this box if the organization did not compensate any officer, director, trustee, or key employee									
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average	Posit	on (d	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
James H. Bloem Board Member	.5	1						0	0	0
Harold B. Butler Board Member	.5	1						0	0	0
Paul T Costel Board Member	.5	✓_						0	0	0
Sandra Frazier Board Member	.5	✓						0	0	0
J. Tim Galbraith Board Member	.5	√						0	0	0
R.W. Chip Keeling Board Member	.5	1						0	0	0
Chambers Boyd Moore Board Member	.5	√						0	0	0
Philip S. Poindexter Board Member	.5	√						0	0	0
Robert W. Rounsavall, III Board Member	.5	✓						0	0	0
Curt Royce Board Member	.5	√						0	0	0
Debble Scoppechio Board Member	.5	/						0	0	0
Daniel E. Woodside Board Member	.5	✓						0	0	0
Ceci Conway Boden Board Chairman	1 .0			√				0	0	0
Meredith Parente Treasurer	1.0			√				0	0	0
Marilyn Schorin Secretary	1.0			√				0	0	0
Stephen Klein Vice-Chairman, President The Kentucky Cent	2.0		\exists	/				0	234,641	38,758
Christopher Roberts Senior Vice-President of Business Affairs	2.0			√				0	97,842	25,185

Ľċ	Section A. Officers, Directors, Tru		Emp	loy			d Hig	nes	· · · · · · · · · · · · · · · · · · ·		ontinue		
	(A) Name and title	(B) Average	Positi	on le		C) kall	that ap	ndv)	(D) Reportable	(E) Reportable		(F) stimat	ed
	Nume and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con or ar	mount other npensa from th ganiza nd rela ganizat	of ation ne tion ted
											ļ		
										· · · · · · · · · · · · · · · · · · ·			
											ļ		
											ļ		
							_				_		
				_			-				<u> </u>		
				_							_		
					_			_					
1h	Total							>	0	332,483		67	3,943
2	Total number of Individuals (including those	in 1a) who	o reci	eive	d n	ore	<u> </u>						
	organization ► None .												No
3	Did the organization list any former officer employee on line 1a? If "Yes," complete So							yee	, or highest co	ompensated	3	162	√ √
4	For any individual listed on line 1a, is the sithe organization and related organizations of	um of repo	rtable	со	mp	ens	ation					,	
5	individual	or accrue o	comp	ens	atio	on fr	om a	any	unrelated orga	 Inization for	4	✓	
-Sa	services rendered to the organization? If "Y ction B. Independent Contractors	es," compi	ete S	cne	edul	e J	for s	uch	person	· · · · ·	5		
1	Complete this table for your five highest co compensation from the organization.	mpensated	inde	per	nder	nt c	ontra	ctor	s that received	more than \$10	00,000	of	
	(A) Name and business addr	ess							(B) Description of se	rvices	(C Comper		1
None													
						 .							
2	Total number of independent contractors (i compensation from the organization ▶ 0	ncluding th	nose i	n 1) wi	no r	eceiv	ed r	more than \$10	0,000 in			

Par	t VI	Statement of Re	venue				T	T
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, of and similar amounts not include Noncash contributions include Total. Add lines 1a-1f	ibutions). 1d 1d 1e grants, aded above 1f ed in lines 1a-1f: \$	12,420	12,420			
že				Business Code				
Program Service Revenue	2a b c d e f		ce revenue .					
	3	Investment income (incother similar amounts)	luding dividends	s, interest, and	422,503			422,503
	b	Income from investment of Royalties	(i) Real	(ii) Personal				
	c p	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securitles	(u) Other	ì		,	
Other Revenue	b	Gross income from events (not including \$ of contributions reported See Part IV, line 18 Less: direct expenses Net income or (loss) fro	i on line 1c) a:	vents ►				
	b	Gross income from gami See Part IV, line 19 Less: direct expenses.	a	3,100 3,375	- (00-1)	-		,
		Net income or (loss) from		ties ▶	(275)	(275)		······································
	b	Gross sales of invereturns and allowances Less: cost of goods solvet income or (loss) from	d b n sales of invento		•			`
Į.		Miscellaneous Reve		Business Code				
	b c							
		All other revenue						
	12	Total Add lines 11a-11 Total Revenue. Add line 9c, 10c, and 11e	es 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	434,648	422,228		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	840,822	840,822		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		,		· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
	Management				
þ	Legal	6,439		6,439	
С	Accounting	13,478		13,478	
	Lobbying	19,500	19,500		
	Professional fundraising services. See Part IV, line 17	20.440			
	Investment management fees	36,419		36,419	
	Other				
2	Advertising and promotion	225		225	
3	Office expenses	325		325	
4	Information technology				
5	Royalties				
3	Occupancy				
7	Travel				
3	Payments of travel or entertainment expenses		Ì		
	for any federal, state, or local public officials	3,099		3.099	
	Conferences, conventions, and meetings	3,000		3,000	
,	Interest				
	Depreciation, depletion, and amortization.	9,659		9,659	
	Insurance	26,657	22,558	4,099	
	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	Artwork Penair	327	327		
a b	Piano Popair	445	445		
D C	Bank/Credit Card Fees	2,744		2,744	
d					
u e					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	959,914	883,652	76,262	
;	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	·			

