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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection ▶ Do not enter social security numbers on this form as it may be made public.

Α	For the	2014 cale	ndar year, or tax year b	eginni <u>ng</u>	July 1	, 2014,	and ending	Jur	ne 30	, 20 15			
В	Check if a	applicable	C Name of organization Ke	ntucky Center fo	or the Arts F	oundation Inc	<u> </u>		D Employ	yer identification n	ıumber		
	Address o	change	Doing business as							31-0999046			
	Name cha	ange	Number and street (or P.C	box if mail is not o	delivered to st	reet address)	Room/suite		E Telephone number				
П	Initial retu	-	501 West Main Street						502-566-0100				
一		/terminated	City or town, state or prov	rince, country, and 2	ZIP or foreign	postal code							
\exists	Amended		Louisville, Kentucky 4		-				G Gross r	eceipts \$	3,028,844		
H			F Name and address of prin		•			H(a) Is this a ni		subordinates? Yes			
	Applicatio	At pending	Kım Baker, same as ab					1		es included? Tes	_		
_	т		501(c)(3)		4 (incert no.)	4947(a)(1) or	527	- ''		a list. (see instruction			
<u>!</u>	Tax-exem							H(c) Group		•	,		
<u>Ј</u> К	Website:		e, supported organizati		ww.kentuck Other ►		ear of formation			of legal domicile			
			Corporation Trust	Association C	Juner		ar or formation	n: 1980	W State	or legal dornicile	KY		
F	art I	Summ		-111			Caliantati						
•	1	_	scribe the organization		-								
Activities & Governance		contributions from individuals, groups, corporations, and other sources, public and private, to finance the capital, operating, and programming costs of The Kentucky Center for the Arts Corporation.											
Пa													
Ve	1		is box ▶ 🗌 if the orgar						1	its net assets.			
ဗ္ဗ			of voting members of t						3		23		
ళ			of independent voting						4		22		
Ę	5	Total nun	nber of individuals emp	oloyed in calend	dar year 20	14 (Part V, lin	e 2a) .		5		0		
ξ	6 7	Total nun	nber of volunteers (est	mate if necessa	ary)				6		22		
Ac	7a 7	Total unre	elated business revent	ue from Part VIII	column), 4ne 12,	<u> </u>		7a	· -	0		
	1 d	Net unrel	elated business revenu ated business taxable	income from Fo	rm 99 64 1	Ibe 821 V. C.	U		7b		0		
							ပ္တ	Prior Ye	ar	Current Y	ear		
4.	8 (Contribut	ions and grants (Part \	/III. line 1h)	-5-60 	-0.4 17 904			29,010	· -	323,429		
Revenue	1		service revenue (Part \	•	ام ا	B 1 7 201	6 : <u>8</u>		100,000		100,000		
	I .	-	nt income (Part VIII, co	-	3 4 and 7	d)	≅		,674,240		913,095		
æ			enue (Part VIII, columr				IT H		900		146		
			nue—add lines 8 throu						,804,150		1,336,670		
_			nd similar amounts pai				12)	4					
	I			•		705,289	-	801,324					
	I	,	oald to or for members	•		•	- in		0		0		
Expenses	I		other compensation, en				5-10)		0	0			
eü			nal fundraising fees (P			•	· ·		0		0		
Ϋ́	1		draising expenses (Par		•								
	1		enses (Part IX, colum			•	· · · · · · · · · · · · · · · · · · ·		406,106		334,551		
	1		enses. Add lines 13-1					1	,111,395		<u>1,135,875</u>		
		Revenue	less expenses. Subtra	ct line 18 from l	line 12 .				<u>,692,755</u>		200,795		
Assets or							Beg	ginning of Cu	rrent Year	End of Ye	ear		
sets	20 7		ets (Part X, line 16)				· ·	24	,796,348	2	5,275,186		
뚩	21 7	rotal liabi	lities (Part X, line 26)				· · L_	4	,239,901		4,836,618		
캺		Net asset	s or fund balances. Su	ıbtract line 21 fi	rom line 20			20	,556,447	2	0,438,568		
Pä	art II	Signat	ure Block										
			y, I declare that I have exam							my knowledge and	belief, it is		
tru	e, correct,	and comple	ete. Declaration of preparer (other than officer) is	based on all	nformation of wh	ich preparer ha	as any knowle	edge				
		\wedge	ny Lulin	and					1-9-	16			
Sig	jn	Signa	iture of officer	Λ.	Λ		1 0 0 1	Dat	e				
He	re	N A	mber Hallor	an Chie	ot F	inancial	1944	cer					
	İ	Туре	or print name and title		- ·]	14							
D~	:d	Print/Typ	e preparer's name	Preparer	's signature		Date		Ch	PTIN			
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	eparer		ime ▶	I		-	<u>l</u>		<u> </u>				
US	e Only								's EIN ▶	_			
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ıvıa'	y uie iKS	o uiscuss	this return with the pr	eparer snown a	movet (266	, marructions)				🕍 Үе	s 🔲 No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2014)

