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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

_											IIISPECII		
<u>A</u>	For t	ne 2009 ca	r	year, or tax year		July 1	, 2009, ar			ne 30	, 20 10		
B Check if applicable			Please use IRS	C Name of organiz						1	yer identification		
Address change			label or			Center for the				31 5 Tolomb	: 099904 none number	16	
		change	print or type		•	is not delivered to str	reet address)	Room/suite	9	1			
	nitial re	eturn	See Specific	501 West Main		1 710 4				(502)	562-010	10	
	Termin:	ated	Instruc- tions	City or town, sta	-	0 ZIP + 4							
		ed return		Louisville, Ky ne and address of p						G Gross re		<u>43,328</u>	
L.J #	Applicat	ion pending	1		mncipai onicer	Stephen Klei	n				n for affiliates? ∑Yes		
_	T			as C above							included? LYes		
		kempt status		501(c) (3)◀ (inser	tno) [494	(a)(1) or 52	27				a list (see instruction	ons)	
		site: ► N/	-	oration Trust 7	·		l. Vara			exemption nu			
	art I			oration rust/	ASSOCIATION LI UT	her ▶	L Year	of formatio	1980	M State o	of legal domicile K	<u>y</u>	
	-	Summ						Caliait	************************		£ =:64= ====4=		
	1	Briefly de	escribe	the organization	n's mission o	r most signific	ant activities:	Solicita	ition and	receipt o	r giπs, grants	and	
æ				rom individual					lic and pi	rivate, to	finance the ca	pital,	
ă		operating and programming costs of The Kentucky Center for the Arts.											
Governance								45 0504					
ී				if the organizati		•				ets. 3	ı	45	
ජ ග	_			ng members of						· -		15	
iţte	4			pendent voting			body (Part VI	, line 1b)		5		14	
Activities &				employees (Pa						. 6		14	
⋖				volunteers (est elated business						· 7a		- 14	
				usiness taxable				2		. 7b			
						1 01111 000 1, 11		<u> </u>	Prior Ye		Current Ye	<u>-</u>	
	8	Contribut	tions an	nd grants (Part \	VIII lino 1h)					12,420		3,100	
Revenue	9			revenue (Part '				· ·		0		0,100	
š		-		me (Part VIII, co				· ·		422,503	24	10,228	
æ				Part VIII, column				• •		(275)		0	
				dd lines 8 throug				72)		434,648	24	13,328	
				lar amounts par		147 land 1 land	1 1 1 2 2			840,822		10,437	
	14			or for members				§∦ · ⊢		0		0	
Ses	ı			ompensation, em)	•	0		0	
Expenses	16a	Professio	nai fun	draising fees (Pa	ort IX column	4) line 11e)	19) (0	4, 4	0	
Ä				expenses (Part			· · · · · · · · · · · · · · · · · · ·						
				(Part IX, colum			N, UI			119,092	11	16,846	
				Add lines 13-1			nn (A). line 25	5)		959,914	52	27,283	
	19	Revenue	less exp	oenses. Subtract	line 18 from	ine 12		<i>.</i>	(5	525,266)		3,955)	
Assets or								Ве	ginning of C	urrent Year	End of Yea	<u></u>	
alar	20	Total ass	ets (Pa	rt X, line 16) .					17,	694,801	19,00	00,606	
A As	21		-	Part X, line 26)					2,	418,847		15,400	
Fund	22	Net asset	ts or fu	nd balances Si	ubtract line 2	1 from line 20			15,	275,954	16,28	35,206	
Pa	rt II		ature l			/	1						
		Under per	nalties of	perjury, peclare the e, correct and com	at I have examine	ed this return, inclu	iding accompanyi	ng schedul	es and stater	ments, and t	o the best of my kr	iowledge	
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Sig				/ His//	4	BAND	T			d/	11201	<u>/</u>	
He	re	Signa	ature of e	fice	1 1	6/. 1	ا دار.	- 11	10/24		•/		
			<u> </u>	Mr15 Fall	NIV CV	15 ps r	75	Y V	// └	TU			
		Type	or print i	name and title			I ₋ .	- I Oha	14				
		Preparer's					Date	Chec	K IT	Preparer's in (see instruction	dentifying number tions)		
Paid		Signature	•					emp	loyed ▶ 📖	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Prep	arer's	Firm's na	me (or vo	nure k					1				
Use	Only	if self-em	ployed),						EIN	<u> </u>	<u> </u>		
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				return with the				s) .	· · · · -	<u>·</u>	. Yes [<u>No</u>	
For	Priva	cy Act and	d Paper	work Reduction	Act Notice, se	e the separate	instructions.		Cat No 11	282Y	Form 99 0	(2009)	
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Pai	Statement of Program Service Accomplishments						
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?						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?						
4							
4a	(Code:) (Expenses \$ 313,004 including grants of \$ 295,004) (Revenue \$) Operating Support for The Kentucky Center for the Performing Arts: approximately 438,000 attended events from July 1, 2009 through June 30, 2010						
4b	(Code:) (Expenses \$ 45,000 Including grants of \$ 45,000) (Revenue \$) Education Program: Kentucky Governor's School for the Arts. Over 1,600 students applied for the 225 openings in the annual 3 week program. Over 1,000 students participated in related workshops.						
4c	(Code:) (Expenses \$						
	Other program services. (Describe in Schedule O.) (Expenses \$ 25,836 including grants of \$ 0) (Revenue \$)						
40	Total program service expenses ► 454,273						

