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# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

2009

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Check If		alendar vea	r, or tax year beginning 07-01-2009	and ending 06-30-2010			
_		Please	C Name of organization			D Employer i	dentification number
_ Address o		use IRS	FUND FOR THE ARTS INC			61-04796	526
– Name ch	_	label or print or	Doing Business As			E Telephone	number
Initial ret	-	type. See				(502) 582	2-0100
_		Specific Instruc-	Number and street (or P O box if mail 623 West Main Street	is not delivered to street address	S) Room/suite	<b>G</b> Gross receip	ots \$ 8,228,127
Terminat	ted	tions.	025 West Plain Street				
Amended	d return		City or town, state or country, and ZIP Louisville, KY 40202	+ 4	•		
- Application	on pending		Louisville, K1 40202				
		F Nar	ne and address of principal officer		H(a) In th		urn for
			Sexton Smith			ıs a group reti ites?	TYes ▼No
			est Main Street				,
		Louisvi	lle, KY 40202		H(b) Are al	l affiliates incl	uded?
Tau au a		<u> </u>					st (see instructions)
rax-exe	empt status	501(c	(3) ◀ (insert no )	1 52/	H(c) Grou	ıp exemption	number 🟲
Websit	te: 🟲 ww	w fundforth	earts com				
Form of c	organization	Corporat	ion	<u> </u>	L Vear of fo	rmation 1949	M State of legal domicile KY
Part I	_	mary	ion   Mast   Association   Other F		L real of to	illiation 1949	M State of legal dofficile. KT
1		•	e organization's mission or most si	anificant activities			
*	,		Together through the Arts we crea	_	We generate	and facilitate	support We lead
			excellence and promote effective				
2	Check	this box 🛏	if the organization discontinued it	s operations or disposed o	of more than	25% of its ne	t assets
3	Numbe	r of voting r	nembers of the governing body (Pa	rt VI, line 1a)			36
4	Numbe	r of ındeper	dent voting members of the govern	ung body (Part VI, line 1b)			45
4 5 6	Total n	umber of er	nployees (Part V, line 2a)				51
6	Total n	umber of vo	lunteers (estimate if necessary)				<b>6</b> 3,00
1			ted business revenue from Part VI		_		7a
	_		ness taxable income from Form 99		•		7b
	,	i ciato a basi	The stand of the s		Duis	r Year	Current Year
	C t				PIIC		
ր   8			d grants (Part VIII, line 1h)		8,424,529	, ,	
9			revenue (Part VIII, line 2g)		0	0	
9 10	Inves	tment incor	ne (Part VIII, column (A), lines 3,		48,875	29,383	
11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8		29,785	32,550	
12			dd lines 8 through 11 (must equal I			0 503 100	7 706 104
						8,503,189	7,706,104
13			er amounts paid (Part IX, column (A	•		7,129,471	6,161,557
14	Benef	its paid to c	r for members (Part IX, column (A)	), line 4)		0	0
თ 15		es, other co	ompensation, employee benefits (P	970,071	1,037,602		
<u> </u>	10)					•	, ,
16a			raising fees (Part IX, column (A), l			0	0
	Total fi	ındraısıng exp	enses (Part IX, column (D), line 25) $ leftarrow 1,03$	30,887			
<u>ਰੋ</u>   ਖ	Totalit		• • • • • • • • • •				
ਰੋਂ b 17		expenses	Part IX, column (A), lines 11a-11	d, 11f-24f)		780,089	655,815
_ ı	Other	-				780,089 8,879,631	,
17	O ther Total	expenses /	Part IX, column (A), lines 11a-11	IX, column (A), line 25)		,	7,854,974
17 18 19	O ther Total	expenses /	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part	IX, column (A), line 25)	Beginning	8,879,631	7,854,974 -148,870
17 18 19	O ther Total	expenses /	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part	IX, column (A), line 25)		8,879,631 -376,442	7,854,974
17 18 19	O ther Total Rever	expenses /	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part	IX, column (A), line 25)		8,879,631 -376,442 g of Current	7,854,974 -148,870 End of Year
17 18 19	O ther Total Rever Total	expenses / nue less exp assets (Pai	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part penses Subtract line 18 from line 1	IX, column (A), line 25)		8,879,631 -376,442 g of Current 'ear	7,854,974 -148,870 End of Year 8,617,172
17 18 19	Other Total Rever Total Total	expenses / nue less exp assets (Pai liabilities (F	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part penses Subtract line 18 from line 1	IX, column (A), line 25) 2		8,879,631 -376,442 g of Current /ear 9,166,339	7,854,974 -148,870 End of Year 8,617,172 5,209,565
17 18 19 8 9 20 21 22	Other Total Rever Total Total Net a:	expenses / nue less exp assets (Pai liabilities (F ssets or fun	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part openses Subtract line 18 from line 1 At X, line 16)	IX, column (A), line 25) 2		8,879,631 -376,442 g of Current /ear 9,166,339 5,616,985	7,854,974 -148,870 End of Year 8,617,172 5,209,565
17 18 19 8 20 21 22	Other Total Rever  Total Total Net a:	expenses / nue less exp assets (Pai liabilities (F ssets or fun nature Blo	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part penses Subtract line 18 from line 1 At X, line 16)	IX, column (A), line 25) .2	Y	8,879,631 -376,442 g of Current 'ear 9,166,339 5,616,985 3,549,354	7,854,974 -148,870 End of Year 8,617,172 5,209,565 3,407,607
17 18 19 8 20 21 22	Other Total Rever  Total Total Net a:  Sigr Under	expenses / nue less exp assets (Pai liabilities (F ssets or fun nature Blo penalties of pe	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part openses Subtract line 18 from line 1 At X, line 16)	IX, column (A), line 25)  2	schedules and s	8,879,631 -376,442 g of Current Year 9,166,339 5,616,985 3,549,354 tatements, and t	7,854,974 -148,870 End of Year  8,617,172 5,209,565 3,407,607  o the best of my knowledge
17 18 19 Secondary 20 20 21 22 Part III	Other Total Rever  Total Total Net a:  Sigr Under	expenses / nue less exp assets (Pai liabilities (F ssets or fun nature Blo penalties of pe	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part is benses Subtract line 18 from line 1 At X, line 16)	IX, column (A), line 25)  2	schedules and s	8,879,631 -376,442 g of Current Year 9,166,339 5,616,985 3,549,354 tatements, and t	7,854,974 -148,870 End of Year  8,617,172 5,209,565 3,407,607  o the best of my knowledge
17 18 19 Secondary 20 21 22 Part III	Other Total Rever  Total Total Net a:  Under land be	assets (Par liabilities (F ssets or fun <b>nature Bl</b> penalties of pe lief, it is true,	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part is penses Subtract line 18 from line 1 At X, line 16)	IX, column (A), line 25)  2	schedules and s on all informat	8,879,631 -376,442 g of Current Year 9,166,339 5,616,985 3,549,354 tatements, and t	7,854,974 -148,870 End of Year  8,617,172 5,209,565 3,407,607  o the best of my knowledge
17 18 19 Secondary 20 21 22 Part III	Other Total Rever  Total Total Net a:  Under land be	expenses / nue less exp assets (Pai liabilities (F ssets or fun nature Blo penalties of pe	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part is penses Subtract line 18 from line 1 At X, line 16)	IX, column (A), line 25)  2	schedules and s on all informat	8,879,631 -376,442 g of Current Year 9,166,339 5,616,985 3,549,354 tatements, and toon of which prep	7,854,974 -148,870 End of Year  8,617,172 5,209,565 3,407,607  o the best of my knowledge
17 18 19 Secondary 20 21 22 Part III	Other Total Rever  Total Total Net a:  Under I and be	assets (Par liabilities (F ssets or fun <b>nature Bl</b> penalties of pe lief, it is true,	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part is enses Subtract line 18 from line 1 At X, line 16)	IX, column (A), line 25)  2	schedules and s on all informat	8,879,631 -376,442 g of Current Year 9,166,339 5,616,985 3,549,354 tatements, and toon of which prep	7,854,974 -148,870 End of Year  8,617,172 5,209,565 3,407,607  o the best of my knowledge
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17 18 19 Security 20 21 22 Partity	Other Total Rever  Total Total Net a:  Sign Under land be	assets (Par liabilities (Par ssets or fun nature Blo penalties of pe lief, it is true,	Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part is enses Subtract line 18 from line 19 At X, line 16)	IX, column (A), line 25)  2	schedules and s on all informat 2011-Date	8,879,631 -376,442 g of Current Year 9,166,339 5,616,985 3,549,354 tatements, and toon of which prep	7,854,974 -148,870  End of Year  8,617,172 5,209,565 3,407,607  to the best of my knowledge parer has any knowledge
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#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of the Fund for the Arts is to foster excellence in the arts as a primary means of improving the quality of life, education of children and furthering the economic development of the Metro Louisville community. It increases revenues for the arts and encourages efficient community resource utilization to enable our community to become the preeminent regional arts center in the United States.

