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Return of Organization Exempt From Income Tax

OMB No 1545-0047 20**12**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning 2012, and ending 20 13 D Employer identification number C Name of organization Kentucky Center for the Arts Foundation, Inc. Check if applicable Doing Business As 31-0999046 Address change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number \square Name change Initial return 501 West Main Street 502-566-0100 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ Amended return Louisville, Kentucky 40202-2989 F Name and address of principal officer. Stephen Klein, same as C above H(a) Is this a group return for affiliates? Yes No Application pending H(b) Are all affiliates included? Yes No If "No." attach a list, (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: □ 501(c) (H(c) Group exemption number Website: ▶ N/A Form of organization 🗸 Corporation [] Trust 1980 M State of legal domicile Association ☐ Other ▶ L Year of formation. Part I Summary Briefly describe the organization's mission or most significant activities: Solicitation and receipt of gifts, grants, and contributions from individuals, groups, corporations and other sources, public and Activities & Governance private, to finance the capital, operating and programming costs of The Kentucky Center for the Performing Arts. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 16 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-Toline 34 7.3 7b 0 Prior Year **Current Year** Sic Contributions and grants (Part VIII, line 1h) 52,750 37,099 Program service revenue (Part VIII, line 2g) MA- 1 9 2014 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 69,274 329,487 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. Total revenue—add lines 8 through 11 (must equal Part VIII) column (A), line 12 12 122,024 366,586 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 738,004 735,966 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 201,259 188,875 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 939,263 924,841 19 Revenue less expenses. Subtract line 18 from line 12 (817,239)(558, 255)End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 18,936,097 22,989,424 Total liabilities (Part X, line 26) . 21 1,568,461 4,573,110 22 Net assets or fund balances. Subtract line 21 from line 20 17.367.636 18,416,314 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanylyg schedules and statements, and to the best of my knowledge and belief, it is er (other than officer) is based op all info true, correct, and complete Declaration of prepa ation of which preparer has any knowledge Sign Signature of officer Øate Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Check [] if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address > Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Form 99	0 (2012) Page 2
Part	
	Check if Schedule O contains a response to any question in this Part III
1 `	Briefly describe the organization's mission:
	Solicitation and receipt of gifts, grants, and contributions from individuals, groups, corporations, and other sources, public and
	private, to finance the capital, operating and programming costs of The Kentucky Center for the Performing Arts.
	Diddle 1. P. J.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 708,966 including grants of \$ 690,966) (Revenue \$)
44	Operating support for The Kentucky Center for the Performing Arts - approximately 510,000 attended events from July 1, 2012
	through June 30, 2013
	······································
4b	(Code:) (Expenses \$ 45,000 including grants of \$ 45,000) (Revenue \$)
	Education Program - Kentucky Governors' School for the Arts - 1,800 students applied for the 225 openings in the annual
	3 week program. Over 1,000 students participated in related workshops.

4c	(Code:) (Expenses \$ 29,756 including grants of \$) (Revenue \$)
	Distinguished collection of 20th century artwork is enjoyed by thousands of visitors to The Kentucky Center for the Performing Arts
	and Louisville.
	······································
	······································
	······
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 783,722

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

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Part	Checklist of Required Schedules (continued)			r——
21 `	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
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	V	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
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		1
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,		 	
38	Part VI	37	V	✓
		Eor	<u>, 990</u>	(2012)

Form 990 (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
		Ť	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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		İ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1		1
b	If "Yes," enter the name of the foreign country: ▶	4a		·
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		'
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		,
	required to file Form 8282?	7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	70		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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:	. !	j	
a	Initiation fees and capital contributions included on Part VIII, line 12	-: !		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:		:	
' a	Gross income from members or shareholders		ŀ	
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ.	
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		-	
þ	Enter the amount of reserves the organization is required to maintain by the states in which		ŧ,	
	the organization is licensed to issue qualified health plans		· ·	
C	Enter the amount of reserves on hand			Ţ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_✓_

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Part		-		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			_
04	Check if Schedule O contains a response to any question in this Part VI	<u>· · · ·</u>	•	. 🗸
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17		
	If there are material differences in voting rights among members of the governing body, or	···	}	÷
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b		16		į.
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?	_	i	
3	Did the organization delegate control over management duties customarily performed by or under the direct	, 2		/
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	` 3	ł	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	_5		1
6	Did the organization have members or stockholders?	_6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	- 1]	١.
L	one or more members of the governing body?	_7a		-
b	stockholders, or persons other than the governing body?	7 _b	}	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	ì	İ	
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	odo	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u> </u>	on b. Policies (This deciron b requests information about policies not required by the internal Neve	silue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	T -	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	+	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	400	/	1
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	<u> </u>	├
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		 	
	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	'		
а	The organization's CEO, Executive Director, or top management official	15a	1	}
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		t Est		
_	with a taxable entity during the year?	16a		✓
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Secti	on C. Disclosure			ــــــــــــــــــــــــــــــــــــــ
17	List the states with which a copy of this Form 990 is required to be filed ► Kentucky			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 (or 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for make its Forms 1024 requires and organization for	on 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of 1=4-	root -	olio.
13	and financial statements available to the public during the tax year.	or mile	ieot þ	JUIICY,
20	State the name, physical address, and telephone number of the person who possesses the books and record	is of th	е	
	organization: ► Lyda Howard, 501 West Main Street, Louisville, Kentucky 40202, 502-566-5162			

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Form	000	100	401

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Part VII	Compensation of Officers, D	irectors, Trustees, Key Employees	, Highest Compensated Employees, a	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.