Pai	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
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 similar funds or 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	6		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	9		✓_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			;
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	 -		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
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? <i>If "Yes," complete Schedule F, Part III </i>	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	t IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			, , ,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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	✓	
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	
	· · · · · · · · · · · · · · · · · · ·			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		-	
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 0			
h	Statements, filed for the calendar year ending with or within the year covered by this return L2a U If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)	i		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	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		√
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
٥-	Prohibited Tax Shelter Transaction?	5c 6a		7
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	- Oa		
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).			ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u>-</u>		1
	and services provided to the payor?	7a 7b		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С.	required to file Form 8282?	7c		✓
	in res, indicate the number of rorms szoz med 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		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		\
9	Sponsoring organizations maintaining donor advised funds.	J		
a	Did the organization make any taxable distributions under section 4966?	9a		✓
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	aross mostric from members of shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

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

Sec	tion A. Governing Body and Management				
_			Yes	No	
1a	Enter the number of voting members of the governing body				
b	Enter the number of voting members that are independent	ţ	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2		✓	
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		✓	
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		✓	
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		1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	8a	✓	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	L	<u> </u>	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernai			
nev	enue Coue.)		V		
	-	100	Yes	No	
	Does the organization have local chapters, branches, or affiliates?	10a	_		
D	off"Yes," does the organization have written policies and procedures governing the activities of such chapters,				
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	1		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	Γ,	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		_ <u>`</u> _		
_	rise to conflicts?	12b	1		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
·	describe in Schedule O how this is done	12c	\	<u> </u>	
13	Does the organization have a written whistleblower policy?	13	\		
14	Does the organization have a written document retention and destruction policy?	14	√		
15	Did the process for determining compensation of the following persons include a review and approval by	1	-	٠, ١	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,		
а	The organization's CEO, Executive Director, or top management official	15a	\		
b	Other officers or key employees of the organization	15b	✓		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u> </u>	لبنا	
	with a taxable entity during the year?	16a		✓	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	3.5	r	İ	
	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?	16b			
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Kentucky				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(o	2)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.				
40	Own website Another's website Door request	_£•			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or inte	erest		
20	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and reco	rde e	f tha		
20	organization: Lyda Howard, 501 West Main Street, Louisville, Ky 40202. 502-562-0162	145 O	ı tile		

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

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

✓ Check this box if the organization did not ce	ompensate	any c	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		ion (k all	that ap	· · ·	Reportable compensation	Reportable	Estimated amount of
	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 or other compensation from the organization and related organizations
Harold Butler Board Member	.5	1						0	0	0
Sandra Frazier	.5	,						0	0	0
Board Member J. Tim Galbraith	·	✓	-	╁	-		-			
Board Member	.5	1						0	0	0
R.W. Chip Keeling Board Member	.5	✓						0	0	0
Chambers Boyd Moore Board Member	.5	/						0	0	0
Philip S. Poindexter	.5	V				-	-	0	0	0
Board Member		✓		<u> </u>	<u> </u>		<u> </u>	0	· · · · · · · · · · · · · · · · · · ·	
Robert W. Rounsavall, III Board Member	.5	/						0	0	0
Debbie Scoppechio Board Member	.5	1						0	0	0
Mary Stone	.5	1						0	0	0
Board Member Daniel E. Woodside	.5					-		0	0	0
Board Member		✓	<u> </u>	<u> </u>	_	-	<u> </u>	•		
Joy Yudofsky Board Member	.5	1						0	0	0
Ceci Conway Boden Board Chairman	1.0			1				0	0	0
Meredith Parente Treasurer	1.0			1				0	0	0
Marilyn Schorin	1.0			1				0	0	0
Secretary Stephen Klein	2.0	ļ	<u> </u>	Ť				0	238,048	41,628
Vice-Charmin, President The Kentucky Ctr Christopher Roberts	2.0			✓			-	0	101,784	34,782
Senior Vice President The Kentucky Ctr	2.0		L	✓		<u> </u>	<u> </u>	0	101,704	34,762