1	irt X	Balance Sheet		,			
			(A) Beginning of year		End	(B) of yea	r
	1	Cash—non-interest-bearing		1			
	2	Savings and temporary cash investments	1,421,479			81	1,381
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
∢	9	Prepaid expenses and deferred charges	25,566	9		2	9,264
	10a	Land, buildings, and equipment: cost basis 10a 163,486					
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	105,811			12	3,858
	11	Investments—publicly traded securities	10,035,383				2,021
	12	Investments—other securities. See Part IV, line 11	5,726,213			3,92	3,927
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	4,334,350				4,350
	16	ı	21,648,802			17,69	
	17	Accounts payable and accrued expenses	3,936				1,327
	18	Grants payable	2,333,150	18		2,40	7,520
	19	Deferred revenue		20			
ç	20 21	Tax-exempt bond liabilities		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
l	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	2,337,086	26		2,41	8,847
alances		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.		2			٠.
lan	27	Unrestricted net assets	16,805,988	27	-	12,96	5,448
Ba	28	Temporarily restricted net assets	265,728	28		7	0,506
g	29	Permanently restricted net assets	2,240,000	29		2,24	0,000
Net Assets or Fund Ba		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.	ι,			< 1	
\$	30	Capital stock or trust principal, or current funds		30			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
الځ	32	Retained earnings, endowment, accumulated income, or other funds		32			
Š	33	Total net assets or fund balances	19,311,716	33		15,27	
	34	Total liabilities and net assets/fund balances	21,648,802	34	1	17,694	‡,801
ĿΞ	rt XI	Financial Statements and Reporting				T 1/2	T.,,
1	Acco	nunting method used to prepare the Form 990: Cash Accrual	☐ Other			Yes	No
2a	Were	the organization's financial statements compiled or reviewed by an inde	pendent accountant	?	2a		/
		the organization's financial statements audited by an independent according			2b	✓_	<u> </u>
С		es" to lines 2a or 2b, does the organization have a committee that assumes r	•	_			ł
		udit, review, or compilation of its financial statements and selection of an ind			2c	/	$\vdash -$
	the S	result of a federal award, was the organization required to undergo an a lingle Audit Act and OMB Circular A-133?			3a		1
b	If "Ye	es," did the organization undergo the required audit or audits?	<u> </u>	<u> </u>	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **Employer Identification number** 31 The Kentucky Center for the Arts Endowment Fund, Inc. 0999046 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An organization that normally receives: (1) more than 331/4 % 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 33/4 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 🗹 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 that describes the type of supporting organization and complete lines 11e through 11h. c ✓ Type III-Functionally integrated d Type III-Other a ☐ Type I **b** ☐ Type II e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) [11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii)

(i) Name of supported organization	(ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		in col. (i) ils	organization sted in your document?	the organicol. (i)	ou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S.?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Kentucky Center for the Performing Arts	61-0973376	6/9	1		1		1		840,822
Total									