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

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

Check this box if neither the organization no	r any relate	d org	aniz		on c	ompe	nsa	ted any currer	nt officer, director	r, or trustee.
			}	п						
(A)	(B)	(do n	ot ch		ition	e than o	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		_			or/trust	_ <u>-</u> -	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	institutional trustee	Officer	Key employee	ag H	Former	the	organizations	compensation
	related organizations	rect	i i	Œ	를 물	loye	룍	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약함	na i		ğ	803		ľ.	Ì	and related
	line)	iste	Sun		6	Pen		ĺ	[organizations
			ee			Highest compensated employee				
(4) 2										
(1) Paul Costei	.23	,								_
Board Member	.00	✓	ļ	-	<u> </u>	 		0	0	0
(2) Bruce Ferguson	.35	,							_	_
Board Member	.12	✓		_	-	<u> </u>		0	0	0
(3) Sandra Frazier	.17	,	l						_	_
Board Member	.12	✓		-	-	 -		0	0	0
(4) Tim Galbraith	.46	,								
Board Member	.17	/	<u> </u>			 	 	0	.0	0
(5) Philip Poindexter	.17									
Board Member	.00	\		<u> </u>	_			0	0	0
(6) Stu Pollard	.12	,			ŀ	İ				
Board Member	.12	✓		<u> </u>			<u> </u>	0	0	0
(7) Robert Rounsavall	.52	,							1	
Board Member	.00	/	<u> </u>	_	<u> </u>	 	<u> </u>	0	0	0
(8) Debbie Scoppechio	.12				1]		
Board Member	.12	1	<u></u>	<u> </u>			<u> </u>	0	.0	0
(9) Eric Slavinsky	.12				ļ					
Board Member	.00	✓		<u> </u>	<u> </u>		<u> </u>	0	0	0
(10) Mary Stone	.35	_				l				
Board Member	.12	✓		<u> </u>	_		_	0	0	0
(11) Williams Summers V	.12			•						
Board Member	0.0	✓.		<u> </u>				0	0	0
(12) Carolyn Tandy	,12			ļ						
Board Member	.00	✓				ļ	<u>L</u>	0	0	0
(13) Joy Yudofsky	.17			ĺ			1			
Board Member	.00	✓		<u> </u>			L_	0	0	0
(14) R.K. Guillaume	.92						1			_
Board Chair	.17	✓		✓		L		0	0	0

Part	VIII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, a	nd t	lighe	st C	compensated E	mployees (co	ntınu	red)
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck	rson	e than o	an a	(D) Reportable compensation	(E) Reportable	rom	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	s	other compensation from the organization and related organizations
(15) M Treasi	eredith Parente	.52	1		1				0	7	0	
	ollis Weishar	.35	 		Ė	-		┢	ļ			
Secret		.12	1		1	}		<u> </u>	0		0	
~	tephen Klein	2.0										
	Chairman, President of The Kentucky Center	38.0	/		1	<u> </u>	ļ	├	0	256,7	775	36,697
~	hristopher Roberts	2.0			/					400.6		00.000
	e-President/CFO - The Kentucky Center raci Simenson	38.0 40.0			V	 		├─	0	122,3	349	20,302
J	e-President/Development - The Kentucky Ctr	+					1		0	110,5	599	5,000
(20)												
(21)			-		<u> </u>			-				
(22)						-						
(23)						-		-				
(24)				-		<u> </u>						
(25)				-								
1b	Sub-total							>		489,7	723	61,999
C	Total from continuation sheets to Part							•			0	0
d	Total (add lines 1b and 1c)							<u> </u>	<u> </u>	489,7		61,999
	reportable compensation from the organi			iose	IISI	ea	above	e) w 	no received m	ore than \$100		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:							emp	oloyee, or high	nest compens	sated	Yes No 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble d	con	npe	nsatio					
5	Did any person listed on line 1a receive of									zation or ındiv	/idua	
Cooki	for services rendered to the organization	/ If "Yes," c	compi	ete	Sci	neal	ile J 1	or s	sucn person	· · · · ·	<u>·</u>	5 /
1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Rep											
	year.							1 ar y			———	
	(A) Name and business add	iress					_		(B) Description of s	ervices		(C) Compensation
None												· · · · · · · · · · · · · · · · · · ·
								+				
-								\vdash				
2	Total number of independent contractor	•	_					th th		ove) who		
	received more than \$100,000 of compens	sauon irom	uie 0	yar	ııza	แบก			0			Fe 990 (2012)

Part VIII		Statement of Revenue										
	·	Check if Schedule O	contains a res	sponse to any que:			· · · · ·					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
nts	1a	Federated campaigns	3 , , , 1	а								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		b								
	С	Fundraising events .		C	4							
اَجُ جَ	d	Related organizations		d	-							
Sin	e f	Government grants (con All other contributions, gi		e	-							
her		and similar amounts not inc		If 37,099								
E o	g	Noncash contributions includ	<u> </u>		1							
a Co	h	Total. Add lines 1a-1	f		37,099		L					
- Se				Business Code								
ever	2a	***************************************			 	·		ļ				
ě	b						<u> </u>	<u> </u>				
Ž	٦ 0				 		 					
J. S.	d e						 	 				
Program Service Revenue	f	All other program sen			 							
5	g	Total. Add lines 2a-2	f	▶								
	3	Investment income										
	_	and other similar amo			278,237			278,237				
	4	Income from investmen	•	•				 				
	5	Royalties	(ı) Real	(ii) Personal			 	<u> </u>				
	6a	Gross rents		(7)	-							
	ь	Less: rental expenses	-	_	†							
	С	Rental income or (loss)					1					
	d	Net rental income or										
	7a	Gross amount from sales of	(i) Securities									
	b	assets other than inventory Less: cost or other basis	456,1	90	-							
	С	and sales expenses . Gain or (loss)	404,9 51,2		-							
	d				51,250	-		51,250				
enne	8a	Gross income from fu	ındraising									
Other Rev		of contributions reported See Part IV, line 18 .		a								
₹		Less: direct expenses			<u> </u>			ļ				
		Net income or (loss) for						 				
		Gross income from gasee Part IV, line 19 .		а								
		Less: direct expenses			 	·	 	ļ				
	i	Net income or (loss) for Gross sales of in										
		returns and allowance	es	а								
	b	Less: cost of goods s Net income or (loss) for			 		 	 				
	- 6	Miscellaneous R		Business Code	 		 					
	11a			1	†		T .	 				
	b							T				
	С	***************************************										
	d	All other revenue .		<u> </u>	ļ		ļ	ļ				
	е 12	Total. Add lines 11a- Total revenue. See in					i					
		Total levelide. See II	ion deligits.	· · · · · · ·	366,586			366,586 Form 990 (2012)				