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (co	ntınuec	<u>) </u>	
•	(A)	(B)			•	C)			(D)	(E)	1		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	al Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	imated ount of other ensation the inization related nizations	1
										· · · · · · · · · · · · · · · · · · ·		<u>. </u>	
						_							
						_							
										1			
1b			· · ·	<u>. </u>	•	•		▶	0	339,832	<u> </u>	76,4	10
2	Total number of individuals (including but in reportable compensation from the organization)			ose	list	ed a	above) wr	no received mo	ore than \$100,00	00 in		
_	reportable compensation from the organiza	adon P NO	nie								·	Yes I	OV
3	Did the organization list any former office							oyee	e, or highest o	ompensated			✓
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s							and	other compe	nsation from	3		<u>v</u>
	the organization and related organizations individual										4	1	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	pen Sch	sati edu	on i	from I for s	any uch	unrelated org	anization for	5		✓
_	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate 	d ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$10	00,000	of 	
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compen		
No	ne												
_													
_					.			<u> </u>	1 -1- 2			,	
2	Total number of independent contractors (i					to to	those	liste	ed above) who	received			

Pari		\			-		1 1 1 1
,				(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	b c d e f	Federated campaigns	3,100	3,100			
	-"		Business Code	3,100			
Program Service Revenue	2a b c d e f	All other program service revenue . Total. Add lines 2a–2f					
	3 4 5	Investment income (including dividends, in other similar amounts)	interest, and	240,228			240,228
	6a b	Royalties		-			
		Gross amount from sales of assets other than inventory	(ii) Other				
		Less: cost or other basis and sales expenses . Gain or (loss)	▶				
Revenue	8a	Gross income from fundraising events (not including \$					
Other Re		Less: direct expenses b Net income or (loss) from fundraising eve	ents ►				
		Gross income from gaming activities. See Part IV, line 19 a					
	С	Less: direct expenses b _ Net income or (loss) from gaming activitie	es >				
	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory					
	11a	Miscellaneous Revenue	Business Code				
	1						
	C	All other revenue					
		All other revenue	•				
	12	Total revenue. See instructions.		243,328			240,228

Part IX Statement of Functional Expenses

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

	All other organizations must complete co	lumn (A) but are no	ot required to comp	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 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	410,437	410,437		
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			3	
4	Benefits paid to or for members				***
5	Compensation of current officers, directors, trustees, and key employees				
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages	-			
8	Pension plan contributions (include section 401(k)				
9 10 11	and section 403(b) employer contributions) . Other employee benefits Payroll taxes Fees for services (non-employees):				
а	Management				
b	Legal	1,750		1,750	
C	Accounting	13,053		13,053	
	Lobbying	18,000	18,000		
	Professional fundraising services See Part IV, line 17		, , ,		
f	Investment management fees	37,134		37,134	
-	Other	,		,	
12	Advertising and promotion	485		485	
13	Office expenses	403		400	
14	Information technology		····		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials	3,355		3,355	
19	Conferences, conventions, and meetings .	3,333		3,333	
20	Interest				
21	Payments to affiliates	0.655	······································	0.655	······································
22	Depreciation, depletion, and amortization.	9,655 25,079	20,980	9,655	
23	Insurance	20,079	20,560	4,099	
24	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.)			-, ·	•
а	Piano Repair	4,855	4,855		
a b	Artwork Expense	1	1		
_	Bank/Cradit Card Face	3,224	•	3,224	
c d	Miscellaneous	256		256	
				230	
e	All other expanses		 		
f 25	All other expenses	527,283	454,273	73,010	
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the	527,200	707,210	70,010	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Рa	rt X	Balance Sheet			
`			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	811,381	1	762,184
- 1	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	·	employees, and highest compensated employees. 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	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	· ·
۲	9	Prepaid expenses and deferred charges	29,264	9	28,822
	10a	Land, buildings, and equipment cost or 10a 163,486 other basis Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 49,283	123,858	10c	114,203
	11	Investments—publicly traded securities	8,472,021		9,441,840
	12	Investments—other securities. See Part IV, line 11	3,923,927	12	4,319,207
	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	15	4,334,350
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,694,801	16	19,000,606
	17	Accounts payable and accrued expenses	11,327	17	13,686
	18	Grants payable	2,407,520	18	2,701,714
ļ	19	Deferred revenue		19	
	20			20	
S	21	Tax-exempt bond liabilities		21	
Liabilities	22	Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key			
Ē	22	employees, highest compensated employees, and disqualified [
Ë		persons. Complete Part II of Schedule L		22	
	00	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,418,847	26	2,715,400
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	-		<u> </u>
aŭ	27	Unrestricted net assets	12,965,448	27	14,018,709
3al	28	Temporarily restricted net assets	70,506	28	26,497
힏	29	Permanently restricted net assets	2,240,000	29	2,240,000
or Fund Balance	23	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	N - 101
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	15,275,954	33	16,285,206
Z	34	Total liabilities and net assets/fund balances	17,694,801	34	19,000,606

Dago	1	2
Page		_

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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Name of the organization Employer identification number The Kentucky Center for the Arts Endowment Fund, Inc. 31 0999046 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% 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% % 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 a 🔲 Type I **b** Type II **c** Type III–Functionally integrated **d** Type III-Other 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(II) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(m) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col (i) listed in your organization in col (described on lines 1-9 the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No Yes Nο No **Kentucky Center for** 6/9 the Performing Arts 61-0973376 410,437 33 Total