Pa	(Complete only if you ched	ked the box	on line 5, 7,	or 8 of Part	/0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(VI)
Sec	ction A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	Entered to the second			- Jahrensey Accession of the		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		能能力而是		STATE STATE		
Sec	tion B. Total Support						
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		l				
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	Difference in thinking	Processor W. Statute			u for day works of	
11	Total support. Add lines 7 through 10 .	理解が消費		河西部里 阿奇	斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	-	=		n, or fifth tax y		
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 1:	I, column (f))		14	%_
15	Public support percentage from 2007 Sci	nedule A, Part I	IV-A, line 26f			15	%
	33%% support test—2008. If the organization qualifies	as a publicly s	supported organ	nization			▶ □
	33% % support test – 2007. If the organization quality box and stop here. The organization quality	lifies as a publi	icly supported o	organization .			▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part i	IV how the
b 18	10%-facts-and-circumstances test – 2007, more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	stances" test, c organization qua	heck this box a difies as a public	and stop here. I	Explain in Part I janization	V how the ▶ □

Pa	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)						
Sec	ction A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	any "unusual grants.")	ļ	ļ			<u> </u>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5					ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		THE TAX THE		经保持者的		
Sec	tion B. Total Support	三种四种三进制的关系是证据 从	I KNI STORY STATE OF THE PARTY	SANCTON STATE OF THE PARTY OF T	THE REAL PROPERTY OF THE PARTY	PARTIE TO THE PROPERTY OF THE PARTY OF THE P	
-	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			,,		\- <u>/</u>	
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				···		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14							
Sec	tion C. Computation of Public Sup	port Percer	ntage				
15 16						<u>%</u>	
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008			by line 13. co	olumn (f)) .	17	%_
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h					%	
19a	331/3 % support tests—2008. If the orga 17 is not more than 331/3 %, check this bo						
	33%% support tests-2007. If the organiline 18 is not more than $33%$ %, check this	zation did not obox and stop l	check a box on here. The organ	line 14 or line 1 ization qualifies	9a, and line 1 as a publicly	6 is more than 3 supported organ	3½ %, and lization ► □
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	ox and see instr	uctions > \

Schedule A (Fo	om 990 or 990-EZ) 20	08						Page 4
Part IV	Supplemental	Information.	Complete th	is part to p	rovide the ex	xplanation re	equired by	Part II, line 10; instructions)
	Part II, line 17a	or 17b; or Pa	rt III, line 12	. Provide an	y other addi	tional inform	ation. (see	instructions)
						+	************	
	,.,							
						·		
			••••					
							· • • • • • • • • • • • • • • • • • • •	
·								

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations described below. ▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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 enswered "Yes." to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 31 The Kentucky Center for the Arts Endowment Fund, Inc. To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV. To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? b If "Yes," describe in Part IV. To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details. Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Pag	8	2

Schedule C (Form 990 or 990-EZ) 2008

Sch	edule C (Form 990 or 990-EZ) 2008					Page 2
Pá	art II-A To be completed by completed by completed by completed by complete by					768
	Check ► ☐ if the filing organiza Check ► ☐ if the filing organiza				one anniv	
<u>-</u>		Lobbying Expend	litures		(a) Filing organization's totals	(b) Affiliated group totals
1 a b c c c c c c c c c c c c c c c c c c	Total lobbying expenditures to inflict Total lobbying expenditures (add lidt) Other exempt purpose expenditures					
	If the amount on line 1e, column (a) or (t Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,0 Over \$1,500,000 but not over \$17,000, Over \$17,000,000	20% of the ar \$100,000 plus 00 \$175,000 plus	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.			
g Grassroots nontaxable amount (enter 25% of line 1f)						☐ Yes ☐ No
	Lobb	ying Expenditure	s During 4-Year	Averaging Period	<u></u>	
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount	and the state of t			70. 21. 41. 17. 17. 17. 17. 17. 17. 17. 17. 17. 1	
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					`

Par	rt II-B To be completed by organizations exempt under section 501(c)(3) that hav 5768 (election under section 501(h)). See the instructions for Schedule C for			led Form
	2700 (election under Section 301(iii)). See the instructions for Confedence of for	(8	- 1	(b)
		Yes	No	Amount
1	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:			
а	Volunteers?		1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
C	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?		✓	
е	Publications, or published or broadcast statements?		✓	
f	Grants to other organizations for lobbying purposes?	√		19,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	√		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	✓		
i	Other activities? If "Yes," describe in Part IV	111072	が発	40 500
j	Total lines 1c through 1i , , , , , , , , , , , , , , , , , ,		25.5	19,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .	(HEY)	√ 38331£	
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2041AL	26593	
	t III-A To be completed by all organizations exempt under section 501(c)(4), section	on		Commence of the state of the st
	section 501(c)(6). See the instructions for Schedule C for details.		(.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.			
1 2	Dues, assessments and similar amounts from members	of	1 2a	
a	Current year		2b	
b	Carryover from last year	•	2c	
	Total	•	3	
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of texcess does the organization agree to carryover to the reasonable estimate of nondeductible lobbytes.			
	and political expenditure next year?		4	·
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	
Par	t IV Supplemental Information			
Also,	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, lin complete this part for any additional information.			
 .		.		