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission Solicitation and receipt of gifts, grants, and contributions from individuals, groups, corporations, and other sources, public are private, to finance the capital, operating, and programming costs of The Kentucky Center for the Arts Corporation Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 771,428 including grants of \$ 753,428) (Revenue \$ Operating support for The Kentucky Center for the Arts Corporation approximately 440,000 individuals in attendance for every July 1, 2014 through June 30, 2015. 4b (Code:) (Expenses \$ 47,896 including grants of \$ 47,896) (Revenue \$ Education program. Kentucky Governor's School for the Arts: 1,715 students applied for the 256 openings in the annual 3-we program. Over 1,000 students participated in related workshops.	. 🕢
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program Over 1,000 students participated in related workshops.)
4c (Code:) (Expenses \$ 42,718 including grants of \$ 42,718) (Revenue \$	<u>, </u>
Distinguished collection of contemporary artwork is enjoyed by thousands of visitors to The Kentucky Center for the Arts	,
4d Other program services (Describe in Schedule O.)	
(Expenses \$ 115,105 including grants of \$) (Revenue \$ 276,570) 4e Total program service expenses \$ 977,147	

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)? If "Yes,"			
	complete Schedule A	1_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	1	
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7 ·	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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	✓	W. 7. 22
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	·	1
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	1	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			
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)	16		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		/
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		/
00	If "Yes," complete Schedule G, Part III	19		/
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	I ZUD	ı	I

Form 99	00 (2014)			Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		√
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):	nudantido mu		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	_	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	/	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
С				
_	· ·	1c	ļ	
2a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
_	· · · · · · · · · · · · · · · · · · ·			ļ
b		2b_		
2-				
3a		3a		✓
b	·	3b		
4a				
		4-		✓
h	If "Voc." enter the name of the foreign country.	4a		-
b				
5a		5a		1
b		5b		✓
c		5c		•
6a				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7				
а				
		7a		✓
þ		7b		
С				,
	·	7c		✓
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9				1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		نــــ ــــ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		i	į
11	Section 501(c)(12) organizations. Enter:		l	į
a	Gross income from members or shareholders		i	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			[
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			ļ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46		<u>l</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 ,
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 in which			ĺ
IJ	the example tion is been add to issue qualified health plans			ì
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1/h		

Form 9	90 (2014)			Page C				
Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
Secti	Check if Schedule O contains a response or note to any line in this Part VI	-:	<u> </u>	. ✓				
3601	on A. Governing body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23		-					
	If there are material differences in voting rights among members of the governing body, or	1						
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.	1						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 22	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<u> </u>				
3	any other officer, director, trustee, or key employee?	2	-	✓				
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5	/	/				
6	Did the organization have members or stockholders?	6	 -	1				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		✓				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		9	1				
_	stockholders, or persons other than the governing body?	7b		Ľ				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
_	the year by the following:			ļ				
a b	The governing body?	8a 8b	1	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	65	-					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	401						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	✓					
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	-					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c	\					
13	Did the organization have a written whistleblower policy?	13	✓					
14	Did the organization have a written document retention and destruction policy?	14	✓					
15	Did the process for determining compensation of the following persons include a review and approval by			!				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-						
a b	The organization's CEO, Executive Director, or top management official	15a 15b		√				
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		V				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		✓				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Secti 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Kentucky							
18	List the states with which a copy of this Form 990 is required to be filed ► Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	c)(3)e	only				
	available for public inspection. Indicate how you made these available. Check all that apply.	. 501(J,(U)3	Orny)				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest i	policy	, and				
	financial statements available to the public during the tax year.	'	•					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords.	•					
	Dawn Driskell, 501 West Main Street, Louisville, KY 40202, (502) 566-5185							