Pa	(Complete only if you chec					and 170(b)	(1)(A)(VI)
Sec	tion A. Public Support			 			
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3					<u> </u>	-
5 6	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)						
	tion B. Total Support	L	·	L	· · · · · · · · · · · · · · · · · · ·	·	-L
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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.)						
11	Total support. Add lines 7 through 10 .			<u> </u>		<u> </u>	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		•		ion 501(c)(3) \blacktriangleright
	tion C. Computation of Public Su					T T	
14	Public support percentage for 2009 (line	. ,,	•	1, column (f))		14	% %
15 16a	Public support percentage from 2008 Scl 33% % support test—2009. If the organizand stop here. The organization qualifies	zation did not of as a publicly s	check the box of supported organ	nization	line 14 is 33% 9		eck this box
b	331/4 % support test—2008. If the organization quality box and stop here. The organization quality	lifies as a publ	icly supported o	organization .			▶ □
17a	10%-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	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Par	t IV how the _
b	10%-facts-and-circumstances test-2008 more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more, and if the organization meets the "facts-and-circumstance test-2008" more test-2008 more test-200	acts-and-circum inces" test. The	istances" test, c organization qua	check this box a alifies as a public	and stop here bly supported or	Explain ın Par ganizatıon	t IV how the
18	Private foundation. If the organization did	not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this l	box and see in	structions ► L

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you check	nizations De ed the box or	escribed in S n line 9 of Pa	Section 509(a art 1.)	1)(2)		
Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			4		,	ļ
8	Public support (Subtract line 7c from line 6.)				A STATE OF THE STA	- 444 - 44	
Sec	tion B. Total Support	 -					
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
	niot income trem libralated business	1			•	•	

activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 and 12.)

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14

	organization, check this box and stop here	•		•	•			•	. •	•		•	•	•	٠	•	<u>. </u>	•	•	<u> </u>
Sec	tion C. Computation of Public Support	Pe	rce	nt	ag	е														
15	Public support percentage for 2009 (line 8, co	olun	nn i	(f) (ivit	dec	d b	y li	ne	13,	СО	lum	ın ((f))					15	<u>.</u>

Public support percentage from 2008 Schedule A, Part III, line 15

16

Sec	ction D. Computation of Investment Income Percentage		
 17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	%
		18	%
10	investment income percentage non zood conedato 7, 1 art in, into 1		

l9a	331/2 % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 331/2 %, and line
	17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/2 %, check this box and **stop** here. The organization qualifies as a publicly supported organization ightharpoonup

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

%

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

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

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.

•	•	that have NOT filed Form 5768 (election		•			rt II-A
		s," to Form 990, Part IV, line 5 (Prox		(ii)). Complete i a		5 Hot 55 Hp 15 to 1 5	
• ;	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.					
	ne of organization				Employe	er identification nur	nber
		Arts Endowment Fund, Inc		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	31	099904	
		e organization is exempt und					•
1 2	•	ne organization's direct and indirect	•	-	_		
3							
Par	t I-B Complete if the	e organization is exempt und	er section 501	(c)(3).			_
1	Enter the amount of any e	e organization is exempt und excise tax incurred by the organization is exempt under the organizati	ation under section	n 4955	▶ \$		
2	Enter the amount of any e	excise tax incurred by organization	managers under	section 4955.	▶ \$		
3 4a		d a section 4955 tax, did it file For				∐ Yes · · ∏ Yes	∐ No
b	If "Yes," describe in Part I				• •	· · L tes	∐ No
Par		e organization is exempt und	er section 501	c), except se	ction 5	01(c)(3).	
1	Enter the amount directly	expended by the filing organization	on for section 52	7 exempt functi	on		
2		ing organization's funds contribute			ion		
^	•	ities					
3		penditures. Add lines 1 and 2. Er			∟, ▶ \$		
4		file Form 1120-POL for this year?				🗌 Yes	☐ No
5		and employer identification numbe					ments
		zation listed, enter the amount paid f					
		were promptly and directly delivered mmittee (PAC). If additional space is				s a separate segr	egated
						<u> </u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizat		(e) Amount of po contributions received	
	•			funds If none, er	nter -0-	promptly and dir delivered to a ser	
						political organizat	
	<u> </u>						
							