Schedule C (For	m 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information (continued)	···
	•	
		•••••
		•••••
•		••••
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	e of the organization	Employer Identification number
The	Kentucky Center for the Arts Endowment Fund, Inc.	31 0999046
Pai	Organizations Maintaining Donor Advised Funds or Other Similar F the organization answered "Yes" to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year , , ,	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that granteed only for charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	or or other
Pai	Conservation Easements. Complete if the organization answered "Yes" t	to Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation	of an historically important land area n of certified historic structure form of a conservation easement
	on the last day of the tax year.	Wild at the End of the Year
a b	Total number of conservation easements	1 _ 1
c d	Number of conservation easements on a certified historic structure included in (a)	2c
3	Number of conservation easements modified, transferred, released, extinguished, or to the taxable year ▶	erminated by the organization during
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements of	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during	ng the year▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its reverbalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	financial statements that describes
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes the same of the same	search in furtherance of public service,
		earch in furtherance of public service,
	if the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	•
	Revenues included in Form 990, Part VIII, line 1	_

Page	2

Oak	-dulo D (F 000) 0000					
	rt III Organizations Maintain	ing Collections	of Art. Histori	cal Treasures, or	Other Similar As	Page :
3	Using the organization's accession items (check all that apply):					
a b	Public exhibition Scholarly research		d 🗌 e 🗍	Loan or exchange Other		
с 4	Preservation for future genera Provide a description of the organia Part XIV.		ns and explain h	ow they further the	organization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	er than to be main	tained as part of	the organization's co	ollection?	Yes V No
Pa	rt IV Trust, Escrow and Cust Part IV, line 9, or reporter	odial Arrangem d an amount on	ients. Complete Form 990, Par	e if organization ar t X, line 21.	nswered "Yes" to	Form 990,
					or other assets not	Yes 🗌 No
b	If "Yes," explain the arrangement in	n Part XIV and co	mplete the follo	wing table:	An	nount
e f	d Additions during the year					
	If "Yes," explain the arrangement in	Part XIV.	<u> </u>		· · · · · · ·	☐ Yes ☐ No
Pa	rt V Endowment Funds. Co					,
	Deale to a few a balance	(a) Current year 19,311,716	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a b	Beginning of year balance	12,145			THE REPORT OF THE PERSON NAMED IN	
C	Investment earnings or losses .	(3,087,993)		N PARADESE		
ď	Grants or scholarships	840,822	250		CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DE L	新州学》
е	Other expenditures for facilities and programs	42,830				
	Administrative expenses	76,262				
_	End of year balance	15,275,954	A STATE OF THE STA	公司 12.201.801.201.500.500.500	一位出版的	ESTERNIC STATE OF
	2 Provide the estimated percentage of the year end balance held as:					
	a Board designated or quasi-endowment ►85					
	Term endowment ▶ 0 %					
	Are there endowment funds not in thorganization by:		he organization t	hat are held and ad	ministered for the	Yes No
	(I) unrelated organizations	<i>.</i>				3a(i) ✓
	(ii) related organizations					3a(ii) ✓
ь 4	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?					

Part V	Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.					
	Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value	
1a La	nd					
b Bu	ildings					
c Le	asehold improvements		400 400	 		
	ulpment		163,486	39,628	123,858	
	her	Form 990 Pert Y colur	nn (B) line 10(c))		123 858	

Part VII Investments—Other Securitie	s. See Form 990, Par	t X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
Financial derivatives and other financial products			
Closely-held equity interests			
Other	· 		
Limited Partnership - Mainstream	3,923,927	End-of-year Market Value	,
	 		
•••••			
	-		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	ed. See Form 990, Par		
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	of valuation: ear market value
	-		
	 		
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	1		
Part IX Other Assets. See Form 990, Pa	art X, line 15.	Should should be a strong of the man and the bear and	TANKA MARKAMAN APPATANA
	(a) Description		(b) Book value
Antonia Callastian			4004350
Artwork Collection			4,334,350
			
Total. (Column (b) should equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	<u> </u>
Part X Other Liabilities. See Form 990,	Part X, line 25.	TO SEE SEASON OF THE SEASON WHEN THE SEASON WITH THE SEASON WHEN THE SEASON WHIT SEASON WHEN THE SEASON WHEN T	
(a) Description of liability	(b) Amount		
Federal income taxes	 		
	 		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	† 		

In Part XIV, 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.