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

√

Form 990 (2014)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	anız	atic	on c	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
				•	C)					
(A)	(B)	(do n	at ch		ition	e than o	ono	(D)	(E)	(F)
Name and Title	Average	,				is both		Reportable	Reportable	Estimated
	hours per week (list any		r and	_	-	or/trus		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key employee	emp High	Former	the	organizations	compensation
	related organizations	rect	Institutional trustee	er	em	lest loye	Пer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr	nal		οğ	e com		,		and related
	line)	ıste	trus		e	Pen				organizations
		Ф	tee			Highest compensated employee				
(4)										
(1) Tim Galbraith	89	,		١,				_		
Board Chairman	06	✓		✓				0	0	0
(2) Phillip Allen	.35	/								
Board Member	12	•		\vdash			\vdash	0	_0	. 0
(3) Philip Eschels	20	/		ļ						•
Board Member	0	•		\vdash				0	0	0
(4) Maggie Faurest	20	1								
Board Member	03				-		-	0	0	0
(5) Bruce W Ferguson Board Member	55 12	1						o	o	0
(6) R K. Guillaume	92	_								0
Board Member	14	/						0	o	0
(7) Jeff Kosse	63	•						V		<u>_</u>
Treasurer	0	/		/				0	اه	0
(8) Philip Lynch	61	_								
Vice Chair	03	1		/				o	0	0
(9) Barry Meyers	52			Ė				,	0	<u> </u>
Board Member	0	1						0	o	0
(10) Douglas H Owen	29					-			Ü	<u>-</u>
Board Member	12	1						o	o	0
(11) Stu Pollard	29							_		
Board Member	0	✓						o	o	0
(12) Melissa Richards-Person	.20									
Board Member	.03	✓						o	0	0
(13) Eric Slavinsky	20								_	<u>-</u>
Board Member	12	1						o	o	0
(14) William Summers V	20									
Board Member	0	✓						0,	0	0

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo <u>y</u>	yees		nd <u>t</u> C)	lighe	st C	ompensated E	mployees (<u>contin</u>	ued)
	(4)	(5)			•	sition			(0)	(F)		-
	(A) Name and title	(B) Average	ı ·				e than o		(D) Reportable	(E) Reportable compensation from	اما	(F) Estimated
	Name and title	hours per					is both or/trus		compensation			amount of
		week (list any hours for			,	ı		, <u> </u>	from the	related organization		other
		related	divid	stıtu	Officer	Key employee	ghe	Former	organization	(W-2/1099-N		compensation from the
		organizations below dotted	dual	tion	¬] dir	yee yee	=	(W-2/1099-MISC)			organization
		line)	Individual trustee or director	al tri		yee	mp					and related organizations
			tee	Institutional trustee		_	Highest compensated employee					_
(15) (arolyn Tandy	29					<u>a</u>					
	Member	09	1						0		0	,
	allia II. Maichar	55	Ė									•
Secret		03	✓		1	Ì			0		0	(
	aren Williams-Goetz	20									Ť	
	Member	.12	✓						o		o	(
	oy Yudofsky	.20										
	Member	.12	√						o		o	(
(19) _M	ary Stone	.20										_
Board	Member	0	✓						0		0	(
(20) B	ob Marino	20									ŀ	
Board	Member	0	✓						0		0	(
	ane Tobin	.29	,									
	Member	0	\			ļ			0		0	(
	andra Frazier	20							_			
	Member	0	✓	\vdash		_			0		- 0	(
	mberley A Baker	40	1	ŀ	1					400		40.70
	hairman, President - The Kentucky Center	36 0	•		•				0	198	3,024	10,783
	rda K Howard resident/Interim CFO - The Kentucky Center	4.0 36 0			/				0	0.	2 271	6,406
	nristopher L. Roberts	4 0			•				0	0.	3,371	0,400
	resident/CFO - The Ky Ctr (08/2014 end date)	r			✓				o	136	5,487	17,789
1b	Sub-total				•		•		0		7,882	34,978
С	Total from continuation sheets to Part	VII, Sectio	n A					•	0		3,381	29,757
d	Total (add lines 1b and 1c)							•	0		1,263	64,735
2	Total number of individuals (including but					ed a	above	e) wl	ho received mo	ore than \$10	00,00	O of
	reportable compensation from the organi	zatıon ► 0										
_			_				_			_		Yes No
3	Did the organization list any former of						-	mp	loyee, or high	est compe	nsate	STATE OF THE PART
	employee on line 1a? If "Yes," complete s							• •				3 /
4	For any individual listed on line 1a, is the organization and related organizations											
	individual	greater the	ונף ווג	50,0			163	۰, ۰	complete Scri	edule J loi	Suci	4 /
5	Did any person listed on line 1a receive of	r accrue co	 mner	nsat	ion	fror	n anv	uni	related organiz	ation or ind	 Iividus	
5	for services rendered to the organization?											" 7.00
Section	on B. Independent Contractors								•			
1	Complete this table for your five highest of	compensate	ed inc	lepe	ende	ent	contra	acto	ors that receive	d more tha	n \$10	0,000 of
	compensation from the organization. Rep											
	year.											
	(A)								(B)			(C)
	Name and business add	ress			_				Description of se	ervices		Compensation
												
										-		
2	Total number of independent contracto	rs (ıncludın	g bu	t no	ot l	ımıt	ed to	the	ose listed abo	ve) who	ing S	THE REAL PROPERTY.
	received more than \$100,000 of compens	sation from	the or	gan	ıızat	tion	>			ľ	133	

