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## DLN: 93493135004394

Form **990** 

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

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

Internal	revenue						Inspection
A Fo	r the :	2012 ca	endar year, or tax year beginni	ng 07-01-2012 , 2012, and ending (	06-30-2013		
		applicable	C Name of organization FUND FOR THE ARTS INC			D Employer id	entification number
_	lress ch	_	Doing Business As			<u> </u>	26
	ne cha	-					
	ıal retu		Number and street (or P O box if 623 West Main Street	mail is not delivered to street address) Rooi	n/suite	E Telephone nui	mber
	mınate					(502)582-	0100
		return	City or town, state or country, and Louisville, KY 40202	i ZIP + 4		,	
App	lication	n pending				<b>G</b> Gross receipts	\$ \$ 10,489,793
			<b>F</b> Name and address of pr Barbara Sexton Smith	ncıpal officer		this a group retur	
			623 West Main Street		ar	filiates?	┌ Yes 🗸 No
			Louisville, KY 40202		H(b) A	e all affiliates incl	uded? \rightarrow Yes \rightarrow No
<b>r</b> Ta:	x-exem	npt status	<u> </u>	(insert no )	If	"No," attach a lıst	t (see instructions)
		•		(113216 116 ) 1 1377(4)(2) 61 1 327	— <b>H(c)</b> G	roup exemption nu	umber ►
			w fundforthearts com				
		_	Corporation Trust Associat	on Cother ►	<b>L</b> Year o	f formation 1949	M State of legal domicile KY
Pa	rt I		ımary	ion or most significant activities			
Governance	- -	Arts on creating	economic development, educat community connections	e Arts we create a great American ci ion and the quality of life for everyon discontinued its operations or dispos	e by generatin	g resources, inspi	ring excellence, and
	l					1 -	1
<u>e</u> s	l			rning body (Part VI, line 1a) s of the governing body (Part VI, line			57
Activities &	l		•	n calendar year 2012 (Part V , line 2a	•	5	13
ă	l		• •	necessary)	•	6	3,000
	7a -	Total un	related business revenue from	Part VIII, column (C), line 12		7a	0
	ь	Net unre	elated business taxable income	from Form 990-T, line 34	<u> </u>	7b	0
					F	Prior Year	Current Year
	8	Contr	butions and grants (Part VIII	l l	7,981,661	7 014 500	
<u>o</u>				line 1h)	•		7,814,589
enne	9	Progra	am service revenue (Part VIII,	line 2g)		0	0
Revenue	9 10	Progra Inves	am service revenue (Part VIII, tment income (Part VIII, colun	line 2g)		0 13,227	0 26,994
Revenue	9	Progra Inves Other	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A	line 2g)		0 13,227 18,576	0
Revenue	9 10 11 12	Progra Inves Other Total 12)	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A revenue—add lines 8 through 1	line 2g)	, line	0 13,227 18,576 8,013,464	0 26,994 27,260 7,868,843
Revenue	9 10 11 12	Progra Inves Other Total 12) .	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A revenue—add lines 8 through 1 	Inne 2g)	, line	0 13,227 18,576 8,013,464 5,684,357	7,868,843 8,103,096
Revenue	9 10 11 12 13 14	Progra Inves Other Total 12) Grant Benef	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1	Inne 2g)	, line	0 13,227 18,576 8,013,464	0 26,994 27,260 7,868,843
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	9 10 11 12 13 14 15 16a b	Progra Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1	Inne 2g)	, line es	0 13,227 18,576 8,013,464 5,684,357 0 678,041	0 26,994 27,260 7,868,843 8,103,096 0 822,064 0
	9 10 11 12 13 14 15 16a b 17	Progra Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, tment income (Part VIII, column (A revenue—add lines 8 through 1	Inne 2g)	, line	0 13,227 18,576 8,013,464 5,684,357 0 678,041 0 570,520 6,932,918	0 26,994 27,260 7,868,843 8,103,096 0 822,064 0
Expenses	9 10 11 12 13 14 15 16a b	Progra Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, tment income (Part VIII, column (A revenue—add lines 8 through 1	Inne 2g)	, line	0 13,227 18,576 8,013,464 5,684,357 0 678,041 0 570,520 6,932,918 1,080,546	0 26,994 27,260 7,868,843 8,103,096 0 822,064 0
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Expenses	9 10 11 12 13 14 15 16a b 17	Progra Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, tment income (Part VIII, column revenue (Part VIII, column (A revenue—add lines 8 through 1	Inne 2g)	, line	0 13,227 18,576 8,013,464 5,684,357 0 678,041 0 570,520 6,932,918 1,080,546 hing of Current	0 26,994 27,260 7,868,843 8,103,096 0 822,064 0 603,654 9,528,814 -1,659,971
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Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant Benef Salari 5-10 Profes Total for Other Total Rever  Total Total Net as	am service revenue (Part VIII, tment income (Part VIII, column revenue (Part VIII, column (A revenue—add lines 8 through 1	Inne 2g)	, line  es  Begini	0 13,227 18,576 8,013,464 5,684,357 0 678,041 0 570,520 6,932,918 1,080,546 hing of Current Year 9,032,782	0 26,994 27,260 7,868,843 8,103,096 0 822,064 0 603,654 9,528,814 -1,659,971 End of Year 8,305,862
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May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

orm	1990 (2012) Page
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	mission of the Fund for the Arts is to maximize the impact of the Arts on economic development, education and the quality of life for yone by generating resources, inspiring excellence and creating community connections
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
_	
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 \$ 5,621,731 including grants of \$ 5,579,471 ) (Revenue \$ 0 )
	The Fund for the Arts is one of the largest direct funders for each of 14 tax-exempt "Cultural Partner" organizations which together provide a significant portion of the arts experiences available in the Metro Louisville community. Awards are made through an annual "allocation process" which includes review by an Allocation Committee composed of Board members, members of "NeXti" (a group of young professionals focusing on community building through the arts) and Fund staff Information reviewed as part of the process includes a summary of each organization's accomplishments, challenges, operating plans and audited financial statements.
4b	(Code ) (Expenses \$ 2,055,696 including grants of \$ 2,018,267 ) (Revenue \$ 0 )
	The Fund works closely with various community organizations and individuals to accept, award and monitor "partnership contributions" which are donor directed through the Fund to specific Fund for the Arts' Cultural Partners as well as other community arts organizations. This program provides additional funding in support of the arts community. The Fund expanded this approach through the implementation of a technology-based platform, power2give, which allows any qualifying charit to post arts-related projects for funding. Through matching gifts and various communication strategies, approximately 70 organizations participated and received grants through power2give.
4c	(Code ) (Expenses \$ 530,935 including grants of \$ 439,000 ) (Revenue \$ 0 )
	The Fund sponsors the EVERY CHILD Arts Education Initiative which includes the Teacher Arts Grants program "TAG" which enables teachers to request funding to allow their students to attend arts events or supplement their classroom with residency arts programming often with a math/history/science curriculum focus - provided 14,000 Arts experiences through 115 projects in 77 schools, "5X5" initiative where the goal is for every child to have an arts experience during each of their first 5 years of school - provided 52,000 Arts experiences through 342 projects in 62 schools, "School's Out = Art's In" program develped in conjunction with Louisville Metro Partks to provide arts based activities during out-of-school time such as summer and spring break - provided 725 arts experiences in 14 community centers, and "Hear the Music" developed for middle school students where hearing screening and hearing loss prevention education are combined with an experience with a performance by professional musicians - 15 presentations to 4 Jefferson County Public Middle Schools where 675 students were screened with further evaluation recommended for 21 students
	(Code ) (Expenses \$ 232,145 including grants of \$ 66,358 ) (Revenue \$ 0 )
	Other programs conducted and grants made include direct ongoing support for "Cultural Partners", Arts Showcase, support of ArtSpace, NeXt group activities and miscellaneous community arts grants
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 232,145 including grants of \$ 66,358 ) (Revenue \$ 0 )
4e	Total program service expenses ► 8,440,507