Page	4

	dui D (1 01111 330) 2003		1 490 1
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1_	434,648
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	959,914
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(525,266)
4	Net unrealized gains (losses) on investments	4	(3,510,496)
5	Donated services and use of facilities	5	ļ
6	Investment expenses	<u>6</u>	
7	Prior period adjustments	<u>7</u>	
8	Other (Describe In Part XIV)		(2.540.400)
9	Total adjustments (net). Add lines 4–8	9 10	(3,510,496)
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		(4,035,762)
		F he	15,520
1	Total revenue, gains, and other support per audited financial statements	100	13,320
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net differenced gains of investments	國一	
b	Dollated Services and use of lacilities		
C	recovered of prior year grants	数	
đ	Cator (Bosonbo III I dit XIV)	_ EX	0
е	Add lines 2a through 2d	2	
3	Subtract line 2e from line 1	5.5	15,520
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-100	
þ		100元	
5	Add lines 4a and 4b		***************************************
_	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
		1	(4,051,282)
1	Total expenses and losses per audited financial statements		(4,031,202)
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		(2)
a	Dollated Services and use of lacinities		
b	Thoryear adjustments		
C	Losses reported on Form 550, Fart IX, line 20		
d		2	
9	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	TAR	(0.0),007
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	飂	
a	investment expenses not included on term dee, that vin, into the		
b	Citie (Describe in at XIV)	40	(419,128)
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
Par	t XIV Supplemental Information		(000)01.47
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	d 4;	Part IV, lines 1b
Par	t III, Line 4		
Alti	nough The Kentucky Center does not have a gallery per se, a diverse array of 20th-century wo	orks	of art is on
per	manent display throughout the facility by artists such as John Chamberlain, Malcolm Morley,	Ale	xander Calder,
Jea	n Dubuffet, Louise Nevelson and Joan Miro.		
Par	t V, Line 4		•
The	Endowment solicits and receives gifts, grants and contributions from individuals, groups, co	orpo	rations and other
pub	lic and private sources; to finance the capital, operating and programming costs of The Kent	ucky	y Center.

Schedule D (Form 990) 2008	Page 3
Part XIV Supplemental Information (continued)	
Part XII, Line 4b	
Gross Interest and Dividends \$422,503	
Fundraising Direct Expenses (\$3,375)	
Total Other \$419,128	
Part XIII, Line 2d	
Unrealized losses on investments (\$3,510,496)	
Part XIII, Line 4b	
Gross Interest and Dividends (\$422,503)	
Fundraising Direct Expenses \$3,375	
Total Other (\$419,128)	
\	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Open to Public OMB No. 1545-0047 2008 Inspection

> ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

2 □ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Employer identification number 0999046 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 3 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part General Information on Grants and Assistance The Kentucky Center for the Arts Endowment Fund, Inc. Name of the organization Part II

(a) Name and address of organization or government or government	(a)	(c) IRC section (d applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Ky Center for the Arts501 West Main Street	61-0973376	501(c)(3)	\$840,822	0\$	Percentage of fmv	N/A	Operating
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and gov	vernment organizat	ions				-
3 Enter total number of other organizations	rganizations	•					0
ı							