D	- 4
Page	

Form 990 (2015)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ited any currer	t officer, director	r, or trustee.
				(6	C)					
(A)	(B)		Position				(D)	(E)	(F)	
Name and Title	Average					e than one is both		Reportable	Reportable	Estimated
raine and the	hours per					or/trus		compensation	compensation from	amount of
	week (list any				, —			from	related	other
	hours for	a d	l St	Officer	(£)	賣賣	9	the	organizations	compensation
	related organizations	irec Adc	₹	ğ	l e	loye	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or a	200		응	# S		(VV-2/1099-WIGC)		and related
	line)	Individual trustee or director	Institutional trustee		Key employee	ηpe				organizations
		ee	FE) sans				
			ŏ			Highest compensated employee		İ		
26 (1) Joseph Massey	20				İ				;	
Vice President/Facilities - The Kentucky Center	38 0					 ✓		0	102,822	27,667
27 (9) Track Sumanaan	40 0					<u> </u>		· ·	102,022	27,007
Vice President/Development - The Kentucky Cente						/		0	120,559	2,090
(2)	<u>-</u>					H			120,333	2,030
(9)										
(4)										
(4)	fl									
(6)										
<u>(5)</u>	ł									
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(9)										
(10)										
(11)										
(12)										
(13)										
Y.:!										
(14)		-	\vdash			-				
(17)										
	1			1		1	ı			

Par	t VIII	Check if Schedule (sponse or note to	o any line in this l	Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaign	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
S, G	С	Fundraising events .	1c					
ar J	d	Related organizations	s 1d					
inii	е	Government grants (cor	ntributions) 1e					
tion r. S	f	All other contributions, g						
ig &		and similar amounts not inc	cluded above 1f	323,429				
d t	g	Noncash contributions inclu	****************					
	h	Total. Add lines 1a-1	lf		323,429			
Jue				Business Code				
eve	2a	Parking Garage Mainte	enance	811000	100,000	100,000		
ě	b							
Ş.	C							
Se	d							
ram	e	A.II						
Program Service Revenue	f	All other program ser				L	·····	
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2 Investment income	(Including divid	onds interest	100,000	г		T
	"	and other similar amo			711,894	176 570		535,324
	4	Income from investmen			/11,654	176,570		333,324
	5						•	
	•	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)				1		1
	d	Net rental income or	(loss)	▶				1
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,893,091					
	b	Less cost or other basis						
		and sales expenses	1,691,890					
	С	Gain or (loss)	201,201					ļ <u></u>
	d	Net gain or (loss) .		<u> </u>	201,201			201,201
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c).					1
the	b	Less. direct expenses			+			
0		Net income or (loss) f				-		
		Gross income from ga						1
		See Part IV, line 19 .		430				t
	b	Less: direct expenses	s b					ŀ
	С	Net income or (loss) f		vities ▶	146			146
	10a	Gross sales of in returns and allowance						
	b	Less cost of goods s	sold b					
	С	Net income or (loss) f		_				, , , , , , , , , , , , , , , , , , ,
		Miscellaneous R	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	e	Total. Add lines 11a-		1-				
	12	Total revenue. See in	nstructions	<u> ▶ </u>	1,336,670	276,570		736,671
								Form 990 (2014)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons			<u> </u>	<u> 🗆</u>
	ot include amounts reported on lines 6b, 7b, o, 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 domestic organizations				
_	and domestic governments. See Part IV, line 21	801,324	801,324		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	Ì			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal	23,006		23,006	
C	Accounting	13,515		13,515	
d	Lobbying	18,000	18,000		···
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	02.054		02.054	
g	Other. (If line 11g amount exceeds 10% of line 25, column	83,854		83,854	
9	(A) amount, list line 11g expenses on Schedule O.)	300		300	
12	Advertising and promotion	3,205		3,205	
13	Office expenses	3,147		3,147	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,527		4,527	
20	Interest	81,564	81,564		
21	Payments to affiliates				· · · - · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization .	24,254		24,254	
23	Insurance	20,774	17,853	2,921	
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	Parking Garage - Repairs & Maintenance	33,541	33,541		
b	Artwork Expense - Restoration	24,865	24,865		
c					
d					
е	All other expenses Miscellaneous	(1)		(1)	
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,135,875	977,147	158,728	
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 1 68,240 16,367 2 Savings and temporary cash investments 2 541,000 1,040,560 3 3 4 Accounts receivable, net 6,827 4 213,855 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 2,774,667 2,655,647 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 7,120 7,666 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c 129,753 220,287 382,879 11 Investments—publicly traded securities 16,749,857 11 16,529,862 12 Investments - other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11. 14 14 Intangible assets 15 Other assets. See Part IV, line 11 . . . 15 4,428,350 4,428,350 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 24,796,348 25,275,186 17 Accounts payable and accrued expenses 17 29,585 14,032 18 Grants payable 18 1,649,350 2,351,667 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 2,500,509 2,415,550 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 60.457 25 55,369 26 Total liabilities. Add lines 17 through 25 4,239,901 26 4,836,618 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 18,048,907 17,721,098 28 Temporarily restricted net assets . . . 28 188,681 398,611 Permanently restricted net assets 29 2,318,859 2,318,859 Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances 33 33 20,556,447 20,438,568 34 Total liabilities and net assets/fund balances . . 34 24,796,348 25,275,186