						Form <b>990</b> (2009)
4e	Total program service	e expenses►\$	6,604,655			
	(Expenses \$	404,251 ın	cluding grants of \$	43,	788 ) (Revenue \$	0 )
4d	Other program service	es (Describe in Sc	hedule O ) <b>See als</b>	o Additional Data fo	or Description	
		icilitate arts opportunities	for children in the cor		\$200 - \$1,000 to subsidize arts higher percentage of Title 1 stud	event tickets, bus transportation or lents are given funding priority
4c	(Code	) (Expenses \$	•	ncluding grants of \$	152,433 ) (Revenue \$	0)
						ship contributions" which are donor vides additional funding in support
4b	(Code	) (Expenses \$	1,243,410 п	ncluding grants of \$	1,227,300 ) (Revenue \$	0)
	arts experiences available Committee including Boar	e in the Metro Louisville of d members, members o	community Awards are f "NeXt" ( a group of y	e made through an annu oung professionals focus	al "allocation process" which incli	Information reveiwed as part of the
4a	(Code	) (Expenses \$	4,778,311 וו	ncluding grants of \$	4,738,036 ) (Revenue \$	0)
4	·	i 501(c)(4) organıza	tions and section	4947(a)(1) trusts a	largest program services be re required to report the ar service reported	
	If "Yes," describe thes	e changes on Scheo	dule O			
3	Did the organization c services?		make significant o	hanges in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe thes					
2	Did the organization u the prior Form 990 or	•	cant program serv	ices during the year	which were not listed on	┌ Yes ┌ No

Part IV	Checklist	of Red	uired	Sche	dules

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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		Νo
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	İ	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		Νο
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
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? <i>If</i> "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part I</i>	25a		No
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"  complete Schedule L, Part IV	28b	Yes	
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	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	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			

year

orm	990 (2009)			Page
Pai	rt 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			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
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		No
ь	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	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 organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
O	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

623 West Main St Louisville, KY 40202 (502) 582-0122

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

Se	ction A. Governing Body and Management			
			Yes	No
4_	Enter the number of voting members of the governing body   1a   61			
1a b	Enter the number of voting members of the governing body			
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	Yes	
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	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			-
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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 with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed KY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	Monica Beckmann			

## Part VIII 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, and current key employees 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, or 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 i	not compen	r, dırector, trustee	or key employee							
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Key employee  Key employee  Officer  Institutional Trustee  Individual trustee  or director			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

1b	Total	0		75,578
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►2			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	Individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο
<u>S</u>	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		(C) Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0			
		F	orm <b>990</b>	(2009)

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Form 990 (2009)