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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		No
c	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		No
d	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

1a	Check if Schedule O contains a response to any question in this Part V		Yes	<u> </u>
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   9		165	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<b> </b>		
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		l I
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		١,
	account)?			
b	If "Yes," enter the name of the foreign country \( \brace{\brace} \) See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See instructions for filling requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		ī
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		ı
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			$\vdash$
D	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	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		ا
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 required to			
	file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities	1		
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
b	year			
b	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b		13a		
b B	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O	134		Щ.
b a	Note. See the instructions for additional information the organization must report on Schedule O	134		
b a b	- · · · · · · · · · · · · · · · · · · ·	134		
b a b	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	134		

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

Se	ection 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		57			
	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	Enter the number of voting members included in line 1a, above, who are independent	1b		56			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			any	2	Yes	ı
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	d by d	or under the direct		3	Yes	
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was		4		No
5	Did the organization become aware during the year of a significant diversion of the or			.	5		No
6	Did the organization have members or stockholders?	_		. 1	6		No
7a	Did the organization have members, stockholders, or other persons who had the pow	erto			7a		No
b	more members of the governing body?	l by) i	members, stockhol		7b		No
8	or persons other than the governing body?			he L			
•	year by the following The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			•	8b	Yes	
_				-	OD	res	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule				9		Νo
Se	ection B. Policies (This Section B requests information about policies not				venu		
	ection B. Policies (This Section B requests information about policies not a	requi		nal Re		ue Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter	nal Re	10a		
10a	ection B. Policies (This Section B requests information about policies not a	requi	red by the Inter	nal Re			No
10a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter  of such chapters, xempt purposes? erning body before	rnal Re	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	requi	red by the Inter	rnal Re	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter	filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	requi	of such chapters, xempt purposes? erning body before	rnal Re	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter	filing	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter	filing  filing  scribe	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter	filing  ive  scribe	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter  of such chapters, xempt purposes? erning body before  orests that could go on the could go on the could go of the could go o	filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter  of such chapters, xempt purposes? erning body before  of such chapters, xempt purposes? erning body before  of such chapters, and such ana	filing  ive  scribe  initial	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter  of such chapters, xempt purposes? erning body before  of such chapters, and the such as the such are such as the such as the such are such as the such as the such are such as the such	filing  ive  ccribe  ion?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter  of such chapters, xempt purposes? erning body before  of such chapters, and the such as the such are such as the such as the such are such as the such as the such are such as the such	filing  ive  ccribe  ion?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	rnal Re	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requires on's essential sortion of the position of the positio	sof such chapters, xempt purposes? erning body before	filing  ive  scribe  ion?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►KY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Monica Beckmann 623 West Main St Louisville, KY (502) 582-0122

Form	990	(2012)	
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	1		(C)						
(A) Name and Title	Name and Title A verage hours per week (list any hours						1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	than o	one l both	box, an d	heck unless officer stee)		Repor comper from organiza	table sation the tion (W-	(E)  Reportable compensation from related organizations (W	-   '	(F) Estima mount o compens from t	ited f other ation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
												+		
												+		
1b	Sub-Total			•				►						
С	Total from continuation shee	•	ection A	Α.		•		<b>-</b>						
d 2	Total (add lines 1b and 1c) .  Total number of individuals (ii		limitad	+o +b	•	licto.	d abov		ho rosawa	511,562	l	0		32,320
2	\$100,000 of reportable comp						u abov	e) w	ilo receive	u more ti	lali			
													Yes	No
3	Did the organization list any <b>f</b>						emplo	yee	, or highes	t compen	sated employee			
_	on line 1a? If "Yes," complete						• •	•		• •		3	Yes	
4	For any individual listed on lir organization and related orgai													
_	ındıvıdual	• • • • ·	•		•	•		•				4	Yes	
5	Did any person listed on line : services rendered to the orga									anızatıon	or individual for	5		No
											L			
1	Complete this table for your fi compensation from the organi	ve highest comp											tav vear	
		(A) Name and business		<u>u cion</u>	101	-	diciia	u1 y C	ar enamy		(B)		(C	)
		ivanie and pusiness	auu1E55							Des	cription of services	$\downarrow$	Comper	iaduUII
												+		
2	Total number of independent co	ontractors (inclu	dına bu	t not	lımıt	ed to	thos	e list	ted above)	who rece	ıved more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99								Page <b>9</b>
Part \	ЛΠ		of Revenue ule O contains a respor	nse to any question i	n this Part VIII .			
	_				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
សត	1a	Federated camp	paigns 1a	7,114				
an and	ь	Membership du	es <b>1b</b>	0				
يَّةِ ق	С	Fundraising eve	ents <b>1c</b>	0				
ffs, F.⊿	d	Related organiz	zations 1d	0				
5 ≅	e	Government grants		255,918				
Sin				<u> </u>				
iệi là	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	7,551,557				
윤호	g	Noncash contribution	ons included in lines	8,706				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f		7,814,589			
				Business Code				
Program Service Revenue	2a			Business code				
e Ke	ь							
ar Œ	_ c							
7 2	d							
33	e							
<u>e</u>	f	All other progra	am service revenue					
ွိ	`							
	g		s 2a – 2f		0			
	3		ome (including dividend ar amounts)		26,338	12,228	0	14,110
	4		stment of tax-exempt bond p	F	0	0	0	0
	5	Royalties	<u> </u>	🕨	0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross rents	71,484	0				
	Ь	Less rental expenses	44,224	0				
	C	Rental income or (loss)	27,260	0				
	d	Net rental inco	me or (loss)		27,260	o	0	27,260
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	2,577,382	0				
	ь	Less cost or other basis and	2,576,726	0				
		sales expenses		0				
	d	Gain or (loss)	656 ss)		656	o	0	656
		Gross income fi	ī		030	, and the second		030
enne		events (not inc						
Other Revenue		See Part IV, lin	e 18 <b>a</b>					
듔	c b		penses <b>b</b> (loss) from fundraising e	events				
J			rom gaming activities ie 19	events p				
	ь	less direction	penses b					
	°		(loss) from gaming activ	/ities				
		Gross sales of						
		returns and allo	owances .					
	١.		<b>a</b>					
		=	oods sold <b>b</b>	ntory -				
	C	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a	scananeous		Dubinios Code				
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	ı	🕨				
	12		See Instructions	.	0			
			occinatiuctiviia	• • • •	7,868,843	12,228	0	42,026