Page 12

i Oilli 9	90 (2014)				age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	36,670
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	35,875
3	Revenue less expenses. Subtract line 2 from line 1	3		2	00,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,5	56,447
5	Net unrealized gains (losses) on investments	5		(31	8,674)
6	Donated services and use of facilities	6			0
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		20,4	<u>38,568</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> </u>	<u>. Ц</u>
				Yes	No
1	Accounting method used to prepare the Form 990		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın		1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled (or		,
	reviewed on a separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis		2b]
b	b Were the organization's financial statements audited by an independent accountant?				ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally assessed to the season of the season o	ea on	а		,
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		h.		
С	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex			•	1
	Schedule O.	piaiii	"'		
0	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		
3a	the Single Audit Act and OMB Circular A-133?	ioi ti i	''' · 3a		
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran th			_
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	-	3b		
	Toquired addit of addite, explain why in confedence of and accombe any stops taken to undergo such a	- and		rm 990	(2014)
			FC	// III 33C	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014

Open to Public Inspection

Name	or the organization					Employer identificatio	n number
Kentı	ucky Center for the Arts Foundation	Inc				31-09	99046
Pai	rt I Reason for Public Cha	rity Status (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The o	organization is not a private founda	ation because it	is: (For lines 1 through	h 11, che	ck only o	ne box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E.)				
3	☐ A hospital or a cooperative ho	spital service or	ganization described i	ın sectio ı	n 170(b)(1)(A)(iii).	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	o certain taxable i	exceptio ncome (l	ns, and (2) no more less section 511 ta	e than 331/3% of its
10 11	 ☐ An organization organized and ☑ An organization organized and one or more publicly supported the box in lines 11a through 11 	operated exclus	ively for the benefit of, described in section 5	to perfor 09(a)(1) o	m the fur	nctions of, or to carry n 509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I. A supporting organize the supported organization(sorganization. You must come) the power to re	egularly appoint or ele	-			
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	e supporting or	ganization vested in th			• •	
С	- w	ited. A supporti	ng organization opera				y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz						I, Type III
	functionally integrated, or Ty	pe III non-functi	onally integrated supp	porting or	ganızatıo	n.	<u></u>
f g	Enter the number of supported or Provide the following information	-	oorted organization(s).				1
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you docu		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
	entucky Center for the Arts prporation	61-0973376	6	_		801,324	
(B)							
(C)							
(D)							
(E)							

<u>Total</u>

Part II 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.)

Section A. Public Support

Calendar year for fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total

Calendar year (or fiscal year beginning in) ► 1 Giffs, grants, contributions, and membership (ees received. (Do not include any "unusual grants.") 2 Tax revenues [evied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loos from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here. The organization qualifies as a publicly supported organization 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 Business and stop here. The organization qualifies as a publicly supported organization 16 Public support percentage from 2013 Schedule A, Part II, line 14 17 Gross receipts from related activities, etc. (see instructions) 18 331-3% support test—2014. If the organization do not check to box on line 13, and line 14 is 333-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization mee	
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15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here .	
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	Ц
instructions	▶ □

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise					3.1	
	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						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		ļ				
C	Add lines 7a and 7b	TO MANAGEMENT, SYSTEMATION				A CHARLES CONSTRUCTION SHAPE	
8	Public support (Subtract line 7c from	10					
	line 6.)			AT MEN AND			
	on B. Total Support	(-) 0010	#-> 0011	(-) 0010	(-I) 0010	(a) 0014	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(i) rotai
9							
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less		-				
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		 				
11	Net income from unrelated business	<u>-</u>					
••	activities not included in line 10b, whether						
	or not the business is regularly carried on		i				
12	Other income. Do not include gain or		_				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2014 (line		-			15	%
16	Public support percentage from 2013 Sci			<u></u>		16	<u>%</u>
Secti	on D. Computation of Investment In					· 1	
17	Investment income percentage for 2014 (=	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		-	•		=	_
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this		_				
20	Private foliogation if the Organization of	CLUCK CDECK 3	DICK ON HOP 1/1	I was or I wo ?	THE POPULATION OF THE PROPERTY	AUTH SEE INSTILL	CHOUS 📂 ! !