	0 (2012)				Page 10
	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	l other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	<u> </u>			<u></u> 🛘
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	735,966	735,966		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits				
11 a	Fees for services (non-employees): Management				
b	Legal	2,450		2,450	
C	Accounting	13,515		13,515	- ··- · · ·
d	Lobbying	18,000	18,000		
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	44,805		44,805	
12	Advertising and promotion				
13	Office expenses	2,803		2,803	
14	Information technology				
15	Royalties				
16 17	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,945		1,945,	
20	Interest	58,384		58,384	
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization .	12,805		12,805	
23	Insurance	23,273	18,861	4,412	· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	1			
_	(A) amount, list line 24e expenses on Schedule O.)				
a b	Artwork Expense - Restoration	10,895	10,895		
C					
d					
e	All other expenses		· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses. Add lines 1 through 24e	924,841	783,722	141,119	·
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 2,090 10,435 2 2 Savings and temporary cash investments 444,851 366,137 3 3 4 4 32,117 4,737 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 8 8 9 Prepaid expenses and deferred charges 11.403 9 5,307 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,047,025 Less: accumulated depreciation 10b b 10c 91,784 171,992 2,955,241 11 Investments—publicly traded securities 9,550,806 11 10,356,966 Investments - other securities. See Part IV, line 11 . 12 4,390,578 12 4,956,251 13 Investments-program-related. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 4,334,350 15 4,334,350 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 18,936,097 16 22,989,424 17 Accounts payable and accrued expenses 17 12,818 31,640 18 1,555,643 18 1,893,087 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 2,589,999 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 58,384 Total liabilities. Add lines 17 through 25 26 1,568,461 4,573,110 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 15,077,396 16,032,463 28 Temporarily restricted net assets 28 76,442, 29 Permanently restricted net assets . . . 29 2,290,250 2,307,409 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 17,367,636 18,416,314 34 Total liabilities and net assets/fund balances 34 18,936,097 22,989,424 Form 990 (2012)

F 04	(0040)			_	41
	XI Reconciliation of Net Assets			Pa	ige 12
Par					
1	Check if Schedule O contains a response to any question in this Part XI	11			_=
-	Total evenue (must equal Part VIII, column (A), line 12)				6,580
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,84
3	Revenue less expenses. Subtract line 2 from line 1	3			B,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,36	
5	Net unrealized gains (losses) on investments	5		<u> 1,60</u>	6,93
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		18,41	6,314
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		i	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were com				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:	• • • • •	(
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht			
·	of the quality review or compilation of its financial statements and selection of an independent access	-		,	

If the organization changed either its oversight process or selection process during the tax year, explain in

Form **990** (2012)

3a 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?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2012 Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number Kentucky Center for the Arts Foundation, Inc. 31-0999046 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c ✓ Type III-Functionally integrated **d** Type III–Non-functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(ī) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in col. (i) of your support? organization in col (i) listed in your (described on lines 1-9 organization in col support (i) organized in the US? above or IRC section governing document? (see instructions)) Yes Yes No Yes No No (A)Ky Center for the Performing Arts 61-0973376 735,966 (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
_	(Complete only if you checked th				~		jualify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			,		·	-
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		ĺ				
	membership fees received. (Do not include any "unusual grants.")		}			1	1
•			 			 	
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf			ì			
3	The value of services or facilities	.,				 	
_	furnished by a governmental unit to the		ļ				
	organization without charge		1				
4	Total. Add lines 1 through 3			1			
5	The portion of total contributions by						
	each person (other than a			1			
	governmental unit or publicly			1			
	supported organization) included on))			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			ļ	ļ		
6	Public support. Subtract line 5 from line 4.			 		 	
	on B. Total Support		L	<u> </u>	L	J	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(4) 2000	(2) 2000	(6) 2010	(4) 2017	(0) 2012	10 10.0.
8	Gross income from interest, dividends,						
	payments received on securities loans,		l	l	Į.		
	rents, royalties and income from similar		ļ				
	sources						
9	Net income from unrelated business		1			Ī	
	activities, whether or not the business						
	is regularly carried on					<u> </u>	
10	Other income. Do not include gain or loss from the sale of capital assets]			
	(Explain in Part IV.)		Ì	}]	
11	Total support. Add lines 7 through 10			 	 	 	
12	Gross receipts from related activities, etc.	(see instruction	ons)		L	12	<u></u>
13	First five years. If the Form 990 is for th						tion 501(c)(3)
	organization, check this box and stop her						.
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2012 (line 6		=	11, column (f))		14	<u>%</u>
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test—2012. If the organization qualities and stop here. The organization qualities				d line 14 is 331	1/3% or more,	
h		· ·		•			> []
b	331/3% support test—2011. If the organicheck this box and stop here. The organic						% or more, · · ► □
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f	acts-and-circi	imstances" tes	st. The organiz	ation qualifies	as a publicly	
_	organization						-
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part IV how the organization m						
	supported organization		. and-circuitis	itarioes test. I	no organizatio	ni quailles a	► □
18	Private foundation. If the organization di	d not check a	box on line 13	. 16a. 16b. 17a	a, or 17b, chec	k this box an	ں ۔ id see
	instructions			, , , , , , , , , , , ,			▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