<b>Par</b> i Section	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ıons must comr	olete column (A )	
	Check if Schedule O contains a response to any question in this Pa				Г
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,103,096			·
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	228,769	52,881	25,127	150,761
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	471,908	106,149	71,759	294,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,389	6,780	4,903	19,706
9	Other employee benefits	34,819	6,043	4,627	24,149
10	Payroll taxes	55,179	13,552	8,240	33,387
11	Fees for services (non-employees)				
а	Management	87,000	24,000	52,500	10,500
b	Legal	1,450	0	1,450	0
c	Accounting	19,500	0	19,500	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	5,796	0	5,796	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,000	11,250	0	3,750
12	Advertising and promotion	0	0	0	0
13	Office expenses	111,852	22,007	12,911	76,934
14	Information technology	45,461	10,606	7,956	26,899
15	Royalties	38,524	0	0	38,524
16	Occupancy	72,063	16,797	12,430	42,836
17	Travel	28,381	6,064	3,553	18,764
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	5,792	1,351	1,014	3,427
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,294	769	576	1,949
23	Insurance	20,512	4,785	3,590	12,137
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Arts Showcase and NeXt <sup>1</sup> Group	29,579	29,579	0	0
b	Miscellaneous	3,170	1,415	609	1,146
c	Printing and Martketing	59,009	5,975	0	53,034
d	Events, Performers and Campaign Incentives	57,271	17,408	0	39,863
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,528,814	8,440,507	236,541	851,766
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

Par	tΧ	Check if Schedule O contains a response to any question in this	s Part X				
					(A)		(B)
	1	Cash—non-interest-bearing			Beginning of year 0	1	End of year 0
	2				386,979		774,673
	3	Savings and temporary cash investments			4,406,662	3	4,562,475
	_	Pledges and grants receivable, net			4,400,002		
	4	Accounts receivable, net			400	4	2,650
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and $6000000000000000000000000000000000000$	contribu mployee	ting employers		6	
× ×	7	Notes and loans receivable, net			258,775		263,619
₹	8	Inventories for sale or use			0	8	<u>'</u>
	9	Prepaid expenses and deferred charges			18,417	9	42,424
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		1,867,091	·		<u>'</u>
	ь	Less accumulated depreciation	10b	1,113,593	758,938	10c	753,498
	11	Investments—publicly traded securities			3,202,611	11	1,906,523
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			9,032,782		8,305,862
	17	Accounts payable and accrued expenses			81,385		90,261
	18	Grants payable			3,859,698	18	4,750,017
	19	Deferred revenue			3,769	19	0
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabilities	22	Loans and other payables to current and former officers, directively employees, highest compensated employees, and disqualif	ors, trus				
<del>i</del> ge		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	rt X of S	chedule			
		D			0	25	0
	26	Total liabilities. Add lines 17 through 25			3,944,852	26	4,840,278
Φ S		Organizations that follow SFAS 117 (ASC 958), check here ►   lines 27 through 29, and lines 33 and 34.	✓ and c	complete			
Š	27	Unrestricted net assets			4,099,019	27	2,742,615
<u>छ</u>	28	Temporarily restricted net assets		•	688,911	28	572,969
<u> </u>	29	Permanently restricted net assets		•	300,000	29	150,000
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he			333,330		.55,555
<u> </u>		complete lines 30 through 34.	cic r j	unu			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other f				32	
Šet	33	Total net assets or fund balances			5,087,930	33	3,465,584
Z	34	Total liabilities and net assets/fund balances			9,032,782	34	8,305,862
			• •	-	1 5,552,752		0,000,002

Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	• •		<u>Г</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,8	368,843
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,5	528,814
3	Revenue less expenses Subtract line 2 from line 1	3		-1,6	59,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		5,0	87,930
5	Net unrealized gains (losses) on investments	5			-1,175
6	Donated services and use of facilities	6			38,800
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,4	65,584
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			<u> </u>	. F
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis       Consolidated basis       Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

**Software ID:** 12000197 **Software Version:** v1.00

**EIN:** 61-0479626

Name: FUND FOR THE ARTS INC

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir	ectors	,Tru	uste	es,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	o not one on i er an trust	box s bo d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Mr Terry W Tyler Board Member	25 0	х						0	0	0
Mr Gregory Heitzman 2013 Campaign Chair	2 0	х						0	0	0
Ms Deborah L Moessner Board Member	25 0	х						0	0	0
Mr Arthur L Gleason Board Member	25 0	х						0	0	0
Mr Thomas P Monahan Board Member	25 0	х						0	0	0
Mr Robert P Adelberg Board Member	25 0	х						0	0	0
Mr P Richard Anderson Jr Board Member	25 0	х						0	0	0
Mr Steven E Trager Board Member	5 0	х						0	0	0
Mr C Edward Glasscock Board Member	5 25	х						0	0	0
Mr Jonathan D Goldberg Secretary	25 0	х		х				0	0	0
Mr Bill Lamb Board Member	1 0	х						0	0	0
Mr Frank B Hower III Board Member	25 0	×						0	0	0
Mr James R Allen Vice Chair	1 0	х						0	0	0
Mr Mark F Wheeler 2014 Campaign Chair	5 0	х						0	0	0
Mr John N Voyles Board Member	25 0	х						0	0	0
Dr Shirley Willihnganz Board Member	25 0	х						0	0	0
Mr William Hollander Board Member	5 0	х						0	0	0
Ms Angela Leet Chair Nominating Committee	1 0	X						0	0	0
Mr James Clay Smith Board Member	25 0	х						0	0	0
Mr Dennis Heishman Board Member	25 0	х						0	0	0
Dr Susan Galandiuk Board Member	25 0	х						0	0	0
Mr J Stephen Barger Board Member	25 0	х						0	0	0
Mr Jonathan D Blum Board Member	25 0	х						0	0	0
Mr John H Hawkıns Jr Board Member	5 1 0	х						0	0	0
Mr Carl M Thomas Vice Board Chair and Chair Compensation Committee	5	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both per from the from related compensation organization (Worganizations (Wan officer and a from the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustee below Trustee dotted line) 2 0 Mr Harold Butler Χ Χ 0 0 0 Treasurer and Co-Chair Allocations Committee 0 25 Mrs Joan Whittenberg 0 0 Х 0 Board Member 25 Mr Rick K Guillaume 0 0 0 Х Board Member 0 2 0 Mr David P Calzi Х Χ 0 0 0 Board Chair Λ 5 Mr J Daniel Rivers 0 0 0 Х Board Member 0 25 Mr Rusty Cheuvront 0 0 0 Х Board Member 0 2 0 Mr Jeffrey A McKenzie 0 0 0 Х Allocations Co-Chair 25 1 Dr Anthony L Newberry PhD 0 0 0 Board Member 0 5 Mr Thomas T Noland Jr Χ 0 0 Board Member 0 5 Mr Joseph A Pusateri 0 0 0 X Board Member 0 1 Ms Mary Pat Regan Χ 0 0 0 Board Member 0 1 Mr James S Welch Jr 0 Х 0 Board Member 0 5 Ms Melissa A Wasson Howell 0 0 0 Х Board Member 0 1 Ms Tracy Williams 0 Х 0 0 Board Member 0 25 Mr John Gill Holland Jr Х 0 0 0 Board Member 0 25 Mr Hoyt W Almond 0 0 0 Х Board Member 25 Mr Paul Costel 0 0 0 Х Board Member 0 5 Mr Paul G Fultz Χ 0 0 0 Board Member 0 5 Mr Tom Partridge Х 0 0 0 Board Member 0 25 Mr James A Hillebrand 0 0 0 Х Board Member 0 25 Mr DeVone Holt Х O 0 0 Board Member O 2 0 Ms Tawana Edwards 0 0 0 Allocations Co-Chair O 25 Mr Greg Miller 0 0 0 Х Board Member 0 25 Mr Douglas R Sharps 0 0 Х 0 Board Member 0 25 Mr Wes Jackson 0 0 Board Member 0