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations	art v	· <i>)</i>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	v	7
За	•	3a		✓
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	J	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		→
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		√
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		√
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

10b

	10 × 1/1 01111 030 01 030 (22) 2014			aye o
Part	Supporting Organizations (continued)			
44	Lies the experience accorded a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			;
u	below, the governing body of a supported organization?	11a	<u> </u>	-
b	A family member of a person described in (a) above?	11b		1
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		✓
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		,
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	and an article of decision and an decision and		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
	• "		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	✓ ✓	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.	[Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b]
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	1	
4 Add lines 1 through 3	4	•••	
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		_
Section B - Minimum Asset Amount	0	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	····	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-ın	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		<u></u>	
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets		 -	
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<i>j</i> >	7
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a	1			
b				
<u>c</u>				
d	E 0040			
<u>e</u> _	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount			
<u>h</u> i	Carryover from 2009 not applied (see instructions)			
<u>_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
,	Distributions for 2014 from Section			
4	D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			j
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7 ⁻			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014		· · · · · · · · · · · · · · · · · · ·	

Part VI Supplemental Information. 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.)
Part IV, Section A, Line 5a
By an amendment to its Articles of Incorporation, filed and effective November 19, 2014, Kentucky Center for the Arts Foundation, Inc. (the
"Foundation") removed the Kentucky Department of the Arts (a unit of the Commonwealth of Kentucky), Fund for the Arts, Inc ,
and J.B. Speed Art Museum as potential supported organizations of the Foundation and named Kentucky Center for the Arts Corporation
(the "Corporation") as its remaining sole supported organization. The Foundation did so (i) because it had not provided and did not intend to
provide support to organizations other than the Corporation and (ii) in order to establish its status as a functionally integrated Type III
supporting organization within the meaning of section 4943(f)(5) of the Internal Revenue Code and §1 509(a)-4(i)(4) of the Federal Income Tax
Regulations and, more specifically, that the Foundation qualifies for such status under Section 3.01 of IRS Notice 2014-14, 2014-2 R B 274,
by supporting only the Corporation, a governmental entity within the meaning of that Notice. By letter dated February 26, 2015, the IRS
determined that the Foundation qualified for such status
Part IV, Section D, Line 3
The Boards of Directors of the Corporation and the Foundation meet jointly two or three times a year. The Executive Committees of the
Corporation and the Foundation meet jointly at least six times a year. The Audit Committees of the Corporation and the Foundation meet
jointly twice a year. The Governance Committees of the Corporation and the Foundation meet jointly three or four times a year. The directors
of the Foundation thus maintain a close and continuous working relationship with the directors of the Corporation
The President of the Corporation is a member of the Board of Directors, Executive Committee, and Investment Committee of the Foundation
and the Vice Chair of the Foundation. The President and the Chief Financial Officer of the Corporation attend the meetings of the Boards of
Directors, Executive Committees, Audit Committees, and Investment Committees of both the Corporation and the Foundation. Officers of the
the Foundation thus maintain a close and continuous working relationship with the directors of the Corporation.
The Foundation's Investment Policy Statement provides that the President of the Corporation shall be a member of the Investment Committee
of the Foundation, that the Committee may delegate investment functions to officers and employees of the Corporation, and that the Chair of
the Committee and the Chief Financial Officer of the Corporation are responsible for deciding whether to call the Committee into session

Part VI	Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part IV, Sec	ction E, Line 1c
The Kentuc	ky Center for the Arts Foundation, Inc. solicits and receives gifts, grants, and contributions to finance the capital, operating, and
and progra	mming costs of The Kentucky Center for the Arts Corporation, a government entity
	······································

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- 0.		anizationa Complete Bort III			
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III.		Employer ide	ntification number
Kontu	cky Center for the Arts Fou	ndation Inc			31-0999046
Part		e organization is exempt und	er section 5016	c) or is a section 527	
1		the organization's direct and indire		-	<u> </u>
2	Political expenditures .				5
3	Volunteer hours				
Part	I-B Complete if th	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ 🧐	
2	-	excise tax incurred by organization	•		
3	-	ed a section 4955 tax, did it file Fo			Yes No
4a					Yes No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz		•	
•				-	·
2		filing organization's funds contrib			
3	•	expenditures. Add lines 1 and 2			
3	•				
4		n file Form 1120-POL for this year			. Yes No
5	* *	ses and employer identification nur			
Ū		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	I fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly
					delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)			·		
(4)					
(5)					
(6)					