r year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total fts, grants, contributions, and membership fees beeved. (Do not include any "unusual grants.") ross receipts from admissions, merchandise lid or services performed, or facilities mished in any activity that is related to the ganization's tax-exempt purpose ross receipts from activities that are not an irrelated trade or business under section 513 ax revenues levied for the ganization's benefit and either paid or expended on its behalf
fts, grants, contributions, and membership fees believed. (Do not include any "unusual grants.") ross receipts from admissions, merchandise led or services performed, or facilities mished in any activity that is related to the ganization's tax-exempt purpose ross receipts from activities that are not an irrelated trade or business under section 513 ax revenues levied for the reganization's benefit and either paid or expended on its behalf
ross receipts from admissions, merchandise ald or services performed, or facilities mished in any activity that is related to the ganization's tax-exempt purpose ross receipts from activities that are not an irrelated trade or business under section 513 ax revenues levied for the reganization's benefit and either paid or expended on its behalf
Idd or services performed, or facilities mished in any activity that is related to the ganization's tax-exempt purpose
mished in any activity that is related to the ganization's tax-exempt purpose
ganization's tax-exempt purpose ross receipts from activities that are not an or larelated trade or business under section 513 ax revenues levied for the reganization's benefit and either paid or expended on its behalf
related trade or business under section 513 ax revenues levied for the ganization's benefit and either paid or expended on its behalf
ax revenues levied for the ganization's benefit and either paid or expended on its behalf
ganization's benefit and either paid or expended on its behalf
or expended on its behalf
no value of company or facilities
ne value of services or facilities
mished by a governmental unit to the
ganization without charge
otal. Add lines 1 through 5
mounts included on lines 1, 2, and 3
ceived from disqualified persons .
mounts included on lines 2 and 3
ceived from other than disqualified
ersons that exceed the greater of \$5,000
1% of the amount on line 13 for the year
dd lines 7a and 7b
ublic support (Subtract line 7c from line 6.)
B. Total Support
r year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total
mounts from line 6
ross income from interest, dividends,
syments received on securities loans, rents,
yalties and income from similar sources .
nrelated business taxable income (less
ection 511 taxes) from businesses
equired after June 30, 1975
dd lines 10a and 10b
et income from unrelated business
ctivities not included in line 10b, whether
not the business is regularly carned on
ther income. Do not include gain or
ss from the sale of capital assets
· · · · · · · · · · · · · · · · · · ·
ne 18 is not more than 331/8%, check this box and stop here. The organization qualifies as a publicly supported organization
,,,
action 511 taxes) from businesses squired after June 30, 1975

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Scotion 501(a)(2) organizations that have NOT filed Form 5769 (election under costion 501(b)). Complete Part II. P. Do not complete Part II. A.

		that have 1401 med 1 offit 57 00 (electio		• "	•
	•	s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III.	···	Employeride	ntification number
	J			Employer ide	
	cky Center for the Arts Four		504/		31-0999046
Part		e organization is exempt und			organization.
1	-	the organization's direct and indire			
2					·
3	volunteer nours				
Part	Complete if the	e organization is exempt und	er section 501/	0)(3)	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			·
3		ed a section 4955 tax, did it file For			Yes No
4a					Yes No
	If "Yes," describe in Part				
Part		e organization is exempt und	er section 501(c), except section 501	(c)(3).
1		tly expended by the filing organiz			
	activities			\$	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	•	ıvities		· · · · · · · · · · · · · · · · · · ·	
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b				
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		į		filing organization's funds if none, enter -0-	contributions received and promptly and directly
				idida ir florie, erker -o-	delivered to a separate
		i			political organization If none, enter -0-
				 	
(1)					
(2)					
				 	
(3)					1
					
(4)	•				
<i>(5</i>)					
(5)					
(6)					
(-)				<u> </u>	l

Pa	art	I-A		Complete if the organizatior section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (elec	ction under
A	Ch	eck		if the filing organization beli					up member's
_	۰.			name, address, EIN, expen				•	
В	<u>C</u> r	<u>ieck</u>	<u> </u>	if the filing organization che			trol" provisions a	apply.	
				Limits on Lobb				(a) Filing	(b) Affiliated
				(The term "expenditures" me			 	organization's totals	group totals
•	1a			bbying expenditures to influence					
	b			bbying expenditures to influence		ody (direct lobbyin	g)	L	
	C			bbying expenditures (add lines 1a	•				
	d Other exempt purpose expenditures								
	e Total exempt purpose expenditures (add lines 1c and 1d)								
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.					g table in both		_	
	Ţ	If the	am	ount on line te, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
		Not over \$500,000 20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.				over \$500,000.	1			
	ſ	Over	\$1,0	000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.	1	
	Γ	Over	\$1,	500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	ver \$1,500,000.		
	Γ	Over	\$17	,000,000	\$1,000,000.			1	
	g	Gras	ssrc	ots nontaxable amount (enter 25	% of line 1f)				
	h			t line 1g from line 1a. If zero or le	•				
	i	Sub	trac	t line 1f from line 1c. If zero or les	s, enter -0-				
	i			is an amount other than zero	•	1h or line 1i, did	the organization	file Form 4720	
				g section 4911 tax for this year?			_		Yes No
				(Some organizations that maccolumns below. S	de a section (See the instru	ctions for lines 2	not have to com a through 2f on p		
				Lobbying	Expenditures	During 4-Year A	veraging Period		
		C	aler	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	2a	Lob	byır	ng nontaxable amount					
_	b			ng ceiling amount of line 2a, column (e))					
	С	Tota	al lo	bbying expenditures					
	d	Gra	ssrc	ots nontaxable amount					
	е			oots ceiling amount of line 2d, column (e))					
	f	Gra	ssrc	oots lobbying expenditures					
_	_							Schedule C (Form	990 or 990-EZ) 20

Part	(election under section 501(h)).	_				
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed - iption of the lobbying activity.	(a Yes	No	A	(b) moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		√			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1			111
С	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		1			
е	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?		✓			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓			
i	Other activities?	✓				18,000
j	Total. Add lines 1c through 1i	of carses				18,000
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					19 6.2
Part		5), c	or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	103	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	 	├-
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	├	
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)((5), c	or se		·	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."	(a) r		. Ш-А,	une -	3, IS
1 2	Dues, assessments and similar amounts from members	of	1			
а	Current year		2a			
b	Carryover from last year	. [2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	ng		Ī		
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
list); F	Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information. B - Line 1i - Separate unrelated organization is paid a monthly stipend to monitor and inform of legislation/					
Faiti	B - Line 11 - Separate unrelated organization is paid a monthly superio to monitor and inform or legislation	buaç	let 155	ues an	ecung	l
The K	entucky Center for the Performing Arts.					
		-				
			• • • • • • • • • • • • • • • • • • • •			