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

4 0

Chief Financial Officer (Indep Contractor)

Former CEO (See Schedule J Detail)

Mr Allan Cowen

<b>(A)</b> Name and Title	(B) Average hours per week (list		than	not one on i er an	box s bo d a	,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Ms Sadıqa Reynolds Board Member	25 0	х						0	0	0
Dr Muhammad Babar Board Member	1 0	х						0	0	0
Mr Jeffrey Gahan Board Member	1 0	х						0	0	0
Dr Donna Hargens Board Member	25 0	х						0	0	0
Mr Mark K Knoy Board Member	1 0	х						0	0	0
Mr Matthew Lindblom Board Member	5	х						0	0	0
Mr J David Smith Board Member	25 0	х						0	0	0
Ms Barbara Sexton Smith President and Chief Executive Officer	60 4				х			218,542	0	18,604
Ms Diane Cornwell	35				х			87,500	0	0

Χ

205,520

0

13,716

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As Filed Data -

DLN: 93493135004394

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

FUND FOR THE ARTS INC

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Open to Public Inspection

									61-04796		
	rt I			blic Charity Sta						nstruction	S
	rganı		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	fchurches d	described in <b>s</b>	ection 170	(b)(1)(A)(i).		
2	Г	A scho	ol described	in <b>section 170(b)(</b> 1	<b>L)(A)(ii).</b> (At	tach Sched	ule E )				
3	Г	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desci	ribed in <b>sectio</b>	on 170(b)(:	L)(A)(iii).		
4	Г	A medi	cal researc	h organization opera	ted ın conjun	ction with a	ı hospıtal des	cribed in <b>s</b> e	ection 170(b)(	1)(A)(iii).	Enter the
_	_			ty, and state							<del></del>
5	ı	_	•	erated for the benefi	_	e or universi	ity owned or o	perated by	a governmen	tal unit des	cribed in
	_			<b>A)(iv).</b> (Complete P	· ·						
6	<u> </u>			local government o	_						
7	✓			at normally receives			support from	a governn	nental unit or f	rom the ge	neral public
8	_			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			mplete Bart I	т \			
9	<u>'</u>		•	at normally receives			•	•	abutions mam	harchin fac	s and arose
9	,	_		rities related to its e					•	-	· -
		•		oss investment inco	•	_					
		•						•		tax) IIOIII L	usillesses
10	_	•	,	ganızatıon after June	•			•	•		
10	<u> </u>	-		ganızed and operate	•				. , , ,		
11	ı	_		ganized and operate ly supported organiz	,		, ,		,	,	
				bes the type of supp						ee <b>section</b>	303(a)(3). Check
				<b>b</b> Type II <b>c</b>						on-functior	ally integrated
e	$\Gamma$	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled directly	y or indirec	tly by one or r	nore disqua	alified persons
				on managers and ot	her than one	or more pu	blicly support	ed organız:	atıons descrıb	ed in secti	on 509(a)(1) or
_			1509(a)(2)								
f			rganization this box	received a written d	etermination	from the 15	(S that it is a	Type I, Ty	pe II, or Type	III suppor	ting organization,
g				2006, has the organ	ızatıon accer	oted any dif	t or contributi	on from an	v of the		•
9			ng persons?			, , , , , , , , , , , , , , , , , , ,			,		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (ii)		Yes No
		and (111	) below, the	governing body of th	ne supported	organizatio	n?			11	g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	g(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	tion(s)				<u> </u>
(	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
	suppo			organization	organizati		the organi		organizat		monetary
OI	ganiz	ation		(described on	col (i) lis		ın col (i) d		col (i) org		support
				lines 1-9 above or IRC section	your gove docume		suppor	π,	ın the U	5 /	
				(see	docume	110.					
				instructions))	Yes	No.	Vac	l Na	Yes	l Na	
					res	No	Yes	No	res	No	
						-		1	_	1	
<del></del>	•								+		
Tat-				i e				1			1

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

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

S	ection A. Public Support		•		, ,		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,424,529	7,644,171	7,092,246	7,981,661	7,814,589	38,957,196
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	C	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit	(	0	0	0	0	0
4	to the organization without charge <b>Total.</b> Add lines 1 through 3	8,424,529	7,644,171	7,092,246	7,981,661	7,814,589	38,957,196
5	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	, ,
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						4,532,836
6	(f) <b>Public support.</b> Subtract line 5						34,424,360
	from line 4						34,424,300
	ection B. Total Support						
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	<b>(f)</b> Total
7	A mounts from line 4	8,424,529	7,644,171	7,092,246	7,981,661	7,814,589	38,957,196
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	124,333	110,776	105,270	79,623	96,719	516,721
9	Net income from unrelated business activities, whether or not the business is regularly carried on	o	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,000	0	0	2,121	0	3,121
11	Total support (Add lines 7						39,477,038
12	through 10)  Gross receipts from related activiti	es.etc (see inst	ructions)			12	
	First five years. If the Form 990 is this box and stop here	for the organizati	on's first, second			501(c)(3) organ	nization, check
S	ection C. Computation of Pul						
14	Public support percentage for 2012	2 (line 6, column	(f) divided by line	11, column (f))		14	87 201 %
15	Public support percentage for 2011	L Schedule A, Par	t II, line 14			15	88 017 %
16a	<b>33 1/3% support test—2012.</b> If the				ne 14 is 33 1/3%	or more, check t	
17a	and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza- in Part IV how the organization mea- organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization	organization did in qualifies as a punction of the organization meets the "feets the "facts-and organization	not check a box o ublicly supported anization did not o acts-and-circums d-circumstances" anization did not o	n line 13 or 16a, organization check a box on lir stances" test, che test The organiz check a box on lir	ne 13, 16a, or 16 eck this box and s zation qualifies as ne 13, 16a, 16b, o	b, and line 14 stop here. Explai s a publicly supp or 17a, and line	<b>►</b>
18	Explain in Part IV how the organiza supported organization  Private foundation. If the organizations	tion meets the "fa	acts-and-circums	stances" test The	e organization qua	alıfıes as a public	ely ►⊏

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Fo	prm 990 or 990-EZ) 2012 Page	e <b>4</b>
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	Facts And Circumstances Test	
		_
	Explanation	
Miscellaneous	Income	

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135004394

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► 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.