			 				_
				·			

Pa	art II-A .Complete if the organizate under section 501(h)).	tion is exem	pt under sectio	n 501(c)(3) and	filed Form 5768	(election	
	Check ► ☐ if the filing organization				· · · · · · · · · · · · · · · · · · ·		
В	Check ► ☐ if the filing organization			control" provisi	ons apply.		
	Limits on Lob (The term "expenditures" n			ed.)	(a) Filing organization's totals	(b) Affiliated group totals	
1	a Total lobbying expenditures to influence	ce public opini	on (grass roots lo	bbying)			
	b Total lobbying expenditures to influence						
(c Total lobbying expenditures (add lines	1a and 1b)					
(d Other exempt purpose expenditures						
(e Total exempt purpose expenditures (a						
1	f Lobbying nontaxable amount. Enter th columns.	e amount from	the following tab	ole in both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000						
	Over \$500,000 but not over \$1,000,000	over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000		10% of the excess				
	Over \$1,500,000 but not over \$17,000,000	1	5 5% of the excess				
	Over \$17,000,000	\$1,000,000		<u>_</u>			
(g Grassroots nontaxable amount (enter 25% of line 1f)						
ı	h Subtract line 1g from line 1a. If zero o						
i Subtract line 1f from line 1c. If zero or less, enter -0-					L		
	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?						
	section 4911 tax for this year?	eitner line in E	or line 1i, did the o	organization file Fo	orm 4/20 reporting	☐ Yes ☐ No	
	section 4911 tax for this year? 4-Y (Some organizations that more columns below.	ear Averaging ade a section See the instr	Period Under S 501(h) election ouctions for lines	ection 501(h) lo not have to co 2a through 2f on	omplete all of the page 4.)		
	section 4911 tax for this year? 4-Y (Some organizations that more columns below.	ear Averaging ade a section See the instr	Period Under S 501(h) election ouctions for lines	ection 501(h) lo not have to co	omplete all of the page 4.)		
	section 4911 tax for this year? 4-Y (Some organizations that more columns below.	ear Averaging ade a section See the instr	Period Under S 501(h) election ouctions for lines	ection 501(h) lo not have to co 2a through 2f on	omplete all of the page 4.)		
28	section 4911 tax for this year?	ear Averaging ade a section See the instru g Expenditure	Period Under S 501(h) election ouctions for lines s During 4-Year	ection 501(h) lo not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five	
	section 4911 tax for this year?	ear Averaging ade a section See the instru g Expenditure	Period Under S 501(h) election ouctions for lines s During 4-Year	ection 501(h) lo not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five	
	Section 4911 tax for this year?	ear Averaging ade a section See the instru g Expenditure	Period Under S 501(h) election ouctions for lines s During 4-Year	ection 501(h) lo not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five	
- (Section 4911 tax for this year?	ear Averaging ade a section See the instru g Expenditure	Period Under S 501(h) election ouctions for lines s During 4-Year	ection 501(h) lo not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five	
(Section 4911 tax for this year?	ear Averaging ade a section See the instru g Expenditure	Period Under S 501(h) election ouctions for lines s During 4-Year	ection 501(h) lo not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five	

Schedule C (Form 990 or 990-EZ) 2009

	(election under section 501(h)).	(8	a)		(b)	_
		Yes	No	-	moun	it
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:	; -	***		•	_
a b	Volunteers?	1	√	}		
c	Media advertisements?		√			
d	Mailings to members, legislators, or the public?		√			
e	Publications, or published or broadcast statements?	√	_ •	-	1	8,000
f	Grants to other organizations for lobbying purposes?	1		 	<u>'</u>	0,000
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .	<u>,</u>	-			
i	Other activities? If "Yes," describe in Part IV		√			
i	Total. Add lines 1c through 1i				1	8,000
2a			✓			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	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?	<u> </u>	- \	<u> </u>		
Pal	t III-A Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6).)1(C)(5), 0	r seci	ion	
	33 (6)(4).		_		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? t III-B Complete if the organization is exempt under section 501(c)(4), section 50			3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III- "Yes." Dues, assessments and similar amounts from members	-A, li	ne 3	is an	swer 	ed
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	ical				
а	Current year		2a			
b	Carryover from last year		2b			
	Total		2c 3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u>.</u>			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
_	and political expenditure next year?	.	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
om	Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information.		and	Part II-	B, line	e 1i.
					• • • • • •	
				• • • • • • • • • • • • • • • • • • • •	•••••	•••••

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public ► Attach to Form 990. ► See separate instructions. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Kentucky Center for the Arts Endowment Fund, Inc.

Employer identification number

OMB No 1545-0047

0999046 31 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ 4,334,350

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X . . .

following amounts required to be reported under SFAS 116 relating to these items:

Pa	rt III Organizations Maintaini	ng Collections	of Art, Historic	al Treasures,	or Other Similar	Assets (continued)		
3	Using the organization's acquisition, collection items (check all that apply		other records, ch	eck any of the t	following that are a	significant use of its		
а	Public exhibition			Loan or exchan				
b	Scholarly research		e 📙 (Other				
С	Preservation for future generat							
4	Provide a description of the organiz Part XIV.	ation's collections	s and explain ho	w they further t	he organization's e	xempt purpose in		
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	ined as part of th	e organization's	collection?	. ☐ Yes 🗸 No		
Pa	rt IV Escrow and Custodial A IV, line 9, or reported an a				swered "Yes" to F	Form 990, Part 		
						not . Yes No		
b	If "Yes," explain the arrangement in	Part XIV and com	nplete the followi	ng table:		Amount		
					1c	Amount		
C								
					1d			
e	midwid daming the year				1e			
f	Ending balance					Yes No		
	a Did the organization include an amount on Form 990, Part X, line 21?							
Fe	Endowment runds. Col		(b) Prior year	(c) Two years b				
	·	(a) Current year		+	ack (u) Three years ba	ick (e) Four years back		
_	Beginning of year balance	15,275,954	19,311,716					
b	Contributions	3,100	12,145	<u> </u>				
С	Net investment earnings, gains,	4 522 425	(2.097.003)					
	and losses	1,533,435	(3,087,993)					
	Grants or scholarships	410,437	840,822	·				
е	Other expenditures for facilities	43,836	42 020					
_	and programs	73,010	42,830 76,262					
	Administrative expenses End of year balance	16,285,206	15,275,954					
	•				<u>, I.</u>			
2	Provide the estimated percentage of	•						
a	Board designated or quasi-endowm Permanent endowment ▶		9 %					
D	Term endowment ▶ %							
C				امسم اسلما مسما	a alma in taka wa ali ƙasa dila	_		
sа	Are there endowment funds not in the organization by:	e possession of th	e organization tri	at are neid and	auministered for the	Yes No		
	(i) unrelated organizations					3a(i) /		
	· · · · · · · · · · · · · · · · · · ·	• • • • •				3a(ii) ✓		
b	(ii) related organizations	anizations listed as		hedule R?		3b ✓		
4	Describe in Part XIV the intended us					· <u> </u>		
Par	t VI Investments—Land, Bu	ildings, and Equ	uipment. See f	orm 990, Par	t X, line 10.			
	Description of investment	(a) Cost or oth (investme		ost or other us (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			163,486	49,283	114,203		
	Other							
Total	I. Add lines 1a through 1e. (Column (d) r	nust equal Form 99	00, Part X, column	(B), line 10(c).)	<u> ▶</u>			

Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Limited Partnership - Mainstream	4,319,207	End of year market value	
••••••			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX Other Assets. See Form 990, Pa			(h) Dook value
	(a) Description		(b) Book value
Artwork Collection			4,334,350
Total. (Column (b) must equal Form 990, Part X, col.	(D) line 15)		
Part X Other Liabilities. See Form 990,	Part X line 25.	· <u> </u>	
1. (a) Description of liability	(b) Amount		
Federal income taxes			
		-	
		-	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		_	

Page	4

Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	ater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	243,328
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	527,283
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(283,955)
4	Net unrealized gains (losses) on investments	4	1,293,207
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,293,207
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,009,252
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	
1	Total revenue, gains, and other support per audited financial statements	1	1,535,035
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	7	
b	Donated services and use of facilities	4	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV.)		-
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	241,828
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,50	0	
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	40	*,1*-*
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	T XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es p	
1	Total expenses and losses per audited financial statements	-	525,783
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	\dashv	
	Thor year adjustments	-	
c	Other losses	-	
d	Other (Describe in 1 are Arv.)	2	<u>_</u>
_	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	-	020,100
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b, 4a 1,50	n	
a	investment expenses not included on rorm 990, rait vin, line rb	7	
b	Other (Describe in Part XIV.)	4	1,500
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	t XIV Supplemental Information		
Corr	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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar part to provide any additional information.		
Pai	t III, Line 4 - Although The Kentucky Center does not have a gallery per se, a diverse array of	20tl	n-century works of
art	is on permanent display throughout the facility by artists such as John Chamberlain, Malcol	m M	orley, Alexander
Cal	der, Jean Dubuffet, Louise Nevelson and Joan Miro.		
Pa	t V, Line 4 - The Endowment solicits and receives gifts, grants, and contributions from indivi	dual	s, groups,
COI	porations and other public and private sources to finance the capital, operating and progran	min	a costs of The
			3 - 3
	ntucky Center.	••••	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

t of the Treasury

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

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

OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number

ŝ (h) Purpose of grant or assistance 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. 0999046 ✓ Yes Operating Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 3 Percentage of FMV N/A (f) Method of valuation (book, FMV, appraisal, other) \$0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (e) Amount of non-cash assistance \$410,437 (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 501(c)(3) The Kentucky Center for the Arts Endowment Fund, Inc. 61-0973376 (D) EIN The Kentucky Center for the Arts 1 (a) Name and address of organization or government 501 West Main Stree Part II

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Cat No 50055P

.

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance					r additional information.	entucky Center for the Performing						Schedule I (Form 990) 200
(e) Method of valuation (book, FMV, appraisal, other)					I, line 2, and any other	Performing Arts. The Ke						
(d) Amount of non-cash assistance					ion required in Part	tucky Center for the	ndent audit.	1 1 1 1 1 1 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				
(c) Amount of cash grant					rovide the informati	al needs of The Ken	have an annual independent audit.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(b) Number of recipients					te this part to pr	ımming and capit	e Endowment hav					
(a) Type of grant or assistance				-	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	호	Arts is a related organization. The Center and the Endowment					

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Kentucky Center for the Performing Arts Endowment Fund Inc.