SCHEDULĘ D (Form 990)

Supplemental Financial Statements

201

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name o	if the organization	Employer identification number
	cky Center for the Arts Foundation, Inc.	31-0999046
Par		inds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	
	funds are the organization's property, subject to the organization's exclusive legal conf	trol? 🗌 Yes 🗍 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?	· · · · · ·
Part	Conservation Easements. Complete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation	of an historically important land area
	☐ Protection of natural habitat ☐ Preservation	of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and no	t on a
	historic structure listed in the National Register	· · 2d
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, in	
	violations, and enforcement of the conservation easements it holds?	· · · · · · Tes 🗋 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ear	sements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · 🗋 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	ue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the
	organization's accounting for conservation easements.	
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in i	
	works of art, historical treasures, or other similar assets held for public exhibition,	
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$ 4,334,350
2	If the organization received or held works of art, historical treasures, or other simil	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
a	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	> \$

_	•
Page	4

Part	III Organizations Maintaining	Collections of	Art, Historical 1	reasures, or	Other Similar As	sets (continued)		
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the fo	ollowing that are a s	gnificant use of its		
а	Public exhibition		d 🗌 Loan	or exchange p	rograms			
b	✓ Scholarly research		e 🗌 Other	r				
C	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ngements. Co	mplete if the org	anization ans	wered "Yes" to Fo			
	line 9, or reported an amoun							
1a	Is the organization an agent, trustee, included on Form 990, Part X?					t		
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:	- A	mount		
С	Beginning balance				1c			
ď	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amoun					☐ Yes ☐ No		
	if "Yes," explain the arrangement in Pa		•					
Par								
		(a) Current year	(b) Prior year		ck (d) Three years back			
1a	Beginning of year balance	17,367,636	18,680,523	16,285,	206 15,275,954	19,311,716		
b	Contributions	37,099			0 3,100			
C	Net investment earnings, gains, and	5,7000	02,,00			12,7.10		
	losses	1,936,420	(426,374)	3,232,	679 1,533,439	(3,087,993)		
đ	Grants or scholarships	735,966			· — · · · · · · · · · · · · · · · · · ·			
e	Other expenditures for facilities and	700,000	730,004	, 14,	410,43	040,022		
•	programs	47,756	116,720	45,	119 43,836	42,830		
f	Administrative expenses	141,119	84,539		298 73,010	 		
g	End of year balance	18,416,314						
2	Provide the estimated percentage of t					10,270,304		
a	Board designated or quasi-endowmer		1%	,, 00.0 (4), //				
b		2.5%	2.0					
c	Temporarily restricted endowment ▶							
•	The percentages in lines 2a, 2b, and 2		0%					
3a	Are there endowment funds not in the			at are held and	administered for the	9		
	organization by:		.			Yes No		
	(i) unrelated organizations					3a(i) ✓		
	·					3a(ii) ✓		
b	If "Yes" to 3a(ii), are the related organi			ule R?		3b ✓		
4	Describe in Part XIII the intended uses							
Part								
	Description of property	(a) Cost or ot (investme	her basis (b) Cost of	or other basis ther)	(c) Accumulated depreciation	(d) Book value		
1a	Land	. 1						
b	Buildings							
c	Leasehold improvements							
d	Equipment			435,727	91,784	343,943		
е	Other		- 	2,611,298	0	2,611,298		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, column			2,955,241		
								

Part VII Investments - Other Securities.	See Form 990, Part X,	line 12.	,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Limited Partnership - Mainstream	4,956,251	End of fiscal year market value	
(B)	·		
(C)			
(D)	·		
(E)		ļ	
(F)			
(G) (H)			······································
(l)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	4.050.054		
Part VIII Investments—Program Related	4,956,251 L See Form 990, Part X	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation —
	(b) Book value	Cost or end-of-year ma	
(1)			
_(2)		ļ	
_(3)			
(4)			
(5)			
(6)	····		
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa	rt X, line 15.	<u></u>	
) Description		(b) Book value
(1) Artwork Collection			4,334,350
(2)			
(3)			
	- · · · · · · · · · · · · · · · · · · ·		····
_(5)			
(6)			
_(8)			
(9)	- 		
(10) Total. (Column (b) must equal Form 990, Part X, co	1 (R) line 15)		
Part X Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	4,334,350,
1. (a) Description of liability	(b) Book value	Γ	
(1) Federal income taxes	(-)		
(2) Interest Rate Swap Liability	58,384		c
(3)	00,004		
(4)		1	
(5)			ļ
(6)			
(7)]	
(8)			
(9)			
(10)		}	
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		<u> </u>	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the t			·
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the tootnote has been provided in Pa	rt XIII 📝

p,	_	_	4
гα	ч	u	•

Part XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statemer	nts		1	1,966,019
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	. 2a	1,606,933		
b Donated services and use of facilities	. 2b			
c Recoveries of prior year grants	. 2c			
d Other (Describe in Part XIII.)	. 2d			
e Add lines 2a through 2d			2e	1,606,933
3 Subtract line 2e from line 1			3	359,086
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	7,500		
b Other (Describe in Part XIII.)	. 4b			
c Add lines 4a and 4b			4c	7,500
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)		5	366,586
Part XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses pe	r Return	
1 Total expenses and losses per audited financial statements			1	917,341
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	. 2a			
b Prior year adjustments	. 2b			
c Other losses	. 2c			
d Other (Describe in Part XIII.)	. 2d			
e Add lines 2a through 2d			2e	0
3 Subtract line 2e from line 1			3	917,341
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	_		
a Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	7,500		
b Other (Describe in Part XIII.)	. 4b			
			4c	7,500
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)		5	924,841
Part XIII Supplemental Information			··	
Complete this part to provide the descriptions required for Part II, lines 3, 5, a	nd 9; Part III,	lines 1a and 4; Pa	art IV, lines	1b and 2b;
Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and	l 4b. Also con	plete this part to	provide any	y additional
information.				
Part III, Line 4				