Name of the organization

Employer identification number

JND FOR T	THE ARTS INC			•		
				0479626		
art I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		Funds	or Accounts	. Complet	e if the
		(a) Donor advised funds		( <b>b)</b> Funds and o	other accou	nts
Total	number at end of year					
Aggre	egate contributions to (during year)					
A ggre	egate grants from (during year)					
A ggre	egate value at end of year					
	he organization inform all donors and donor adviso are the organization's property, subject to the or		onor advı	sed	┌ Yes	┌ No
used	he organization inform all grantees, donors, and do only for charitable purposes and not for the benef erring impermissible private benefit?				┌ Yes	⊏ No
rt II		the organization answered "Yes"	' to Form	1 990. Part IV	/. line 7.	<u> </u>
Purpo	ose(s) of conservation easements held by the org	anızatıon (check all that apply)				
	reservation of land for public use (e g , recreation rotection of natural habitat	or education) Preservation of a				
_		Preservation of	a Certified	i ilistoric struci	ture	
	reservation of open space					
	plete lines 2a through 2d if the organization held a ment on the last day of the tax year	a qualified conservation contribution ii	n the form	n of a conservat	tion	
				Held at the	End of the	Year
Total	number of conservation easements		2a			
Total	acreage restricted by conservation easements		2b			
Numb	per of conservation easements on a certified histo	oric structure included in (a)	2c			
	per of conservation easements included in (c) acq ric structure listed in the National Register	uired after 8/17/06, and not on a	2d			
Numb	per of conservation easements modified, transferr	ed, released, extinguished, or termina	ated by th	e organization (	during	
	ax year ▶	. , ,	,	J	•	
	·					
	per of states where property subject to conservati					
	the organization have a written policy regarding t cement of the conservation easements it holds?	the periodic monitoring, inspection, na	andling of	violations, and	☐ Yes	┌ No
Staff	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation eas	ements d	uring the year		
▶						
Amou	unt of expenses incurred in monitoring, inspecting	, and enforcing conservation easemer	nts durıng	the year		
<b>►</b> \$_						
	each conservation easement reported on line 2(dection 170(h)(4)(B)(ii)?	d) above satisfy the requirements of s	ection 17	'0(h)(4)(B)(ı)	┌ Yes	┌ No
balan	ort XIII, describe how the organization reports cor ice sheet, and include, if applicable, the text of the rganization's accounting for conservation easeme	e footnote to the organization's financ				
	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures	, or Otl	ner Similar <i>i</i>	Assets.	
works	organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rev ts held for public exhibition, education	n, or rese	arch in furthera		
If the works	organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide the following amounts relating to thes	16 (ASC 958), to report in its revenuts held for public exhibition, education	ıe statem	ent and balance		ıc
(i) <sub>Re</sub>	evenues included in Form 990, Part VIII, line 1			<b>-</b> \$		
	ssets included in Form 990, Part X					
	ssets included in Form 990, Falt A organization received or held works of art, histor	ical treasures, or other similar assets	for finan			
	ving amounts required to be reported under SFAS			c.a. gam, provid		
Revei	nues included in Form 990, Part VIII, line 1			<b>►</b> \$		

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

3	t IIII Organizations Maintaining Co	nicedons of Art	111500	iicai iic	- <del> </del>	7	1101	Sillillai As	35 CLS (CC	munueu)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, chec	k any of th	ie followir	ng that a	re a s	significant us	e of its	
а	Public exhibition		d [	_ Loan o	rexchang	ge progra	ıms			
b	Scholarly research		e ſ	Other						
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explain	n how t	hey further	the orga	nızatıon':	sexe	mpt purpose	ın	
5	During the year, did the organization solicit							lar	_	_
	assets to be sold to raise funds rather than							."	┌ Yes	│ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					iswerea	re	s" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					her asse	ts no	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the f	followin	g table		_				
						_	_	Aı	mount	
C	Beginning balance						lc			
d	Additions during the year					F	Ld			
e	Distributions during the year					<b>—</b>	le			
f	Ending balance					<u>_</u> :	Lf			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						☐ Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									
Pa	rt V Endowment Funds. Complete									
1a	Beginning of year balance	(a)Current year 6,049,578	(b)Prio	6,212,331		ars back 5,349,245	(a)In	ree years back 5,039,511	(e)Four y	ears back 6,339,193
ь	Contributions	100,000		0		0		0		0,333,133
c	Net investment earnings, gains, and losses					-				
_		751,236		140,966	1	.,174,990		636,892		-896,752
d	Grants or scholarships	281,449		277,990		281,930		303,828		379,588
е	Other expenditures for facilities and programs	О		0		0		0		0
f	Administrative expenses	34,234		25,729		29,974		23,330		23,342
g	End of year balance	6,585,131		6,049,578	6	5,212,331		5,349,245		5,039,511
2	Provide the estimated percentage of the cur	rent year end balance	e (line :	1g, column	(a)) held	as				
а	Board designated or quasi-endowment	1 3 %	•							
		1 3 /0								
ь	0070	1 3 70								
b	Permanent endowment ► 98 7 %	1 3 <i>/</i> 0								
b c	Permanent endowment • 98 7 %  Temporarily restricted endowment •	) %								
	Permanent endowment ► 98 7 %	) % uld equal 100%	tion tha	at are held	and admı	nıstered	for tl	he		
С	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c sho  Are there endowment funds not in the posse organization by	) % uld equal 100% ssion of the organiza	tion tha	at are held	and admı	nıstered	for ti		Yes	No
С	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentage in lines 2a, 2b, and 2c shows	O % uld equal 100% ssion of the organiza		at are held	and admı	nıstered • •	for tl	3a	(i) Yes	
С За	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentage in lines 2a, 2b, and 2c show	O % uld equal 100% ssion of the organiza			and admı 	nıstered	for tl	3a	(i) Yes	No No
c 3a	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c shows a second restricted endowment funds not in the posses organization by  (i) unrelated organizations	O %  uld equal 100%  ssion of the organiza   ns listed as required	on Sch	edule R?	and admı	nıstered	for tl	3a	(i) Yes	
c 3a b	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c sho  Are there endowment funds not in the posse organization by  (i) unrelated organizations	O %  uld equal 100%  ssion of the organization	on Sch	 edule R? t funds		nistered 	for tl	3a	(i) Yes	
c 3a b	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c shows a second restricted endowment funds not in the posses organization by  (i) unrelated organizations	O %  uld equal 100%  ssion of the organization	on Schlowmen	 edule R? t funds	0. (b	nistered	her	3a	(i) Yes (ii) Sb	
c 3a b 4 Par	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the second content of the second con	O %  uld equal 100%  ssion of the organization	on Schlowmen	edule R? t funds  X, line 10 (a) Cost or or	0. (b	Cost or of	her	3a 3 (c) Accumulate	(i) Yes (ii) Sb	No
b 4 Par	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c shood Are there endowment funds not in the posse organization by  (i) unrelated organizations	O %  uld equal 100%  ssion of the organization	on Schlowmen	edule R? t funds  X, line 10 (a) Cost or or	O. other hent)	Cost or of	ther r)	3a 3 (c) Accumulate	(i) Yes (ii)   	No No ook value
3a b 4 Par	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c shood Are there endowment funds not in the posse organization by  (i) unrelated organizations	O %  uld equal 100%  ssion of the organization	on Schlowmen	edule R? t funds  X, line 10 (a) Cost or or	O. other (b) nent) 0	)Cost or of assis (othe	ther r)	3a 3 (c) Accumulate depreciation	(i) Yes (ii)   	No N
c 3a b 4 Par	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by  (i) unrelated organizations	O %  uld equal 100%  ssion of the organization	on Schlowmen	edule R? t funds  X, line 10 (a) Cost or or	0. (benent) (benent) 0	Cost or of pass (othe	ther r) 0	3a 3 (c) Accumulate depreciation	(i) Yes (ii)   	0 683,988
c 3a b 4 Pat	Permanent endowment  98 7 %  Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c sho  Are there endowment funds not in the posse organization by  (i) unrelated organizations	O %  uld equal 100%  ssion of the organization	on Schlowmen	edule R? t funds  X, line 10 (a) Cost or or	0. (b to b) 0 0 0	)Cost or of pasis (other 1,536	ther r) 0		(i) Yes (ii)   	0 683,988