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Inspection

0999046

Employer identification number

31

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 person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence		1 -	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	ŀ		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	ļ		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply.			
	☐ Compensation committee ☐ Written employment contract		رِء	
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		4a		
a b	Receive a severance payment or change-of-control payment?	4b		V
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			_
	The to any of lines 4d o, list the persons and provide the applicable amounts for each herr in fact in			'
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		√
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	-		
a	The organization?	6a		1
þ	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	1	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
0	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			·
	Regulations section 53.4958-6(c)?	9		1

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

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		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	reported in prior Form 990 or Form 990-EZ
Stephen Klein	6						
	(ii) 205,342	31,312	1,393	22,431	23,301	283,779	0
	(3)						
	(2)						
	(1)						
	(E)						
	(1)						
	0						
	(ii)						
	(E)						
	(ii)						
	(ii)						
	(ii)						
	(E)						
	(9)						
	(ii) (ii)						
	(ii)						
	(ii)						
						Sche	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 Part III Supplemental Information	Page
اق ق	o, 7, and 8. Also complete this par
The Kentucky Center for the Arts Endowment Fund, Inc., relied on its related organization The Kentucky Center to establish the compensation of the organization's	npensation of the organization's
top management official. A combination of methods are used by The Kentucky Center to determine the President's compensation including:	ncluding:
1) A written employment contract	
2) Compensation surveys	
3) Approval by the Compensation Committee and Board of Directors	
	Schedule J (Form 990) 2000

SCHEDULE O (Form 990)

Supplemental Information to Form 990

200

0999046

Employer identification number

31

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Kentucky Center for the Arts Endowment Fund, Inc.

► Attach to Form 990.

Form 990, Part III, 4d - Other Program Service Expenses \$20,980 including grants of \$0 Revenue \$0
Distinguished collection of 20th century artwork is enjoyed by thousands of visitors to The Kentucky Center and Louisville
Form 990, Part III, 4d - Other Program Service Expenses \$4,855 including grants of \$0 Revenue \$0
Maintenance of piano inventory

SCHEDULE 0 (Form 990) ·

Supplemental Information to Form 990

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Inspection ► Attach to Form 990. Employer identification number

The Kentucky Center for the Arts Endowment Fund, Inc	31	0999046
Form 990, Part VI, Line 11A		
Form 990 is prepared by the Director of Finance, reviewed by the Senior Vice-President a	nd Pre	sident of The Kentucky
Center. The Form 990 is then forwarded for review to a CPA firm and legal counsel. The	review	ed 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 is
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	erest p	olicy. 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 governi	ng bod	ly of the organization.
Contracts are signed indicating agreement with terms. The Compensation Committee uti	lizes P	ACC surveys and
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	e upon	request.
<i>,</i>		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

OMB No 1545-0047

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

or to provide any additional information.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

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Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

ns on	ZUUS
	Open to Public Inspection
Employer ident	ification number

OMB No 1545-0047

Kentucky Center for the Arts Endowment Fund, Inc.	31	0999046
Form 990, Part XI, Line 2c		
There were no changes in the oversight process or selection process of the audit.		
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Kentucky Center for the Arts Endowment Fund, Inc.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 990.

Open to Public 2009

OMB No 1545-0047

Employer identification number

0999046

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Schedule R (Form 990) 2009 (f)
Direct controlling entity (f)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ٨ 509(a)(2) Public charity status (if section 501(c)(3)) End-of-year assets e Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) (d) Total income Cat. No 50135Y (c)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) Kentucky Performing Arts Ctr Primary activity Primary activity The Kentucky Center for the Performing Arts (a)Name, address, and EIN of related organization (a) (ame, address, and EIN of disregarded entity 501 West Main Street, Louisville, KY EIN# 61-0973376 Part 1 Part II

Schedule R (Form 990) 2009

Part III

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

UBI General or xx 20 of mánaging K-1 partner?	Ves					90, Part IV,	(h) Percentage ets ownership				
te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)						s" to Form 9	(g) Share of end-of-year assets				
(h) Disproportionate allocations?	Ves CN	1				vered "Ye	псоте			_	
(g) Share of end-of-year assets				ļi		ızation ansv tax year.)	(f) Share of total income				
			_			te if the orgal st during the	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income						rust (Comple	(d) Direct controlling entity				
Predominant income (related, unrelated, excluded from	tax under sections 512-514)					Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)				
(d) Direct controlling entity						Taxable as a document	(b) Primary activity				
(c) Legal domicile (state or foreign	country)					inizations iore relate					
(b) Primary activity						Identification of Related Organizations Taxable line 34 because it had one or more related organiz	of related organization				
(a) Name, address, and EIN of related organization						Part IV Identification Inc 34 because	(a) Name, address, and EIN of related organization				