Although the Kentucky Center for the Performing Arts does not have a gallery per	se, a diverse	array of 20th-centi	ury works o	f art is on
permanent display throughout the facility by artists such as John Chamberlain, M	alcolm Morley	, Alexander Calder	r, Jean Dubu	ffet,
Louise Nevelson and Joan Miro.			· • • • • • • • • • • • • • • • • • • •	
Part V, Line 4				
The Foundation solicits and receives gifts, grants, and contributions from individ	uals, groups, c	orporation and ot	her public ar	nd private
sources to finance the capital, operating and programming costs of the Kentucky	Center for the	Performing Arts.		

Schedule D (Fo	rm 990) 2012	Page 3
Part XIII	Supplemental Information (continued)	
Part X, Line	2	
ncome Taxe	es: The Kentucky Center and the Endowment component unit are exempt from federal income taxes under Section 501(c)(3)	
of the Interna	al Revenue Code (the Code) for all function income. When applicable, the Kentucky Center and the Endowment component	
unit are subj	ect to federal income tax on unrelated business income. The Endowment is generally not subject to U.S. federal, state or lo	cal
ncome tax e	examinations by tax authorities for tax years prior to 2009.	
	<u></u>	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

2012 Open to Public Inspection OMB No. 1545-0047

Employer identification number 31-0999046 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Kentucky Center for the Arts Foundation, Inc.

Part I General Information on Grants and Assistance

-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs award the grants	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility f	for the grants or assistance	e, and · · · ✓ Yes ☐ No
8	Describe in Part IV the organization's procedures for mor	ization's procedur	es for monitoring 1	nitoring the use of grant funds in the United States.	nds in the United	States.		
Part		ssistance to Go	vernments and received more the	Organizations i an \$5,000. Part	in the United St	tates. Complete in a ted if additional	its and Organizations in the United States. Complete if the organization answ more than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
=	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(2)	(1) Ky Ctr for the Performing Arts 501 West Main St. Lyl Ky	61-0973376	501(c)(3)	735.966		N/A	A/A	Operating
(2)								
ල								
€								
(2)								
9								
Ε								
8								
6								
(<u>1</u> 0								
Ξ								
(12)								
0 0	Enter total number of section 501(c)(3) and government of	1 501(c)(3) and gov	ernment organizat	rganizations listed in the line 1 table	ne 1 table			-
, le	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		. "	Cat No 50055P		Schedule I (Form 990) (2012)

Schedule I (Fo	Schedule I (Form 990) (2012)		, , , , ,			Page 2
Part III	Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.		nited States. Con	plete if the organiz	ation answered "Yes" to	the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. eeded.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
က						
4						
2						
9						
7						
Part IV	Supplemental Information. Complete this part information.		vide the informatio	n required in Part I,	line 2, Part III, column (b	to provide the information required in Part I, line 2, Part III, column (b), and any other additional
The Kentuc	The Kentucky Center for the Arts Foundation supports operating, programming and capital needs of The Kentucky Center for the Performing Arts.	erating, programmi	ng and capital needs	of The Kentucky Cente	r for the Performing Arts.	
The Kentuc	The Kentucky Center for the Performing Arts is a related organization	rganization.				
The Kentuc	The Kentucky Center for the Performing Arts and The Kentucky Center for the Arts Foundation have an annual independent audit.	tucky Center for the	Arts Foundation hav	e an annual independ	ent audit.	
The Kentuc	The Kentucky Center for the Performing Arts issues monthly financial statements to the Board of Directors.	hly financial statem	ents to the Board of D	Jirectors.		
The Kentuc	The Kentucky Center for the Arts Foundation's Executive Committee		luarterly with the Exec	cutive Committee of TI	meets quarterly with the Executive Committee of The Kentucky Center for the Performing Arts.	rforming Arts.
The full Box	The full Boards of both The Kentucky Center for the Performing Arts and The Kentucky Center for the Arts Foundation meet jointly twice a year.	rming Arts and The	Kentucky Center for I	the Arts Foundation m	eet jointly twice a year.	
						Schedule I (Form 990) (2012)

SCHEDULĘ J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2012

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Kentucky Center for the Arts Foundation, Inc.

Employer identification number

31-0999046

arı	Questions Regarding Compensation				
1a		ovided any of the following to or for a person listed in Form rovide any relevant information regarding these items.		Yes	No
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account 	 ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef) 			4. 6.
b		ne organization follow a written policy regarding payment penses described above? If "No," complete Part III to	1b		
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Director	reimbursing or allowing expenses incurred by all officers, r, regarding the items checked in line 1a?	2		
3	organization's CEO/Executive Director. Check all the related organization to establish compensation of the	•			
	☐ Compensation committee ☐ Independent compensation consultant	 ☐ Written employment contract ☐ Compensation survey or study 			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, organization or a related organization:	Part VII, Section A, line 1a, with respect to the filing		į	
a	Receive a severance payment or change-of-contro		4a		<u>✓</u>
b	Participate in, or receive payment from, a supplement Participate in, or receive payment from, an equity-term of the payment from the payment		4b 4c		/
		rovide the applicable amounts for each item in Part III.		:	
5	Only section 501(c)(3) and 501(c)(4) organization For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of:			;	100
a	The organization?		5a		✓
ь	Any related organization?		5b		✓
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of:	line 1a, did the organization pay or accrue any			
a	The organization?		6a		\
ь	Any related organization?		6b		√
7		n A, line 1a, did the organization provide any non-fixed describe in Part III	7		✓
8		paid or accrued pursuant to a contract that was subject		_	
	to the initial contract exception described in I	Regulations section 53.4958-4(a)(3)? If "Yes," describe	8		1
9	If "Yes" to line 8, did the organization also follows	ow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?		9		