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
92.92	1a	Federated campaigns 1a 0				
and	ь	Membership dues 1b				
₽Ğ	c	Fundraising events 1c 0				
ffs, rage						
<u> </u>	d	- Italian in the state of the s				
n ≅.E	е	Government grants (contributions) <b>1e</b> 220,231				<u> </u>
rtio er 4	f	All other contributions, gifts, grants, and similar amounts not included above 7,423,940				
ē₹	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ 66,534				
S ၕ ျ	h	Total. Add lines 1a-1f	7,644,171			
- O		Business Code				
ΞĒ	2a					
еле	ь					
a Tr	c					
MC						
Š	d					
Ē	е					
Program Serwce Revenue	f	All other program service revenue				
Ğ	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest				
		and other similar amounts)	36,118	22,518	0	13,600
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties	0	0	0	0
		(i) Real (ii) Personal				
	6a	Gross Rents 74,658	5			
	ь	Less rental 42,108	5			
	С	expenses Rental income 32,550	<del> </del>			
		or (loss)				
	d	Net rental income or (loss)	32,550	0	0	32,550
		(I) Securities (II) O ther				
	7a	Gross amount 473,180 from sales of				
		assets other than inventory				
	ь	Less cost or 479,915				
		other basis and sales expenses				
	С	Gain or (loss) -6,735	0			
	d	Net gain or (loss)	-6,735	0	0	-6,735
Other Revenue	8a	Gross income from fundraising events (not including \$				
₹ >		of contributions reported on line 1c)				
Ä		See Part IV, line 18				
<u>.</u>		a	_			
¥	b	Net income or (loss) from fundraising events	_			
0	C	Trace meaning or (1999) from functioning around 1				
	9a	Gross income from gaming activities See Part IV, line 19  a				
	ь	Less direct expenses b	1			
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	ь	Less cost of goods sold b	1			
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code	-			
	11a					
	Ь					
	С					
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a-11d	0			
	12	Total revenue. See Instructions	7,706,104	22,518	0	39,415

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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	6,161,557	6,161,557		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0,101,337	0,101,337		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0	1	
5	Compensation of current officers, directors, trustees, and key employees	517,682	192,038	43,418	282,226
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	396,690	67,439	63,100	266,151
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,982	5,340	5,120	21,522
9	Other employee benefits	39,063	4,468	6,303	28,292
10	Payroll taxes	52,185	11,891	6,496	33,798
11	Fees for services (non-employees)				
а	Management	60,000	24,000	30,000	6,000
b	Legal	2,333		2,333	
С	Accounting	18,075		18,075	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,000	3,000		
13	Office expenses	152,704	44,078	15,638	92,988
14	Information technology	45,943	9,124	7,645	29,174
15	Royalties				
16	Occupancy	63,161	12,544	10,509	40,108
17	Travel	44,017	8,076	5,236	30,705
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,878	969	812	3,097
23	Insurance	21,143	4,199	3,518	13,426
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	Arts Showcase	19,612	19,612	0	
b	Miscellaneous	28,135	19,975	1,229	6,931
С	Campaign Incentives	82,479	0	0	82,479
d	Campaign Printing and Marketing	92,833	3,500	0	89,333
е	Campaign Events and Performers	17,502	12,845	0	4,657
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,854,974	6,604,655	219,432	1,030,887
26	<b>Joint costs.</b> Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		•	•		

Pa	rt X	Balance Sheet				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		1,771,105	2	1,290,132
	3	Pledges and grants receivable, net		4,593,367	3	4,440,821
	4	Accounts receivable, net		9,287	4	5,605
	5	Receivables from current and former officers, directors, trustees, key emhighest compensated employees Complete Part II of	oloyees, and			
		Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 49 persons described in section $4958(c)(3)(B)$ Complete Part II of	58(f)(1)) and			
		Schedule L		0	6	0
ssets	7	Notes and loans receivable, net		477,217	7	422,856
8	8	Inventories for sale or use		0	8	0
⋖	9	Prepaid expenses and deferred charges		19,405	9	27,421
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a	1,786,045			
	ь	Less accumulated depreciation 10b	982,357	741,798	10c	803,688
	11	Investments—publicly traded securities		1,551,895	11	1,626,649
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11	-	2,265	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		9,166,339	16	8,617,172
	17	Accounts payable and accrued expenses .		267,227	17	342,100
	18	Grants payable		5,349,758	18	4,867,465
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
<u>ē</u>	21	Escrow or custodial account liability			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		0	25	
	26	Total liabilities. Add lines 17 through 25		5,616,985	26	5,209,565
, S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines	27			_
Fund Balance		through 29, and lines 33 and 34.				
<u> </u>	27	Unrestricted net assets		2,950,665		2,614,923
ä	28	Temporarily restricted net assets		298,689		492,684
Ē	29	Permanently restricted net assets		300,000	29	300,000
丑		Organizations that do not follow SFAS 117, check here ► and complete	te			
oľ	20	lines 30 through 34.			20	
Assets	30	Capital stock or trust principal, or current funds			30	
is si	31	Paid-in or capital surplus, or land, building or equipment fund	• •		31	
	32	Retained earnings, endowment, accumulated income, or other funds		3,549,354	32	3 407 607
Net	33	Total labelities and not possets (find belongs			33	3,407,607
l	34	Total liabilities and net assets/fund balances		9,166,339	34	8,617,172

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
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		No
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 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Inspection

		ne organization HE ARTS INC	Employer identifi	cat ion nu	ımber								
FUNL	FOR I	THE ARTS INC	61-0479626										
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa		ions									
The	organi	ization is not a private foundation because it is (For lines 1 through 11, check only one box											
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).											
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)											
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(	A)(iii).										
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>sect</b> hospital's name, city, and state		iii). Entei	the								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a	governmental unit	describe	- d ın								
_	_	section 170(b)(1)(A)(iv). (Complete Part II)	(4)()										
6 7	<u>  _   _   _   _   _   _   _   _   _   _</u>	A federal, state, or local government or governmental unit described in section 170(b)(1)			مالمانية								
,	Ι*	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	ital unit or from the	general	public								
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9		An organization that normally receives (1) more than 331/3% of its support from contrib	utions, membership	p fees, ar	ıd gros	3 S							
	·	receipts from activities related to its exempt functions—subject to certain exceptions, ar	id (2) no more than	331/3%	of								
		its support from gross investment income and unrelated business taxable income (less s											
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part											
10	Г	An organization organized and operated exclusively to test for public safety. See <b>section 5</b>	•										
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e throug  a Type I b Type II c Type III - Functionally integrated	09(a)(2) See <b>sect</b> h 11h		a)(3).	Check							
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	-	-								
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	II or Type III sup	porting o	rganız	ation,							
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?											
		(i) a person who directly or indirectly controls, either alone or together with persons desc	ribed in (ii)		Yes	No							
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>							
		(ii) a family member of a person described in (i) above?		11g(ii)		<u> </u>							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)									
h		Provide the following information about the supported organization(s)											
		()		T									