Pa	rt II-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under	
A	Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶ ☐ if the filing organization check	cked box A	and "limited con	trol" provisions a	ıpply.		
	Limits on Lobby				(a) Filing	(b) Affiliated	
	(The term "expenditures" mea	ans amounts	s paid or incurred.)	organization's totals	group totals	
1	a Total lobbying expenditures to influence p	ublic opinior	n (grass roots lobby	/ing)			
	b Total lobbying expenditures to influence a	legislative b	ody (direct lobbyin	g)	·		
	c Total lobbying expenditures (add lines 1a	and 1b) .					
	d Other exempt purpose expenditures						
	e Total exempt purpose expenditures (add l	ines 1c and	1d)				
	f Lobbying nontaxable amount. Enter th columns.	e amount	from the following	g table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:			
	Not over \$500,000	20% of the a	mount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000			
	Over \$17,000,000	\$1,000,000					
	g Grassroots nontaxable amount (enter 25%	of line 1f)					
	h Subtract line 1g from line 1a. If zero or less	s, enter -0-					
	Subtract line 1f from line 1c. If zero or less	, enter -0-					
	i If there is an amount other than zero o reporting section 4911 tax for this year?		1h or line 1i, dic	=		Yes No	
	(Some organizations that made a sect	ion 501(h) el	Period Under sec lection do not hav tructions for lines	e to complete all	of the five columr	ns below.	
	Lobbying E	xpenditures	During 4-Year A	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2	a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column (e))						
	c Total lobbying expenditures						
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount (150% of line 2d, column (e))		, .				
1	f Grassroots lobbying expenditures						

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	led	Forn	n 5768	-
For a	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)
desc	ription of the lobbying activity.	Yes	No	A	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of.				
a	Volunteers?		✓		
b	Media advertisements?		V		
d	Mailings to members, legislators, or the public?		7		
e	Publications, or published or broadcast statements?		1		
f	Grants to other organizations for lobbying purposes?		1		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓		
i	Other activities?	✓			18,000
j	Total. Add lines 1c through 1i				18,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(<u> </u>		otion	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	ο ₎ , τ	л ъе	Cuon	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	\vdash
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."		Part		line 3, is
1 2	Dues, assessments and similar amounts from members	of	1		
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	~			
_	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5		
Provid	Supplemental Information the the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	o list)· Par	t II-A I	ines 1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.		,,	,	
Part II	B, Line 1i				
An un	elated organization is paid a monthly stipend to monitor and inform of legislation/budget issues affecting T	he K	Centuc	ky Cer	iter for the
Arts C	orporation				

Schedule C (Forr	rm 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	

		•
•••••		

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.

2014

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Kentuc	ky Center for the Arts Foundation, Inc		31-0999046
Pari			
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		-
	Aggregate value of grants from (during year) .		-
	Aggregate value at end of year	r advisors in writing that the assets h	oold in donor advisod
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, sonly for charitable purposes and not for the bene	and donor advisors in writing that gra	nt funds can be used
	conferring impermissible private benefit?		· · · · · 🗌 Yes 🗌 N
Part			
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., recrea	ation or education) Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
	Number of conservation easements on a certified		
	Number of conservation easements included in	• • •	
	historic structure listed in the National Register .		
	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
	Does the organization have a written policy reviolations, and enforcement of the conservation ea		pection, handling of
6	Staff and volunteer hours devoted to monitoring, ii	nspecting, and enforcing conservation	easements during the year
		cting, and enforcing conservation ease	ements during the year
	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	n Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's finents.	nancial statements that describes the
Part	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
	f the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	r assets held for public exhibition, ed	ducation, or research in furtherance
b	f the organization elected, as permitted under Sworks of art, historical treasures, or other similar bublic service, provide the following amounts related	SFAS 116 (ASC 958), to report in its rassets held for public exhibition, edung to these items:	revenue statement and balance she ducation, or research in furtherance
	i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$ 4,428,3
2	f the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other similar	assets for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1 .		• \$
	Assets included in Form 990, Part X		> \$