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule		Yes No
	:S II-IV?	- •
a Beceipt of (i) interest (ii) annurties (iii) rovalties or (iv) rent from a controlled entity		1a /
Get areast or cepital contribution to other organization(s)		1b <
		10
c Gill, grant, of capital contribution from other organization(s)		. \
d Loans or loan guarantees to or for other organization(s)		1d ^
e Loans or loan quarantees by other organization(s)	•	1e /
	•	
Color of contact to other comments and color		44
Sale of assets to other organization(s)		. \
g Purchase of assets from other organization(s)		7
h Exchange of assets	•	-
i Lease of facilities, equipment, or other assets to other organization(s)		<u>-</u>
	•	- ' ' '
i lease of facilities equinoment or other assets from other programments.		1
Decade of activities, equipment, of other assets from other of gallication (s)		15
K Performance of services or membership of fundraising solicitations for other organization(s)		\ \ \ \
l Performance of services or membership of fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		1m /
n Sharing of paid employees		1n <
		· ·
6 Bambursement paid to other organization for expenses		70
		10 V
p heimbursement paid by other organization for expenses		0,000
		The state of the s
q Other transfer of cash or property to other organization(s)		y
r Other transfer of cash or property from other organization(s)		1r /
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.	nships and transac	tion thresholds.
(a) Name of other organization t	(b) Transaction Atype (a-r)	(c) Amount involved
(I)		
(2)		
(3)		
		
(4)		
(9)		
	Schedule F	Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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

(a)		(a) (b) (c) (d)	(p)	(9)	E	(b)	. E
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners		Disproportionate		General or
		(state or foreign country)	section 501(c)(3)	end-of-year assets	allocations?	of Schedule K-1	managing partner?
			Yes No		Yes	(200)	Yes
			I .				
	-						
	_						
	,						
	-						
						Schedule R (Form 990) 2009	m 990) 20(

Form **8868**

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this both 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 need)	on page 2 previously fi	of this form)
	on required to file Form 990-T and requesting an automatic 6-month extension—check	·	and complete
Part I only			▶ 🗆
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to rec	quest an extension of
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howey 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 ar ore details on the electronic filing of this form, visit www irs.gov/efile and click on e-file.	ver, you ca s 990-BL, 6 nd signed pa	annot file Form 8868 5069, 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, Ky 40202		
Check type	of return to be filed (file a separate application for each return)		
Form 99			Form 4720
☐ Form 99	_ , , , ,		Form 5227
☐ Form 99			Form 6069
☐ Form 99	<u> </u>		Form 8870
Telephone If the orga If this is for the whole	No. ► (502) 562-0162 FAX No. ► (502) 562-01	box	▶ □ If this is □ and attach
until	est an automatic 3-month (6 months for a corporation required to file For February 15, 20, 11, to file the exempt organization return for the organization organization's return for:		
▶ □	calendar year 20 or	une 30	, 20. 10 .
2 If this t	ax year is for less than 12 months, check reason: Initial return Final return [☐ Change	in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tay nonrefundable credits. See instructions.	ζ, 3 a	\$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta nts made Include any prior year overpayment allowed as a credit.	ж З б	\$
deposi	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymers). See instructions.	i, nt 3c	\$
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84		
for payment			

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NE.

Form 8868 (R	ev 4-2009)	Page 2
Note. Only	e filing for an Additional (Not Automatic) 3-Month Extension, complete complete Part II if you have already been granted an automatic 3-month exteres filing for an Automatic 3-Month Extension, complete only Part I (on pa	sion on a previously filed Form 8868
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file	
Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
filing the return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	e of return to be filed (File a separate application for each return):	
Form 9		rm 1041-A
Form 9		orm 4720
Form 9		orm 5227
	not complete Part II if you were not already granted an automatic 3-month	extension on a previously filed Form 8868.
• The book	s are in the care of ▶	
	P No ► () FAX No ► ()	
_	anization does not have an office or place of business in the United States	
	or a Group Return, enter the organization's four digit Group Exemption Ni	
	le group, check this box ► □ . If it is for part of the group, che names and EINs of all members the extension is for	eck this box
	est an additional 3-month extension of time until	20
	lendar year, or other tax year beginning, 20	
6 If this	tax year is for less than 12 months, check reason: Initial return	Final return Change in accounting period
	In detail why you need the extension	
	in detail why you need the extension	
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax.
	ny nonrefundable credits. See instructions.	8a \$
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits and
	ted tax payments made. Include any prior year overpayment allowed as a	
amou	nt paid previously with Form 8868.	8b \$
c Baland with F1	e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if re D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S	quired, deposit see instructions 8c \$
	Signature and Verification	
Under penaltie it is true, corre	s of perjury, I declare that I have examined this form, including accompanying schedules and s ct, and complete, and that I am authorized to prepare this form	tatements, and to the best of my knowledge and belief,
Signature ►	Chull 2 Holy Title & Sr. UP/	CFU Date 10/13/2018
	9	Form 8868 (Rev 4-2009)