	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(a) Desc	Прстоп	(b) Book value
Total (Column (h) must equal Form 900, Part V, col (P) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes	X, line 25. (b) Book value	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,205,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	160,565
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,044,935
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,103		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,823,908
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	7,868,843
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	7,827,846
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	122,940
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,704,906
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,103		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,823,908
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,528,814

#### Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The purpose of the Bingham Endowment (Balance \$6,402,575) is to provide funds to the Fund for the Arts for its mission of supporting the arts community of metro Louisville. The purpose of the Whittenberg Endowment (balance \$82,557) is to provide funding for a scholarship to assist pre-college age students in pursuing advanced studies in the arts towards a career in the performing arts. The purpose of the Allan Cowen Innovation Fund for Advancement of the Arts (established during FY2013, balance \$100,000) is to provide funding to assist community arts administrators and artists in pursuing innovative professional development or educational opportunities that will have a long-term impact on the Louisville arts community
SchD_P10_S00_L02	Schedule D, Part X, Line 2	FIN 48 (ASC 740) Footnote "The Fund evaluates the recognition and measurement of uncertain tax positions using a "more-likely-than-not" approach and has determined that no material adjustment for income tax uncertainties or unrecognized tax benefits is required "
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Partnership Gifts of \$1,822,805
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Partnership Gifts of \$1,822,805

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DLN: 93493135004394

OMB No 1545-0047

Schedule I

(Form 990)

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

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

Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization						Employer identificati	on number
FUND FOR THE ARTS INC						61-0479626	
Part I General Informatio	n on Grants and	Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or ass	istance?					<b>∀</b> Yes
Part II Grants and Other A	<u>*</u>				anlata if the orga	nization answored "V	os" to
Form 990, Part IV, line							es 10
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>						<b>.</b> _	33

	(· ···································		
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, lı	ne 22
	Part III can be duplicated if additional space is needed.		

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

### Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Fund for the Arts awards the most significant portion of its grants to preselected "Cultural Partner" organizations which adhere to stated requirements for continued qualification. Each organization is part of an annual "allocation process" which includes a review by an Allocation committee comprised of Board members, "NeXti" members (a group of young professionals in a 2 year-long program focusing on community building through the arts) and Fund staff. Information reviewed includes a summary of the organization's accomplishments, challenges, operating plans and audited financial statements. Grants made under the "partnership grant" program are only made to qualifying Section 501(c)(3) organizations with periodic reporting required where restrictions may apply. Many of these grants are also made to the "Cultural Partner" organizations. Grants made pursuant to the EVERY CHILD Education Initiative (which includes Teacher Arts Grants, 5X5 Initiative, Hear the Music, School's Out=Art's In, etc.) are made to qualifying schools or Sections 501(c)(3) organizations for the delivery of arts experiences. Monitoring is done through contact with the arts groups providing the experiences and follow-up with teachers. All other grants (including those made through power2give) are made based on specific requests and are made only to other Section 501(c)(3) organizations. Appropriate follow-up, if any, is determined base don the size of the grant, purposes and knowledge of the organizations.
		Schodulo I (Form 000) 2012

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 61-0479626

Name: FUND FOR THE ARTS INC

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Actors Theatre of Louisville 316 West Main Louisville, KY 40202	61-0645030	501(c)(3)	1,299,840	C	Cash Paid		O perating Support and power2give projects
Kentucky Museum of Art and Craft715 West Main Louisville, KY 40202	61-0985312	501(c)(3)	124,422	C			General Support and power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
Louisville Orchestra323 West Broadway Louisville,KY 40202	61-6000384	501(c)(3)	2,490,970	0			General Support (including previous year contingent support) and rent subsidy
Kentucky Opera323 West Broadway Suite 601 Louisville,KY 40202	61-6013111	501(c)(3)	668,208	0			General Support and rent subsidy

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky Shakespeare323 West Broadway Suite 401 Louisville,KY 40202	61-6036654	501(c)(3)	453,335	0			General Support, rent subsidy and power2give projects
Louisville Ballet315 East Main Louisville,KY 40202	61-6033779	501(c)(3)	694,104	0			General Support and power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisville Theatrical Association620 West Main Louisville,KY 40202	61-6000383	501(c)(3)	50,105	0			General Support (Education)
Louisville Visual Art Assocation609 West Main Louisville, KY 40202	61-0492348	501(c)(3)	76,926	0			General Support and power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisville Youth Choir3105 Lexington Road Louisville,KY 40206	61-6058143	501(c)(3)	53,217	0			General Support and power2give projects
Louisville Youth Orchestra PO Box 997 Louisville, KY 40201	61-0597184	501(c)(3)	121,092	0			General Support, scholarships and power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) 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
StageOne Family Theatre 323 West Broadway Louisville,KY 40202	61-0466715	501(c)(3)	760,379	0			General Support, rent subsidy and power2give projects
Walden Theatre1123 Payne Street Louisville, KY 40204	61-1181511	501(c)(3)	97,986	0			General Support and power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Louisville Performing Arts Academy323 West Broadway Louisville,KY 40202	61-1181511	501(c)(3)	88,541	0			General Support, rent subsidy and power2give projects
FFTA Properties Inc623 West Main Louisville, KY 40202	31-1497554	501(c)(3)	154,212	0			General Support and Property Renovations