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	]
Total									

## Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

<u> </u>	ection A. Public Support	d checked the	DOX OII IIIIE 3,	7, 01 6 01 Pail 1	• )			
	endar year (or fiscal year beginning	(-) 200F	(h) 2006	(-) 2007	(4) 2000	(-) 2	000	/6) T - 4 - 1
	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	8,303,30	7 11,254,21	7 9,734,066	8,424,529	7	7,644,171	45,360,290
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its	,	0	0				0
3	behalf The value of services or facilities furnished by a governmental unit		0	0				0
	to the organization without charge							_
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	8,303,30	7 11,254,21	9,734,066	8,424,529	-	7,644,171	45,360,290
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							4,115,045
6	(f) <b>Public Support.</b> Subtract line 5							41,245,245
	from line 4							
	ection B. Total Support endar year (or fiscal year	I	T	T			$\overline{}$	
Cal	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	009	<b>(f)</b> Total
7	A mounts from line 4	8,303,307	193,216	9,734,066	8,424,529	7	,644,171	45,360,290
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	139,187	193,216	147,854	124,333		110,776	715,366
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0			0
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	10,390	0	4,416	1,000			15,806
11	Total support (Add lines 7 through 10)							46,091,462
12	Gross receipts from related activiti					12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	l, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	zation, ▶┌
	ection C. Computation of Pul							
14	Public Support Percentage for 200	-		11 column (f))		14		89 486 %
15	Public Support Percentage for 200	8 Schedule A, Pa	rt II, line 14			15		89 466 %
16a	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qua				ine 14 is 33 1/3%	or more	, check t	hıs box <b>▶</b> ✓
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means and if the organization means are to organization.	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported anization did not acts and circums	organization check a box on lin tances" test, che	ne 13, 16a, or 16l ck this box and <b>st</b>	b and line op here.	e 14 Explain	<b>▶</b> ┌
	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization	nization meets th tion meets the "f	e "facts and circu acts and circums	umstances" test, o tances" test The	check this box an organization qua	d <b>stop h</b> e lifies as a	<b>ere.</b> a publicly	·
18	<b>Private Foundation</b> If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a oi	r 17b, check this	box and	see	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

	Explanation	
Part II, Line 10 - Miscellaneous Income		

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 61-0479626

Name: FUND FOR THE ARTS INC

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 404,251 including grants of \$ 43,788) (Revenue \$ 0)

Other programs conducted and grants made include direct ongoing support for "member groups", Arts Showcase, support of ArtSpace, NeXt group activities and miscellaneous community arts grants Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	lent C	onti	act	tors	5				
(A) Name and Title	(B) Average hours per		tion ( that a	che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Mr Terry W Tyler Board Member	1 0	Х						0	0	0
Ms Jacqueline D Griffin Board Member	5	X						О	0	0
Mr Gregory Heitzman Board Member	5	Х						0	0	0
Ms Deborah L Moessner Board Member	5	Х						0	0	0
Mr Arthur L Gleason Board Member	5	Х						0	0	0
Mr Robert L Shircliff Board Member	5	Х						0	0	0
Mr Thomas P Monahan Board Member	5	Х						0	0	0
Mr Robert P Adelberg Board Member	5	Х						0	0	0
Mr P Richard Anderson Jr Immediate Past Chairman	1 0	Х						0	0	0
Ms Norma Oberst CoChair Allocations Committees	2 0	Х						0	0	0
Mr Owsley Brown II Board Member	1 0	Х						0	0	0
Mr Steven E Trager Board Member	5	Х						0	0	0
Mr Benjamin Richmond Board Member	5	Х						0	0	0
Mr William B Yarmuth Board Member	50	Х						0	0	0
Mr Franklin H Farris Board Member	50	Х						0	0	0
Mr C Edward Glasscock Board Member	1 0	Х						0	0	0
Mrs Martha Dunbar Hall Board Member	5	Х						0	0	0
Mr Philip R McHugh Vice Board Chair and Chair Nominating Commitee	10	Х		х				0	0	0
Mr Jonathan D Goldberg Secretary	1	Х						0	0	0
Mr Bill Lamb Board Member	5	Х						0	0	0
Mr David K Karem Board Member	2	Х						0	0	0
Mr Frank B Hower III Board Member	5	Х						0	0	0
Mr Tonii Rizzo Board Member	5	Х						0	0	0
Mr James R Allen 2011 Campaign Chair	1 5	Х						0	0	0
Mr Sam Corbett Co-Chair Allocations Committees	2 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	lent C	onti	act	tors	5				
(A) Name and Title	(B) Average hours per		tion ( that a	che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Mr Mark F Wheeler Board Member	5	Х						0	0	0
Mr John N V oyles Board Member	5	х						О	0	0
Ms Shirley Willihnganz Board Member	5	Х						0	0	0
Mr William Hollander Board Member	5	×						0	0	0
Ms Angela Leet Board Member	5	Х						0	0	0
Mr James Clay Smith Board Member	5	Х						0	0	0
Mr Dennis Heishman Board Member	5	Х						0	0	0
Dr Susan Galandıuk Board Member	5	Х						0	0	0
Mr J Stephen Barger Board Member	5	Х						0	0	0
Mr Jonathan D Blum Board Member	1 0	Х						0	0	0
Mr David H Brooks Board Member	5	Х						0	0	0
Mr John H Hawkins Jr Treasurer	2 0	Х		x				0	0	0
Ms Carol W Hebel Board Member	5	Х						0	0	0
Mr Carl M Thomas Vice Board Chair and Chair Compensation Committee	2 0	Х		х				0	0	0
Mr Ronald J Murphy Board Chair	2 5	Х		х				0	0	0
Mr Harold Butler Co-Chair Allocations Committee	2 0	Х						0	0	0
Mr James S Goldberg Board Member	5	Х						0	0	0
Mrs Joan Whittenberg Board Member	5	Х						0	0	0
Ms Marlene M Grissom Board Member	1	Х						0	0	0
Mr Rick K Guillaume Board Member	5	Х						0	0	0
Mr David P Calzi Board Member	2 0	Х						0	0	0
Mr Robert G Bader Board Member	5	Х						0	0	0
Mr Wesley Beckner Board Member	5	Х						0	0	0
Mr J Daniel Rivers Board Member	5	Х						0	0	0
Mr Sheldon Berman Board Member	2	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	mpensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours per	1	tion (	che (	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Mr Rusty Cheuvront Chair 60th Anniversary Celebration	2 0	×						0	0	0			
Mr Arnold Garson Board Member	1 0	х						0	0	0			
Mr Charles D Maisch Board Member	1 0	х						0	0	0			
Mr Jeffrey A McKenzie Board Member	1 0	Х						0	0	0			
Dr Anthony L Newberry PhD Board Member	5	Х						0	0	0			
Mr Thomas T Noland Jr Board Member	1 0	Х						0	0	0			
Mr Joseph A Pusaterı Board Member	1 0	х						0	0	0			
Ms Mary Pat Regan Board Member	1 0	х						0	0	0			
Mr James S Welch Jr Vice Chair, 2010 Campaign Chair	4 0	х		х				0	0	0			
Ms Melissa A Wasson Howell Board Member	1 0	х						0	0	0			
Ms Tracy Williams Board Member	5	Х						0	0	0			
Mr James Burgess Board Member	2	Х						0	0	0			
Mr John Gill Holland Jr Board Member	50	Х						0	0	0			
Mr Allan Cowen Exec Director/CEO	60	Х		х	х			265,830	0	71,140			
Barbara S Smith Executive Vice President	50				х			150,000	0	4,438			
Diane Cornwell Chief Financial Officer (Independent Contractor)	20				х			60,000	0	0			