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation	3	(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	The second of the second	a, applicable coluin	(C) and (E)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) heritement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(Ӣ-(D)	(F) Compensation reported as deferred in prior Form 990
	8							
1 Stephen Klein	€	227,146	28,116	1,513	20,742	19,949	297,466	
	(9)							
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16								

Schedule J (Form 990) 2012

Part III Supplemental Information Somplete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.
NSO COTIPIETE (TIIS PAIT TOT ATY AUGUMNIA HINDITIALIO).
he Kentucky Center for the Arts Foundation, Inc relied on its related organization The Kentucky Center for the Performing Arts to establish the compensation of the
rganization's top management officials. A combination of methods are used by The Kentucky Center for the Performing Arts to determine compensation including:
) A written employment contract
) Compensation surveys
) Approval by the Compensation Committee and Board of Directors
Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Kentucky Center for the Arts Foundation, Inc.	31-0999046
Form 990, Part VI, Line 4	
The name of the corporation was changed from Kentucky Center for the Arts Endowment Fund, Inc. to	Kentucky Center for the Arts
Foundation, Inc.	
Form 900 Part VI Line 11h	
Form 990, Part VI, Line 11b	Wtu-los Combos for the Desferming
Form 990 is prepared by the Director of Finance then reviewed by the Senior Vice-President /CFO of The	ne Kentucky Center for the Performing
Arts.	
The Form 990 is forwarded to a CPA firm and legal counsel for review.	
The reviewed Form 990 is sent to the Treasurer of the Foundation and the Audit/Finance Committee.	
Upon their approval, prior to filing, a copy is sent to all Board Members.	
Form 990, Part VI, Line 12c	
Annually members of the governing body are required to read and sign the conflict of interest policy.	
Signed statements are returned to the organization management for review and safekeeping.	
•••••••••••••••••••••••••••••••••••••••	
Form 990, Part VI, Line 15b	
Although The Kentucky Center for the Arts Foundation, Inc. does not provide direct compensation; co	mpensation for the top management
and other officials received from the related organization is approved by the governing body of the org	anization.
Contracts are signed indicating agreement with terms.	
The Compensation Committee utilizes PACC surveys and Payscale reports to insure comparability with	h nears
The compensation committee durizes rinde surveys and rayscale reports to made comparating with	ii peeis.
Form 990, Part VI, Line 19	
Documents are maintained at 501 West Main Street, Louisville, Kentucky and are available upon reque	st.

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Kentucky Center for the Arts Foundation, Inc	31-0999046
Form 990, Part XII, Line 2c	
There were no changes in the oversight process of the audit.	
There were no changes in the selection process of the independent accountants.	
The audit committee considers matters related to	
(a) the financial statements of the organization and other official financial information provided to the	public;
(b) the systems of internal controls, including overseeing compliance by management with applicable	policies and procedures and risk
management; and	
(c) the annual independent audit process, including the recommended engagement of and receiving of	of all reports from the independent
certified public accountants.	
The audit committee shall have such other authority and perform such other duties as may be delegat	ed to it by the Board of Directors.
·	
·	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Open to Public 2012

OMB No 1545-0047

Employer Identification number

31-0999046

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (f)
Direct controlling
entity ٥ ۷ Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity (e) End-of-year assets Ž (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) Kentucky (b) Primary activity Performing Arts Ctr (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization 501 West Main Street, Louisville Ky EIN#61-0973376 (1) The Kentucky Center for the Performing Arts Kentucky Center for the Arts Foundation, Inc. Part Part II 9 © = 8 3 € ල ₹ 3 9 \mathbf{E}

because it had on	Identification of related Organizations rakedle as a ratification during the tax year.) because it had one or more related organizations treated as a partnership during the tax year.)	ganizations	treated as a p	artnership	during the	tax year.)		!			`	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ninant Sh related, ated, d from nder 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(I) Code V—UB! amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	ral or Pergraph of the range of	(k) Percentage ownership
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(2)							:				<u> </u>	
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(9)												
(2)												
Part IV Identification of I	Identification of Related Organizations Taxable line 34 because it had one or more related organi	ons Taxable ated organiz	e as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	ation or I	rust (Comporation or	olete if the trust durin	organizatio g the tax ye	ın answei sar.)	red "Yes" to F	orm 990), Part	Y,
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	ty Legal c (state or for	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(a) Type of entity (C corp, S corp, or trust)	entity Sharp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section	(I) Section 512(b)(13) controlled entity?
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n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Method of determining amount involved type (a-s)
Transaction Type (a-s)
Amount involved

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

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

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	()	(state or foreign		sect	5	total income	_	allocations?	amount in box 20	managing	
		country)	unrelated, excluded from tax under	organizations?)(3) Itions?		assets		of Schedule K-1 (Form 1065)		
			section 512-514)	Yes No	ş			Yes No		Yes No	
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(16)											
								į	Sche	dule R (Fo	Schedule R (Form 990) 2012