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cultural Partners Supporting Organization323 West Broadway Louisville,KY 40202	26-0320992	501(c)(3)	12,504	0			General Support for Fınancıal Consultant
The Kentucky Center5 Riverfront Plaza Louisville,KY 40202	31-0999046		70,000	0			Partnership Grants, School's Out=Art's In

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arts Council of So Indiana 820 East Market Street Jeffersonville,IN 47131	35-1383333	501(c)(3)	20,456	0			power2give projects
Blue Apple PlayersPO Box 4261 Louisville,KY 40204	61-1103965	501(c)(3)	81,920	0			power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Choral Arts Society7428 Woodhill Valley Road Louisville,KY 40241	80-0447166	501(c)(3)	7,726	0			power2give projects
Crane House The Asian Institute1244 South Third Street Louisville,KY 40203	61-1107169	501(c)(3)	7,201	0			power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henderson Area Arts AlliancePO Box 234 Henderson,KY 42419	31-1005619	501(c)(3)	72,327	C			power2give projects
Heuser Hearing Institute117 E Kentucky St Louisville, KY 40203	61-1383955	501(c)(3)	15,000	C			Special Program Grant

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Jefferson County Pubic SchoolsVan Hoose Education Center 3332 Newburg Road Louisville,KY 40218	61-6001316	Gov	350,799	0			EVERY CHILD Education Initiative including Teacher Arts Grants, 5X5 and Special Project Funding
Kentucky Guild of Artists and CraftsmanPO Box 291 Berea, KY 40403	61-1332928	501(c)(3)	19,461	0			power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky Repertory Theatre In Horse CavePO Box 215 Horse Cave, KY 42749	51-0178554	501(c)(3)	8,800	0			power2give projects
Looking for Lilith Theatre Company312 Crescent Avenue Louisville,KY 40206	30-0135891	501(c)(3)	12,285	0			power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisville Children's Museum 1312 Isleworth Drive Louisvile, KY 40245	45-3609269	501(c)(3)	8,593	0			power2give projects
Louisville Chorus6303 Fern Valley Pass Louisville, KY 40228	31-0929701	501(c)(3)	18,036	0			power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisville Master Chorale 433 S Fifth Street Louisville, KY 40202	45-2826196	501(c)(3)	10,434	0			power2give projects
Paducah Symphony Orchestra201 Broadway Paducah, KY 42001	61-0965156	501(c)(3)	8,926	0			power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
River City Drum Corp3308 Chauncey Avenue Louisville,KY 40211	55-0820407	501(c)(3)	10,500	0			power2give projects
River Park Center101 Daviess Street Owensboro, KY 42303	61-1147328	501(c)(3)	9,680	0			power2give projects

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shelby County High School Band BoostersPO Box 1113 Shelbyville, KY 40066	61-1168734	501(c)(3)	6,232	0			power2give projects
Bullitt County Schools1040 Highway 44 East Shepherdsville, KY 40165	61-6001357	Gov	11,316	0			Teacher Arts Grants

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Clark County Schools2112 Utica- Sellersburg Road Jeffersonville,IN 47130	35-1151414	Gov	14,650	0			Teacher Arts Grants
Louisville Metro Parks - Community Centers527 West Jefferson Street Louisville, KY 40202	20-4372292	Gov	18,561	0			School's Out=Art's In

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shelby County Schools1155 West Main Street Shelbyville, KY 40066	61-6001356	Gov	8,654	0			Teacher Arts Grants
Actors Theatre of Louisville 316 West Main Louisville, KY 40202	61-0645030	501(c)(3)	8,000	0			Special Project Grant

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Kentucky Opera323 West Broadway Suite 601 Louisville, KY 40202	61-6013111	501(c)(3)	16,500	C			Special Project Grant and Frazier Museum Programming

DLN: 93493135004394

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization FUND FOR THE ARTS INC

**Employer identification number** 

61-0479626

26	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		163	110
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	10		<del></del>
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee  Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	,,			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization provide any non-fixed payments not described in lines $5and 6$ ? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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

(A) Name and Title		(B) Breakdown of  (i) Base compensation	incentive i reportable i		(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)Ms Barbara Sexton Smith President and Chief Executive Officer	(i) (ii)	183,542 0	35,000 0	0	12,583	6,021	237,146	0
(2)Mr Allan Cowen Former CEO (See Schedule J Detail)	(i) (ii)	0 0	0	205,520	0	13,716 0	219,236 0	125,968

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete 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 Also complete this part for any additional information

Also complete tims part for any additional information				
Identifier	Return Reference	Explanation		
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The Fund for the Arts' Compensation Committee includes a Chairman, the Fund for the Arts' Board Chair, the Chair of the Finance Committee and the Chair of the Campaign Members of the Committee review a summary of the accomplishments for the year and the compensation data developed from the review of other Form 990s Recommendations related to CEO and other executive compensation are discussed and voted on by the Compensation Committee in an executive session Meeting minutes are recorded Recommendations are then taken to the organization's Executive Committee and/or Full Board for final review and approval		
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The former CEO, Allan Cowen retired from the Fund for the Arts effective April 30, 2011 Pursuant to a contract/agreement, Mr Cowen received a severance benefit payable in installments of which \$79,552 was paid during calendar year 2012 (Part II, Column B(III)) Based on the terms of the contract, the Fund also agreed to continue to provide an equivalent amount of family medical coverage until the earlier of a specified time/event (Part II, Column D) In 1987, The Fund for the Arts established a nonqualified deferred compensation arrangement for the benefit of the Fund's former CEO, Allan Cowen No amount was contributed/allocated by the Fund during calendar year 2012 Pursuant to an election made by Mr Cowen under the Plan's terms, the remaining balance of \$125,968 held by the Plan was distributed in January, 2012 (Columns B(III) and F) This total represents the remaining portion of contributions/earnings in the plan during 20+ years prior to Mr Cowen's retirement April 30, 2011		
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	In addition to base salary, the Fund's CEO, Barbara Sexton Smith was eligible for a bonus award for the fiscal year ended June 30, 2012 based on agreed upon performance criteria. The Compensation Committee reviewed the applicable information and determined the recommended bonus amount which was then presented for approval to the Fund's Executive Committee/Board subject to finalization of campaign results. The total bonus amount paid during calendar year 2012 for the fiscal year ended June 30, 2012 was \$35,000.		