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Arts Showcase	19,612	19,612	0	
Miscellaneous	28,135	19,975	1,229	6,931
Campaign Incentives	82,479	0	0	82,479
Campaign Printing and Marketing	92,833	3,500	0	89,333
Campaign Events and Performers	17,502	12,845	0	4,657

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135001061

OMB No 1545-0047

2009

Open to Public Inspection

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
FUND FOR THE ARTS INC

Employer identification number
61-0479626

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	(a) Donor advised funds	(b) Funds a	and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and don- funds are the organization's property, subject	<u> </u>	onor advised	ΓYes ΓN
Did the organization inform all grantees, donor used only for charitable purposes and not for t conferring impermissible private benefit	•	•	ΓYes ΓNα
rt III Conservation Easements. Com	plete if the organization answered "Yes"	to Form 990, Pa	rt IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e.g., respectively) Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held	ecreation or pleasure) Preservation of a	an historically impo a certified historic s rm of a conservation	structure
easement on the last day of the tax year	a 444		
Total number of conservation easements			the End of the Year
		2a	
Total acreage restricted by conservation ease Number of conservation easements on a certif		2b	
	, ,	2c	
Number of conservation easements included i		2d	
Number of conservation easements modified,	ransferred, released, extinguished, or termina	ted by the organiza	tion during
the taxable year 🗠			
Number of states where property subject to co	nservation easement is located ►		
Does the organization have a written policy re enforcement of the conservation easements it		ndling of violations	, and <b>Yes N</b>
Staff and volunteer hours devoted to monitoring	g, inspecting and enforcing conservation ease	ements during the y	ear <b>►</b>
A mount of expenses incurred in monitoring, in	specting, and enforcing conservation easemer	nts during the year	<b>▶</b> \$
Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ı line 2(d) above satisfy the requirements of s	ection	┌ Yes ┌ N
In Part XIV, describe how the organization rep balance sheet, and include, if applicable, the t			
the organization's accounting for conservation			
rt III Organizations Maintaining Coll		, or Other Simi	lar Assets.
tt IIII Organizations Maintaining Coll	easements  lections of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line 8.  SFAS 116, not to report in its revenue stater is held for public exhibition, education or resea	nent and balance sl arch in furtherance	neet works of
Complete if the organization answ  If the organization elected, as permitted under art, historical treasures, or other similar asset	easements  lections of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line 8.  SFAS 116, not to report in its revenue stater is held for public exhibition, education or resea outs financial statements that describes these r SFAS 116, to report in its revenue statement and for public exhibition, education, or research	nent and balance sl arch in furtherance items t and balance sheet	heet works of of public service, works of art,
Complete if the organization answ  If the organization elected, as permitted under art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote to If the organization elected, as permitted under historical treasures, or other similar assets he	lections of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line 8.  SFAS 116, not to report in its revenue statements held for public exhibition, education or resease its financial statements that describes these expects of SFAS 116, to report in its revenue statements and for public exhibition, education, or researched items	ment and balance sl arch in furtherance intems t and balance sheet n in furtherance of p	heet works of of public service, works of art,
Complete if the organization answ  If the organization elected, as permitted under art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote to If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to these	lections of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line 8.  SFAS 116, not to report in its revenue statements held for public exhibition, education or resease its financial statements that describes these expects of SFAS 116, to report in its revenue statements and for public exhibition, education, or researched items	nent and balance slarch in furtherance items tand balance sheet in in furtherance of p	neet works of of public service, works of art, ublic service,
Complete if the organization answ  If the organization elected, as permitted under art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote to If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to these (i) Revenues included in Form 990, Part VIII	easements  lections of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line 8.  SFAS 116, not to report in its revenue stater is held for public exhibition, education or resea outs financial statements that describes these SFAS 116, to report in its revenue statement eld for public exhibition, education, or research eld for public exhibition education, or research eld for public exhibition education, or research eld for public exhibition education edu	ment and balance slarch in furtherance items tand balance sheet in in furtherance of p	neet works of of public service, works of art, ublic service,
Complete if the organization answ  If the organization elected, as permitted under art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote to If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to these (i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X If the organization received or held works of an	lections of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line 8.  SFAS 116, not to report in its revenue statements held for public exhibition, education or resease its financial statements that describes these SFAS 116, to report in its revenue statements eld for public exhibition, education, or research exitems  In Initial I	ment and balance slarch in furtherance items tand balance sheet in in furtherance of p	neet works of of public service, works of art, ublic service,