Schedule I (Form 990) 2008

Cat. No. 50055P

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

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to pi	ovide the information	on required in Part	I, line 2, and any other	additional information.
The Endowment Fund supports operating, programming and capital needs of The Kentucky Center for the Performing Arts. The Kentucky Center for the Performing	amming and capit	al needs of The Kent	ucky Center for the	Performing Arts. The Ke	ntucky Center for the Performing
Arts is a related organization. The Center and the Endowment have an annual independent audit.	e Endowment hav	e an annual indepen	dent audit.		
		1	C		
! !			6 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	-1 3 3 8 8 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8		1		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Kei	ntucky Center for the Performing Arts Endowment Fund, Inc.	31		099	904	6	
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a per 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding				和毛		90 (d) 1-1 (d)
	☐ First-class or charter travel ☐ Housing allowance or residence	for pe	rsonal	use			
	☐ Travel for companions ☐ Payments for business use of pe	rsona	i reside	nce		觀測	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or init	iation	fees	整			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, ch	auffeu	r, chef)	72			
				2			
b	If line 1a is checked, did the organization follow a written policy regarding payment or rei provision of all of the expenses described above? If "No," complete Part III to explain .	mburs	ement		ib	Target.	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incu	rred b	y all				
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked				2		reserva
						原 類	病病
3	Indicate which, if any, of the following the organization uses to establish the compensation	n of t	he	1		鑫	
	organization's CEO/Executive Director. Check all that apply.						
	☐ Compensation committee ☐ Written employment contract						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	Form 990 of other organizations Approval by the board or compe	nsatio	n com	nittee			
	During the control of the control of the transfer of the control o			- F			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:				ta	1/15/20	- J
a b	Receive a severance payment or change of control payment?				1b		1
_	Participate in, or receive payment from, an equity-based compensation arrangement?			· -	‡c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each			100		20.1	POR S
	The to dry of files 44 of flot the persons and provide the approvate amounts for each	1 110111	iii i aii			300	
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			1			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or ac	crue a	anv		选		
	compensation contingent on the revenues of:						
а	The organization?			. 5	īa		✓
b	Any related organization?				b	- Yeak (6)	√
	If "Yes" to line 5a or 5b, describe in Part III.			N. Carlotte			際素
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or ac	crue a	any				
	compensation contingent on the net earnings of:						
	The organization?				ia		
b	Any related organization?				ib		V
7	If "Yes" to line 6a or 6b, describe in Part III.	nu no:	n flynd	1250	70.5		
1	For persons listed in Form 990, Part VII, Section A, Ilne 1a, did the organization provide a payments not described in lines 5 and 6? If "Yes," describe in Part III				7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract			. -	_	†	<u> </u>
•	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes				- }		
	in Part III	.,	2	1 :	в		1

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	-	(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(b)(a)	Form 990-EZ
Stenhen Klein								
(ii)	(ii	194,545	38,703	1,393	22,036	20,529	277,206	
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							Sch	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part to provide the information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Kentucky Center for the Arts Endowment Fund, Inc.	31	<u> </u>	0999046
Form 990, Part III, 4d - Other Program Services Expenses \$22,885 including grants of	of \$0 Rever	ոսе \$0	
Distinguished collection of 20th century artwork is enjoyed by thousands of visitors	to The Ker	itucky Ce	enter and Louisville
Form 990, Part III, 4d - Other Program Services Expenses \$445 including grants of \$0	Revenue	\$ 5,237	
Maintenance of plano inventory			
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

The Kentucky Center for the Arts Endowment Fund, Inc	31	0999046
Form 990, Part VI, Line 10		
Form 990 is prepared by the Director of Finance, reviewed by the Senior Vice-President ar	ıd Pres	ident of The Kentucky
Center. The Form 990 is then forwarded for review to a CPA firm and legal counsel. The r	eviewe	d Form 990 is sent to
the Treasurer of the Endowment Board and the Audit/Finance Committee. Upon their app	roval,	prior to filing, a copy ls
sent to all Board members.		•
Form 990, Part VI, Line 12c		
Annually members of the governing body are required to read and sign the conflict of inte	rest pc	ellcy. Signed statements
are returned to the organization management for review and safekeeping.		
Form 990, Part VI, Line 15b		,
Compensation of top management official and other officers are approved by the governir	ng body	y of the organization.
Contracts are signed indicating agreement with terms. The Compensation Committee util		
Payscale reports to insure comparability with peers.		
Form 990, Part VI, Line 19		
Documents are maintained at 501 West Main Street, Louisville, Kentucky and are available	upon	request.
•••••••••••••••••••••••••••••••••••••••		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer	identification number
Kentucky Center for the Arts Endowment Fund, Inc	31	0999046
Form 990 - Part VII - Section A - Column (B)		
James H. Bloem - 0.0 hours devoted to related organization		
Harold B. Butler - 0.00 hours devoted to related organization		
Paul T Costel - 0.00 hours devoted to related organization		
Sandra Frazier - 0.00 hours devoted to related organization		
J. Tim Galbraith - 0.00 hours devoted to related organization		
R.W. Chip Keeling - 0.00 hours devoted to related organization		
Chambers Boyd Moore - 0.00 hours devoted to related organization		
Philip S. Poindexter - 0.00 hours devoted to related organization		
Robert W. Rounsavall, III - 0.00 hours devoted to related organization		
Curt Royce - 0.00 hours devoted to related organization		
Debbie Scoppechio - 0.00 hours devoted to related organization		
Daniel E. Woodside - 0.00 hours devoted to related organization		
Ceci Conway Boden - 0.00 hours devoted to related organization		
Meredith Parente - 0.00 hours devoted to related organization		·
Marilyn Schorin - 0.00 hours devoted to related organization		
Stephen Klein - 38.0 hours devoted to related organization		
Christopher Roberts - 38.0 hours devoted to related organization		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2008

> ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate Instructions.

Open to Public Inspection

Schedule R (Form 990) 2008 (F)
Direct controlling entity (F)
Direct controlling
entity 0999046 ٨ 509 (a)(2) Public charity status (if section 501(c)(3)) End-of-year assets 33 Œ 501(c)(3) (D) Exempt Code section Total income <u>0</u> Cat. No. 50135Y Legal domicile (state or foreign country) Legal domicile (state or foreign country) Kentucky Performing Arts Ctr Primary activity Primary activity 9 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. -The-Kentucky Center for the Performing Arts Identification of Related Tax-Exempt Organizations (A)Name, address, and EIN of related organization Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity Kentucky Center for the Arts Endowment Fund, Inc. 501 West Main Street Louisville KY -EIN# 61-0973376----Part II Part I

Part III Identification of Related Organizations Taxable as a Partnership

Code V—UBI General or amount in box 20 of managing Schedule K-1 (Form 1065)	Yes No			
(Ff) Disproportionate allocations? Schedul (Form	N N			
Share of end-of-year bispon assetts allog	Yes			
(F) Share of total income				
(E) Predominant income (related, investment, unrelated)				
(D) Direct controlling entity				
(C) Legal domicile (state or foreign country)				
(B) Prmary activity				
(A) Name, address, and EIN of related organization				

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Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ns Taxable as a (Sorporation or	r Trust				
(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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV. 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?	Parts II-IV?		Yes	S S
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		5	5	>
		<u>ှ</u>		>
	·	P		>
e Loans or loan quarantees by other organization(s)	• •	1	-	>
f Sale of assets to other organization(s)	•	<u>+</u>		>
d Purchase of assets from other organization(s)		=		>
		두	ر	\
		=		1
	•		阿姆森	
i Lease of facilities, equipment, or other assets from other organization(s)	•	1		>
k Performance of services or membership or fundraising solicitations for other organization(s)		*	¥	>
Performance of services or membership or fundraising so		=	/	
m Sharing of facilities, equipment, mailing lists, or other assets		E	n 🗸	
n Sharing of baid employees		=	n 4	
•				
o Reimbursement paid to other organization for expenses	•	9	0 1	
p Reimbursement naid by other organization for expenses		1p	_ d	>
	•			
	•	₽	ď	>
r Other transfer of cash or property from other organization(s)		11	_	>
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.	lationships and t	ransaction	thresho	olds.
(A) Name of other organization(s)	(B) Transaction	Аттоп	(C) Amount involved	72
	type (a~r)			
				1
(3)				
(4)				
(5)				
(9)				
	Sch	Schedule R (Form 990) 2008	orm 990	2008

Part VI Unrelated Organizations Taxable as a Partnership

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.

or gross revenue, triat was not a related organization, see instructions regarding exclusion for certain investment partiets into-	istructions regarding exc	usion for certain in		n baun	ersnips.	į			
(A) Name address and EN of path,	(B)		0 00 00	9	(E)	(F)			(H)
ואמווני, מטוניסט, מוט בווווץ	ביוווים א שרמעול	(state or foreign country)	section section 501(c)(3) organizations?	ion (3)	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	man part	managing partner?
			Yes	2		Yes No	_	Yes	2
		-							
								-	
	:								
							:		
							Schedule R (Form 990) 2008	.E) 2008