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

•	are filing for an Automatic 3-Month Extension	-	-			 £ 4L:-		▶ ☑		
	are filing for an Additional (Not Automatic) 3- c omplete Part II unless you have already bee							า 8868.		
a corpor 8868 to Return f	tic filing (e-file). You can electronically file Fo ation required to file Form 990-T), or an addition request an extension of time to file any of the or Transfers Associated With Certain Perso ons). For more details on the electronic filing o	onal (not auto e forms liste nal Benefit (omatic) 3-month exi d in Part I or Part I Contracts, which m	tensioi I with lust b	n of time. You c the exception o e sent to the I	an ele f For RS in	ectronica m 8870, n paper	Illy file Form Information format (see		
Part I										
	ration required to file Form 990-T and req	uesting an a · · ·	utomatic 6-month					·		
	corporations (including 1120-C filers), partner come tax returns.	ships, REMIC	Cs, and trusts must	use Fo	orm 7004 to req	uest	an exten:	sion of time		
					Enter filer's identifying number, see instructions					
Type or	or Name of exempt organization or other filer, see instructions Employer identifications						on number (EIN) or			
print	Kentucky Center for the Arts Endowment Fund, Inc.				31-0999046					
File by the	Number, street, and room or suite no If a P O	box, see instr	uctions.	Social security number (SSN)						
due date for filing your	City, town or post office, state, and ZIP code.	For a foreign a	ddrose, soo instruction	1						
return See				-						
Enter the	Return code for the return that this application	on is for (file a	separate applicatio	n for e	each return) .			. 0 1		
Applica	ition	Return Code	Application Is For					Return Code		
Form 99	90 or Form 990-EZ	01	Form 990-T (corp	(corporation))	07		
Form 99		02	Form 1041-A	101	/			08		
Form 47	720 (individual)	03	Form 4720	무	MAR T 9	2014		09		
Form 990-PF		04	Form 5227	15	- WON E 3	7.U.1	162	10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	1	m m m ()		• 7	11		
Form 99	30-T (trust other than above)	06	Form 8870	12800		1,_1	ti ,	12		
Teleph	oks are in the care of ► Lyda Howard one No. ► 502-566-5162 rganization does not have an office or place o		AX No. ►		-566-5162			▶ ∏		
• If this is	s for a Group Return, enter the organization's	four digit Gro	up Exemption Num	ber (G	EN)	• •	. If th	—		
for the w	hole group, check this box $\dots \triangleright \square$.	If it is for par	t of the group, chec	k this	box	▶ [and at	tach		
	the names and EINs of all members the exte									
u: fo	request an automatic 3-month (6 months for a ntil February 15 , 20 14 , to file the export the organization's return for:						. The ext	ension is		
•		20	12 and ending		lune 30		20	13		
2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return										
	Change in accounting period	200 T 4720	or 6060 anter the t	ontotu	o tay loop any	т	1			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$						==				
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits estimated tax payments made. Include any prior year overpayment allowed as a credit.						3b	\$			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using										
	If you are going to make an electronic fund withdraw			53-EO	and Form 8879-E	3c O for p		nstructions		

a If\vau	(Rev 1-2014) are filing for an Additional (Not Automatic) 3-M	onth Exter	seion complete on	ly Part II and check this hoy	Page 2					
•	nly complete Part II if you have already been grain									
	are filing for an Automatic 3-Month Extension,									
Part II).					
				Enter filer's Identifying number, so	e instructions					
Type or	Name of exempt organization or other filer, see in	Employer identification number (EIN) or								
print	Kentucky Center for the Arts Endowment Fund	31-0999046								
File by the Number, street, and room or suite no. If a P.O. b		ox, see instr	uctions.	Social security number (SSN)						
due date fo										
filing your return See	City, town or post office, state, and ZIP code. Fo	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instruction	Louisville, Ky 40202-2989	Louisville, Ky 40202-2989								
Enter the	Return code for the return that this application	ıs for (file a	separate application	on for each return)	. 01					
Application		Return	Application	Return						
Is For		Code	Is For		Code					
	90 or Form 990-EZ	01								
Form 9	The state of the s	02	Form 1041-A	08						
Form 4720 (individual)		03	Form 4720 (other	09						
Form 990-PF		04	Form 5227	10						
Form 990-T (sec. 401(a) or 408(a) trust)		US	Form 6069		11					
	20 T (trust other than above)	06	Earm 9970		1 12					
Form 9	90-T (trust other than above)	06	Form 8870		12					
Form 9	90-T (trust other than above) o not complete Part II if you were not already gra	1	-	xtension on a previously filed Forr						
Form 9 STOP! D	o not complete Part II if you were not already gr	anted an a	utomatic 3-month e							
Form 9 STOP! D	o not complete Part II if you were not already granks are in the care of ► Lyda Howard, 501 West N	anted an a	utomatic 3-month e Louisville, Ky 40202	2989						
Form 9 STOP! D • The bo	o not complete Part II if you were not already grands are in the care of ► Lyda Howard, 501 West N	anted an ar	utomatic 3-month e Louisville, Ky 40202- No. ▶	2989 502-566-5162						
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• The bo Teleph • If the o • If this i	o not complete Part II if you were not already granks are in the care of ► Lyda Howard, 501 West Mone No. ► 502-566-5162 In a Group Return, enter the organization's for	anted an ar fain Street, Fax I business in our digit Gro it is for par	utomatic 3-month e Louisville, Ky 40202- No. ► the United States, our Exemption Num	2989 502-566-5162 check this box	m 8868.					
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Signature and Verification must be completed for Part II only.

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Alison Lundergan Grimes Kentucky Secretary of State Received and Fried

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ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF

KENTUCKY CENTER FOR THE ARTS ENDOWMENT FUND, INC.

Pursuant to the provisions of KRS 273.267, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation

ARTICLE I

The name of the corporation is Kentucky Center for the Arts Endowment Fund, Inc., a nonstock, nonprofit Kentucky corporation (the "Corporation")

ARTICLE II

The text of the amendment adopted is as follows.

"<u>ARTICLE I</u> NAME

The name of the Corporation shall be the Kentucky Center for the Arts Foundation, Inc."

ARTICLE III

The foregoing amendment was adopted by a majority of the Board of Directors of the Corporation on June 19, 2013, and there are no members entitled to vote thereon.

IN WITNESS WHEREOF, the duly authorized officer of the Corporation has executed these Articles of Amendment as of the 19th day of September, 2013.

KENTUCKY CENTER FOR THE ARTS ENDOWMENT FUND, INC.

P. K. Guillaume CHAIRMAN

RECL. 9 20:4 SO-SE

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THIS INSTRUMENT PREPARED BY.

Tom Halbkerb

STITES & HARBISON 400 West Market Street

Suite 1800

Louisville, Kentucky 40202-3352

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