'a r	Organizations Maintaining Co	ollections of Art	, Hist	toric	al Tre	asu	res, or (	<u> 2the</u>	<u>r Similai</u>	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e follo	wing th	at are	a signific	ant ι	ise of its co	llection	1	
а	Public exhibition		d	Γ	Loan or	exch	ange prog	rams				
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
	Provide a description of the organization's content XIV	ollections and expla	ın how	they	further	the o	rganızatıo	n's e	kempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,					nılar	Г	Yes	┌ No
Pa i	rt IV Escrow and Custodial Arrang						answere	ed "Y	es" to For	m 990	),	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons o	rotheras	sets	not	Γ	Yes	∏ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng ta	ble		ı		I			
							ŀ			A mou	Int	
с	Beginning balance						•	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete										\	
_	Paginning of ware halance	(a)Current Year 5,039,511	(b)	Prior Y	ear 339,193	(c) IV	o Years Bac	к (а	Three Years	васк (е	)Four Ye	ears Back
a L	Beginning of year balance	3,033,311			0			+		+		
b	Contributions	636,892			896,752			+		-		
C	Investment earnings or losses	303,828			379,588			+		+		
d	Grants or scholarships	0			0			+		+		
е	Other expenditures for facilities and programs											
f	Administrative expenses	23,330			23,342							
g	End of year balance	5,349,245		5,	039,511							
	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment	0.45 %										
ь	Permanent endowment ► 99.55 %											
c	Term endowment ► 0 %											
a	Are there endowment funds not in the posse	ssion of the organiza	ation tl	hat aı	re held a	and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)	Yes	
	(ii) related organizations					•		•		3a(ii)		N o
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•		3b		
) 3	rt VI Investments—Land, Building					Λ Da	rt V line	10				
Q.	Description of investment	s, and Equipme	iit. 36	(a)	Cost or of	ther	( <b>b)</b> Cost or basis (otl	other	(c) Accum		( <b>d)</b> Bo	ok value
.a	Land					0		(				
	Buildings					0	1,4	75,215		724,176		751,039
	Leasehold improvements					0	-,	(		0		(
	Equipment					0	2	78,030	)	245,295		32,735
	Other					0		32,800		12,886		19,914
												•

803,688

(a) Description of security or category			d of valuation
(including name of security)	( <b>b)</b> Book value		f-year market value
Financial derivatives	0		
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-or	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	0		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	e 15. tion		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,706,104
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,854,974
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-148,870
4	Net unrealized gains (losses) on investments	4	7,123
5	Donated services and use of facilities	5	C
6	Investment expenses	6	(
7	Prior period adjustments	7	C
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	7,123
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-141,747
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	6,598,365
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	119,561
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,478,804
4	A mounts 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 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,227,300
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	7,706,104
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	6,740,112
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	112,438
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,627,674
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,227,300
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	7,854,974

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04		The Purpose of the Bingham Endowment (balance \$5,275,303) is to provide funds to the Fund for the Arts to support its mission of supporting the arts community of Metro Louisville. The purpose of the Whittenberg Endowment (balance \$73,942) is to provide funding for a scholarship to assist pre-college age student in pursuing advanced studies in the arts, towards a career in the performing arts.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Partnership Gifts of \$,1,227,300
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Partnership Grants of \$1,227,300

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493135001061

OMB No 1545-0047

**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

**Inspection** 

Name of the organization						Employer identificati	on number
FUND FOR THE ARTS INC						61-0479626	
Part I General Information	n on Grants and	l Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sistance?					∀ Yes
Part II Grants and Other A Form 990, Part IV, Im Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50 3 Enter total number of other organizations		_				<u>*</u>	21

Part III	Grants and Other Assista	nce to Individuals in the United States.	. Complete if the organization	answered "Ye	s" to Form 990,	Part IV, line 22.
		)) if additional space is needed.			·	,

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	( <b>c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	1	1		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Fund for the Arts awards the most significant portion of its grants to preselected "member" organizations which adhere to stated requirements for continued membership. Each organization is part of an annual "allocation process" which includes a reveiw by an Allocation Committee including Board members, "NeXt" members (a group of young professionals in a 2 yearlong program focusing on the arts) and Fund staff. Information reviewed includes a summary of the organization's accomplishments, challenges, operating plans and audited financial statements. Grants made under the "partnership grant" program are only made to qualifying Section 501(c)(3) organizations with periodic reporting required where restrictions may apply. Many of these grants are also made to the "member" organizations. Grants made pursuant to the Teacher Arts Grants program are made to qualifying schools and must be used for purchase of art services. Monitoring is done through contact with the arts groups providing the services and follow-up with teachers. All other grants are made based upon specific requests and are made only to other Section 501(c)(3) organizations. Appropriate follow-up, if any, is determined based on size of grant, purpose and knowledge of organization.