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

THE THE THE TENE	OC. 4100		
If you are Do not comp	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	(on page 2 previously t	of this form).
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—chec	k this box	and complete
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form	7004 to red	quest an extension of
one of the r electronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at eturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed at one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you ca is 990-BL, a nd signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer	identification number
print	Kentucky Center for the Arts Endowment Fund Inc.	31	0999046
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see Instructions. 501 West Main Street		
return. See instructions.	City, town or post office, state, and ZiP code. For a foreign address, see instructions. Louisville, Kentucky 40202	· · · · · ·	
Check type	of return to be filed (file a separate application for each return):		
✓ Form 990	· · · · · · · · · · · · · · · · · · ·		Form 4720
☐ Form 990	<u> </u>	ñ	Form 5227
☐ Form 990	ā	Form 6069	
☐ Form 990	ī	Form 8870	
Telephone If the orga If this is fo for the whole	are in the care of ► Lyda Howard No. ► (502) 562-0162 FAX No. ► (502) 562 Inization does not have an office or place of business in the United States, check this r a Group Return, enter the organization's four digit Group Exemption Number (GEN). To group, check this box ►		If this is
until for the ℓ ▶ □ c ▶ ☑ f	est an automatic 3-month (6 months for a corporation required to file For February 15 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20	named abo	ove. The extension is
	ex year is for less than 12 months, check reason: Initial return Final return		in accounting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax on nonrefundable credits. See instructions.	(, 3a	\$
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta ts made. Include any prior year overpayment allowed as a credit.	3b	\$
deposit	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer. See instructions.		_
Caution. If yo for payment i	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 nstructions.	53-EO and	Form 8879-EO
For Privacy Ac	et and Paperwork Reduction Act Notice, see Instructions. Cat. No. 27916D	Fo	rm 8868 (Rev 4-2009)

Form	1 8868 (Rev	. 4-2009)				Page 2	
Note	e. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part II if you have already been granted an automatic 3-month exter filing for an Automatic 3-Month Extension, complete only Part I (on particular of the complete only Part I (on particular of the complete only Part I (on particular of the complete only Part I (on particular of the complete only Part I (on particular of the complete only Part I (on particular of the complete only Part I (on particular of the complete only Parti	islon on a prev	nd check to riously filed	his box Form 8868	. ▶ □	
		Additional (Not Automatic) 3-Month Extension of Time. Only file		(no copie	s needed)		
Typ prin	e or	Name of Exempt Organization			dentification		
exter	by the nded date for	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use	only		
filing return instru	the n. See actions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		的。 自由是不是自由			
Che	ck type	of return to be filed (File a separate application for each return):					
□ ғ	Form 990	D ☐ Form 990-PF ☐ Fo	orm 1041-A		Form 6069	3	
	Form 990-BL				☐ Form 8870		
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227							
STO	Pl Do no	ot complete Part II if you were not already granted an automatic 3-mont	n extension or	ı a previou	sly filed Fo	rm 8868.	
		are in the care of ▶					
		No. ► () FAX No. ► ()					
		nization does not have an office or place of business in the United State				⊾ ጠ	
♥ IF ¥	inis is toi	r a Group Return, enter the organization's four digit Group Exemption No	imber (GEN)		(/)	IS IS	
		e group, check this box If it is for part of the group, che	eck this box	> _	j and allad	in a	
		names and EINs of all members the extension is for.					
4	I reques	st an additional 3-month extension of time until		20			
5		endar year, or other tax year beginning, 20					
6		ax year is for less than 12 months, check reason: Initial return					
7	State in	detail why you need the extension					

8a	If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax,	. [
	less any	nonrefundable credits. See instructions.		8a	\$		
þ	If this a	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits and				
		ed tax payments made. Include any prior year overpayment allowed as a					
	amount	paid previously with Form 8868.		8b	\$		
0	Ralance	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if re	outred deposit				
		coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S			\$		
Jnder t is tn	penaities (Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedules and so, and complete, and that I am althoused to prepare this form.	tatements, and to	the best of m	ny knowledge	and belief,	
			P		א פאננ	100	
ignat	ture ►	Title > Sr. V	·	Date ►	11/1/	<u> </u>	
				Ear	M/BENE TO	OU 4-2000	