Schedule J (Form 990) 2012

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OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

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Name of the orgain FUND FOR THE ARTS									r identif	fication	numbe	r
Part I Exces	s Benefit Tran	sactions (	section	501(c)(3) ai	nd section 5	501(c)(4) or		<u>-0479</u> ations				
	te ıf the organızatı										10b	
<b>1</b> (a) Name o	of disqualified pers			p between dis		(c) Descri	otion o	ftrans	action		(d) Corr	
			person a	nd organizatio	'II					<u></u>	res	No
										-+		
2 Enter the am	ount of tax incurre	d by organiza	tion mar	nagers or disg	ualified perso	one during the	VARTI	ındarı	ection			
4958		d by organiza			• • •		, ear c		<b>&gt;</b> \$ -			
3 Enter the am	ount of tax, ıf any,	on line 2, abo	ove, reim	nbursed by the	organization	1			<b>&gt;</b> \$			
Part II Loar	ns to and/or F	rom Inter	ested I	Dersons								
	lete if the organiz				·EZ, Part V , I	ine 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
	ization reported a				7' '		1		ı		1	
(a) Name of interested	(b) Relationship with organization		(d) Lo		(e)Original principal	(f)Balance due		In ult?	(h Appro		(i)Wr	
person	With organization	or roun	organiza		amount	""	dere	by board or		rd or	r	
			<u> </u>	T-	4		N   N			committee?		T
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
											_	
											_	
			<u> </u>								٦	
otal Part IIII Gran	ts or Assistan	ce Renefit	ting In		arconc							
	lete if the orga			"Yes" on For		t IV, line 27.						
(a) Name of inte	rested (b) Re	lationship bet	ween	(c) A mount of		<b>(d)</b> Type o		tance	(e)	Purpose	e of ass	ıstance
person		ted person ar organızatıon	nd the									
		organization	+			1						
						- -						
						-						

Part IV Business Transactions Complete if the organiza	_		ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Ms Deborah L Moessner	Board Member	50,623	Compensation of Family Member		Νo

# Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
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Inspection

Name of the organization FUND FOR THE ARTS INC	Employer ident if i	cation number
	61-0479626	

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	Delegation of Authority - Pursuant to the Bylaws, the Board elected an Executive Committee of 24 members. Under the Bylaws, when the Board in not in session, the Executive Committee has and may exercise all the authority of the Board with various stated exceptions. (a) elect or appoint Directors, (b) elect or appoint officers, (c) approve any annual allocation among Assisted Organizations of funds raised in the annual fund-raising campaigns or otherwise controlled and distributable by the Fund, (d) amend or restate the Articles, (g) adopt a plan of merger or consolidation with another corporation, (h) authorize the sale, lease, exchange or mortgage of all, or substantially all, of the property and assets of the Fund. (I) authorize the voluntary dissolution of the Fund, or adopt a plan for the distribution of the assets of the Fund, (j) amend, alter or repeal any resolution of the Board.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	·	Did any officer, director, trustee or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? - Board Member, James S. Welch, Jr. and Board Member, Rusty Cheuvront, Jr business relationship, Board Member, J. David Smith and Board Member, Matthew R. Lindblom - business relationship, Board Member, Carl M. Thomas and CFO Diane Cornwell - business relationship

ldentifier	Return Reference	Explanation
F990_P06_S0A_L03	•	Did the organization delegate control over the management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? - The Chief Financial Officer position is contracted to Diane Cornwell, an independent contractor. She was paid \$87,500 of reportable compensation and provided parking to oversee the complete financial function including the annual allocation process with a dual reporting relationship to the Fund Board and CEO.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Description of the process for reviewing the organization's Form 990 - A committee consisting of the organization's Board Chair, CEO, Chair of Compensation Committee, Chair of Finance Committee, and at least two other members of the Finance Committee are provided with a draft of the Form 990 for review prior to its finalization. A copy of the finalized return is electronically provided to all voting Board members prior to being filed with the IRS

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

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15		Process for determining compensation of top management official, other officers or key employees - Each year, the Fund for the Arts Compensation Committee reviews the compensation arrangements for the CEO. They also review the CEO's recommendations regarding compensation for other key employees and the contract CFO. The Committee then presents their recommendations to the organization's Executive Committee or Board for final approval. The Compensation Committee is comprised primarily of independent members, uses comparability data and contemporaneously documents the deliberation and recommendations. The compensation arrangements are approved in advance for the upcoming fiscal year period July 1 through June 30. The process was completed in FY ended June 30, 2013.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19		Public Availability of Information - The Conflict of Interest Policy and the most current audited financial statements are available on the Fund for the Arts' website. Articles of Incorporation are on file with the KY Secretary of State

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OMB No 1545-0047 2012

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# **SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

Name of the organization FUND FOR THE ARTS INC

Employer identification number
61-0479626

(a)		(b)		(c)		(d)		(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal or fo	domicile (state reign country)	Tot	al income	End-of-	year assets	Dire	<b>(f)</b> ect controlling entity		
Part II Identification of Related Tax-Exempt Org	anizat	tions (Complete ıf tl	he or	ganızatıon a	nswe	ered "Ye:	s" to Fo	rm 990, P	art IV, l	ıne 34 because ıt	had o	ne
or more related tax-exempt organizations duri	ng the	tax year.) (b)		(c)		(d	)	(e)	)	(f)	Τ (	g)
(a) Name, address, and EIN of related organization		Primary áctivity		Legal domicile (st or foreign counti	tate ry)	Exempt sect	Code	Public char (if section (3)	ty status ı 501(c)	Direct controlling entity	(b)	<b>g)</b> on 512 (13) rolled tity?
1) FFTA Properties Inc	BrownTh Bldg	neatre/ArtsSpace/Conf Ctr/Ba	allet	КҮ		501(c)(3)		9			Yes	No No
Louisville, KY 40202 31-1497554										N/A		
											<u> </u>	
ar Danamuark Badustian Ast Natice see the Instructions for Form	000			Cat No E013	) E V	•		•		Cahadula D / Farm	0001 2	012

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust ( poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) (h) nare of end- of-year ownership assets		ercentage	(i) Section 512 (b)(13) controlled entity?		
		,,			,						Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule											
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes					
c	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
e	e Loans or loan guarantees by related organization(s)										
f	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1g		No				
h	Purchase of assets from related organization(s)				1h		No				
i	Exchange of assets with related organization(s)				1i		No				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No				
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
0	Sharing of paid employees with related organization(s)				<b>1</b> 0		No				
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No				
q	Reimbursement paid by related organization(s) for expenses				1q		No				
r	Other transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				<b>1</b> s	Yes					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete										
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved					
<b>1)</b> F	FTA Properties Inc	b	154,212	Cash Paid/Pledges							
<b>2)</b> F	FFTA Properties Inc d 119,959 Cash Advanced										
<b>3)</b> F	FTA Properties Inc	s	119,959	Repayment of Loan through Alloca	ation (	Offset					

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 61-0479626

Name: FUND FOR THE ARTS INC

Schedule R (Form 990) 2012

Page **5** 

# Part VII Supplemental Information

 Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
Identifier	Return Reference	Explanation							
	•								