**Software ID:** 09000073

**Software Version:** v1.00

**EIN:** 61-0479626

Name: FUND FOR THE ARTS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Actors Theatre of Louisville 316 West Main Louisville, KY 40202	61-0645030	501(c)(3)	1,104,780	0			General Support
Kentucky Museum of Art and Craft715 West Main Louisville,KY 40202	61-0985312	501(c)(3)	145,767	0			General Support
Kentucky Opera323 West Broadway Suite 601 Louisville,KY 40202	61-6013111	501(c)(3)	636,319	0			General Support
Kentucky Shakespeare323 West Broadway Suite 401 Louisville,KY 40202	61-6036654	501(c)(3)	128,204	0			General Support
Louisville Bach Society4607 Hanford Lane Louisville,KY 40207	61-0705342	501(c)(3)	45,002	0			General Support
Louisville Ballet315 East Main Louisville, KY 40202	61-6033779	501(c)(3)	626,497	0			General Support
Louisville Orchestra323 West Broadway Louisville,KY 40202	61-6000384	501(c)(3)	1,427,188	0			General Support
Louisville Theatrical Association620 West Main Louisville, KY 40202	61-6000383	501(c)(3)	71,649	0			General Support
Louisville Visual Art Association3005 Upper River Road Louisville, KY 40207	61-0492348	501(c)(3)	57,982	0			General Support
Louisville Youth Choir3105 Lexington Road Louisville, KY 40206	61-6058143	501(c)(3)	51,856	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Louisville Youth OrchestraPO Box 997 Louisville, KY 40201	61-0597184	501(c)(3)	72,706	0			General Support		
Music Theatre Louisville323 West Broadway 7th Flr Louisville, KY 40202	61-1138603	501(c)(3)	264,837	0			General Support		
Stage One Professional Children's Theatre323 West Broadway Louisville, KY 40202	61-0466715	501(c)(3)	683,195	0			General Support		
Walden Theatre1123 Payne Street Louisville, KY 40204	61-0902722	501(c)(3)	48,177	0			General Support		
West Louisville Performing Arts Academy623 West Main Louisville, KY 40202	61-1181511	. 501(c)(3)	57,038	0			General Support		
FFTA Properties Inc623 West Main Louisville, KY 40202	31-1497554	501(c)(3)	398,564	0			General Support and Property Renovation		
Kentucky Opera323 West Broadway Suite 601 Louisville,KY 40202	61-6013111	. 501(c)(3)	20,000	0			Special Arts Event		
Bullitt Country Schools1040 Hwy 44 East Shepherdsville,KY 40165	61-6001357	' Gov	14,304	0			Teacher Arts Grants		
Greater Clark County Schools 2112 Utica-Sellersburg Road Jeffersonville, IN 47130	35-1151414	Gov	8,363	0			Teacher Arts Grants		
Jefferson County Public Schools3332 Newburg Road Louisville,KY 40218	61-6001316	Gov Gov	115,576	0			Teacher Arts Grants		
4									

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Shelby County Schools1155 West Main St Shelbyville, KY 40065	61-6001356	Gov	5,799	0			Teacher Arts Grants			

**Compensation Information** 

DLN: 93493135001061

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	organizat ion
FUND F	OR	THE	ARTS INC

**Employer identification number** 

61-0479626

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		•			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des	_		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that apply	•			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	ın kegs s	section 53 4958-4(a)(3)/11 "Yes," describe	8		Νο
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F</b> ) Compensation reported in prior Form 990 or Form 990-EZ
Mr Allan Cowen	(1) (11)	234,967 0	26,900 0		54,777 0	17,211 0	337,817 0	0
Barbara S Smith	(I) (II)	150,000 0	0	0	7,369 0	5,718 0	163,087 0	0

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The Fund for the Arts Compensation Committee includes a Chairman, the Fund for the Arts Board Chair, the Chair of the Finance Committee, the Chair of the Campaign and a Board member at large Members of the Committee review the terms of the CEO's employment agreement, compensation data developed from the review of other Form 990's and a summary of the accomplishments for the year Recommendations related to CEO and other executive compensation are discussed and voted upon by the Compensation Committee in an executive session Meeting minutes are recorded Recommendations are then taken to the organization's Executive Committee for final reveiw and approval
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The Fund for the Arts has nonqualified deferred compensation plans for the benefit of the Fund's CEO, Allan Cowen The amount allocated to the CEO is a minimum of 6 7% of salary/bonus pursuant to an employment agreement. The total amount during calendar year 2009 was \$26,668 which included an additional amount approved by the Fund's Executive Committee.
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	Pursuant to the employment contract, in addition to a base salary, the Fund's CEO, Allan Cowen receives a bonus of up to 15% of the agreed upon salary base for applicable fiscal year based on performance criteria. The Compensation Committee reviews the applicable information and determines the recommended bonus amount which is then presented for approval to the Fund's Executive Committee subject to final campaign results. The total bonus amount paid during calendar year 2009 was \$26,900.

Schedule J (Form 990) 2009

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DLN: 93493135001061

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service

Name of the organization **Employer identification number** FUND FOR THE ARTS INC 61-0479626 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to Approved (g)Written (e) In or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Τо From Yes No Yes Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes No Ms Deborah L Moessner Board Member 32,000 Compensation of Family Member Νo for Employment

**Board Member** 

Ms Marlene M Grissom

40,000

Compensation of Family Member

for Employment

Νo

### OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

> ▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

**NonCash Contributions** 

Department of the Treasury ► Attach to Form 990. Internal Revenue Service Name of the organization

**Employer identification number** FUND FOR THE ARTS INC 61-0479626 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 16 66,534 Sales Proceeds 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► ( \_\_\_ Other ►( \_\_\_ 26 27 Other ►( \_\_ **28** Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Νo Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . . . . . 32a Νo b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 61-0479626

Name: FUND FOR THE ARTS INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135001061 OMB No 1545-0047

Inspection

(Form 990) Department of the Treasury

Internal Revenue Service

**SCHEDULE 0** 

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on}$ Form 990 or to provide any additional information. ► Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization FUND FOR THE ARTS INC

**Employer identification number** 

61-0479626

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	Delegation of Authority - Pursuant to the Bylaws, the Board elected an Executive Committee of 26 members. Under the Bylaws, when the Board is not in session, the Executive Committee has and may exercise all of the authority of the Board with various stated exceptions. (a) elect or appoint Directors, (b) elect or appoint officers, (c) approve any annual allocation among Assisted Organizations of funds raised in the annual fund-raising campaign or otherwise controlled and distributable by the Fund, (d) amend, alter or repeal the Bylaws, (e) appoint or remove any member of the Executive Committee, any Director, or any officer of the Fund, (f) amend or restate the Articles, (g) adopt a plan of merger or consolidation with another corporation, (h) authorize the sale, lease, exchange or mortgage of all, or substantially all, of the property and assets of the Fund, (i)authorize the voluntary dissolution of the Fund, or adopt a plan for the distribution of the assets of the Fund (j)amend, alter or repeal any resolution of the Board

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	'	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? Board Secretary, Jonathan D. Goldberg and Board Member, James Goldberg - family relationship, Board Vice Chairman/Campaign Chair, James S. Welch, Jr and Board Member, Rusty Cheuvront, Jr - business relationship, Board Member, Ow sley Brown II and Board Member, John Gill Holland, Jr - family relationship, Vice Chairman/Board Member, Carl M. Thomas and CFO, Diane Cornwell - business relationship

ldentifier	Return Reference	Explanation
F990_P06_S0A_L03	Form 990, Part VI, Section A, Line 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? The Chief Financial Officer position is contracted to Diane Cornwell, an independent contractor. She is paid \$60,000 and provided parking to oversee the complete financial function including the annual allocation process, with a dual reporting relationship to the Fund Board and CEO.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	Description of the process for reviewing the organization's Form 990. A committee consisting of the organization's Board Chair, CEO, Chair of Finance Committee, Chair of Compensation Committee and at least two members of the Finance Committee review a draft of the Form 990 prior to its finalization. The finalized return is electronically provided to all Board members prior to being filed with the IRS

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of Interest (COI) Policy/Enforcement Annually, the Fund for the Arts provides a copy of its COI Policy to all directors and officers. Directors and officers are required to read and comply with the policy which requires, at a minimum, annual disclosure of outside activities and relationships which can then be used by the organization's management in its ongoing monitoring of potential conflicts. In addition, the COI Policy requires that a director or officer provide full disclosure of any conflict or perceived conflict as defined in the policy and recuse themselves from participation in the decision-making or vote regarding the affected transaction.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Process for determining compensation of top management official, other officers or key employees Each May, the Fund for the Arts Compensation Committee reviews the compensation arrangements for the CEO They also review the CEO's recommendations regarding compensation for the Executive Vice President and CFO. The Committee then presents their recommendations to the organization's Executive Committee for final approval. The Compensation Committee is composed primarily of independent members, uses comparability data and contemporaneously documents the deliberation and recommendations reached. The compensation arrangements are approved in advance for the upcoming fiscal year period of July 1 thru June 30. The Compensation Committee meeting was held May 5, 2010 to review compensation arrangements for the period July 1, 2010 thru June 30, 2011. Recomendations were presented and approved at an Executive Committee meeting on May 25, 2010.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Section C, Line 19	Public Availability of Information - The conflict of interest policy and the most current audited financial statements are available on the Fund for the Arts' website. Articles of Incorporation are on file with the KY Secretary of State. Bylaw's are not normally provided

DLN: 93493135001061

SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

lame of the organization UND FOR THE ARTS INC								Employer identification number					
Part I Identification of Disregarded Entities (Co	mplete	ıf the organization	answere	d "Yes" or	n Form	990, Part		33.)					
(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)			(e) End-of-year assets		<b>(f)</b> Direct controlling entity				
Part II Identification of Related Tax-Exempt Orgon more related tax-exempt organizations during	<b>janizat</b> ng the t	<b>ions</b> (Complete ıf t tax year.)	he orga	nızatıon ar	nswere	d "Yes" or	Form 9	990, Part	IV, lıne	34 because it had o	ne		
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity			(c) Legal domicil or foreign co	e (state ountry)	(d) Exempt Code section		(e) Public charity status (if section 501(c) (3))		<b>(f)</b> Direct controlling entity			
FFTA Properties Inc													
623 West Main  Louisville, KY 40202 31-1497554	BrownTh	eatre/ArtsSpace/Conferenc	e Center	кү		501(c)(	3)		9	N/A			

(a) Name, address, and EIN of related organization  (b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		<b>(j</b> Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f)	)		(-)	(5)		
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

Part V	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Yes" on Form 990, Part IV	, line 34, 35, or 36.)						
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?						
a Red	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	Yes				
<b>b</b> Gift	<b>b</b> Gift, grant, or capital contribution to other organization(s)							
<b>c</b> Gift	, grant, or capital contribution from other organization(s)		1c		No			
<b>d</b> Loa	ns or loan guarantees to or for other organization(s)		1d		No			
<b>e</b> Loa	ns or loan guarantees by other organization(s)		1e		No			
<b>4</b> C-1			1f		No			
	e of assets to other organization(s)		1g	1	No			
	chase of assets from other organization(s)		19 1h	+	No			
	change of assets		1i	+	<u> </u>			
i Lea:	se of facilities, equipment, or other assets to other organization(s)		11	+	No			
			4.5		N=			
_	se of facilities, equipment, or other assets from other organization(s)		1j	+	No			
	formance of services or membership or fundraising solicitations for other organization(s)		1k	res	<b></b>			
	formance of services or membership or fundraising solicitations by other organization(s)		11		No			
	iring of facilities, equipment, mailing lists, or other assets		1n		No			
n Sha	aring of paid employees		1n		No			
					<u> </u>			
o Rei	mbursement paid to other organization for expenses		10	_	No			
<b>p</b> Rei	mbursement paid by other organization for expenses		1p	Yes	<del> </del>			
a Oth	ner transfer of cash or property to other organization(s)		<b>1</b> q		No			
	er transfer of cash or property from other organization(s)		1r		No			
	of dulister of cust of property from other organization(o)							
<b>2</b> If th	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	ips and transaction thres	holds					
	(a)	<b>(b)</b> Transaction		(c)				
	Name of other organization	type(a-r)	Amour	nt involv	ed			
<b>1)</b> FFTA Pi	roperties Inc	а-।		;	22,518			
2) FFTA Pi	operties Inc	b	398,564					
<b>3)</b> FFTA Pi	operties Inc	k			0			
<b>4)</b> FFTA Pı	operties Inc	р			2,250			
5)								

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No
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