Par	t III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Ot	her Similar A	ssets	(cont	inued)
3	Using the organization's acquisition, collection items (check all that apply).	·	her records, chec	k any of the	follov	ving that are a	signific	ant us	se of its
а	✓ Public exhibition		d □ Loan	or exchange	e proa	rams			
b	✓ Scholarly research								
C	✓ Preservation for future generation	S							
4	Provide a description of the organiza		and explain how t	hey further t	the org	anization's exe	mpt pi	urpose	ın Part
	XIII.		•	•				•	
5	During the year, did the organization	solicit or receive	donations of art,	historical tre	easure	s, or other sim	lar		
	assets to be sold to raise funds rather	r than to be mainta	ined as part of th	e organizatio	on's co	llection? .	. 🗆	Yes	✓ No
Par	ElV Escrow and Custodial Arra	angements.							
	Complete if the organization	n answered "Yes"	' to Form 990, F	Part IV, line	9, or r	eported an ar	nount	on Fo	orm
	990, Part X, line 21.								_
1a	Is the organization an agent, trustee						not		
	included on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:					
						,	Amoun	<u>t</u>	
C	Beginning balance				1c	:			
d	,				1d	+			
е	Distributions during the year				1e	-			
f	Ending balance				1f				
2a	Did the organization include an amou						-		∐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been p	orovide	ed in Part XIII .		•	
Par		anamanad "Vaa"	, to Lower 000 L	مدال السم	10				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years		(d) Three years ba	ak (a) i	EQUIT VOS	rs back
4.	Decimal of week halance	<u> </u>		<u> </u>			+		
1a	Beginning of year balance	20,556,447	18,416,314		67,636	18,680,5		16,2	285,206
b	Contributions	423,575	129,910	3	37,099	52,7	50		0
С	Net investment earnings, gains, and losses							_	
لد		594,421	3,121,618		36,420	(426,37			232,679
d	Grants or scholarships Other expenditures for facilities and	801,324	705,289	/3	35,966	738,0	04		714,945
е	programs	175 000	264 505			4467	20		45 110
4	Administrative expenses	175,823	264,585		17,756 11,119	116,7			45,119
f	End of year balance	158,728 20,438,568	141,521 20,556,447		16,314	84,5 17,367,6		10.	77,298
g 2	Provide the estimated percentage of t						امد	18,0	680,523
a	Board designated or quasi-endowmer			, σοιαπτι (α),	, mora c				
b		11 3%	- 70						
c	Temporarily restricted endowment ▶	2.0%							
	The percentages in lines 2a, 2b, and 2		0%.						
3a	Are there endowment funds not in the			at are held a	ind adi	ministered for t	he		
	organization by	•	-					Ye	s No
	(i) unrelated organizations						3a	(i)	1
	(ii) related organizations						_	(ii) ✓	
b	If "Yes" to 3a(ii), are the related organ	ızatıons listed as re	equired on Sched	ule R? .			3		
4	Describe in Part XIII the intended uses	s of the organizatio	n's endowment fu	unds.					
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes"	to Form 990, P	art IV, line	11a. S	See Form 990,	Part >	<u>(, line</u>	10.
	Description of property	(a) Cost or oth	1 ' '	r other basis ther)		Accumulated preciation	(d)	Book va	lue
	Land	(iiivestine	(0	(1101)		spreciation			
1a h	Buildings	·				- F F F F F F F F F F F F F F F F F F F			
b	Leasehold improvements	•							
c d	Equipment	•		512 622		120.752			202 070
e e	Other			512,632		129,753			382,879
	Add lines 1a through 1e. (Column (d) n	nust equal Form 00	00 Part X column	(R) line 10c	-)	. •			382,879
· · · · ·	riad into ta antoagn te. (Oblanti (a) n	aut oquar i orin 33	o, raren, coluini	10, mic 100	••/				004,019

Part VII	Investments — Other Securities. Complete if the organization answered "	Yes" to Form 990) Part IV line	11b See Form	990 Part X line 12
	(a) Description of security or category (including name of security)) Book value	(c) Met	thod of valuation
(1) Financial	derivatives				
•	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					<u> </u>
(F)					
(G)					
(H)	11 - 1 - 15 - 200 P-1V - 1 (P) t- 40 }			·	.
	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.				
Part VIII	Complete if the organization answered "	Ves" to Form 99() Part IV line	11c See Form	990 Part Y line 13
	(a) Description of investment) Book value		thod of valuation
	(a) Description of investment	,,,) DOOK Value		-of-year market value
(1)					
(2)					
(4)					
(5)					
(6)	1 Marie 19				
(7)					
(8)				`	
(9)					
Total. (Column (b	b) must equal Form 990, Part X, col. (B) line 13) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "), Part IV, line	11d. See Form	
(4)	(a) Description	o n			(b) Book value
	Collection				4,428,350
(2)		·			
(3)					
(5)					
(6)					
(7)		·			
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		💆	
Part X	Other Liabilities.	•			
	Complete if the organization answered "	Yes" to Form 990), Part IV, line	11e or 11f. See	Form 990, Part X,
_	line 25.				
1.		o) Book value			
(1) Federal in					
	Rate Swap Liability	55,369			
(3)					
(4) (5)					
(6)					
(7)		-			
(8)					
(9)					
	o) must equal Form 990, Part X, col. (B) line 25)	55,369			
	uncertain tax positions. In Part XIII, provide the tex		the organization	's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	893,126
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•			093,120
а	Net unrealized gains (losses) on investments	2a	(318,674)		
b	Donated services and use of facilities	2b	(0.0,0)	1	
С	Recoveries of prior year grants	2c		1	
đ	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	(318,674)
3	Subtract line 2e from line 1			3	1,211,800
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,590		
b	Other (Describe in Part XIII.)	4b	81,848		
С	Add lines 4a and 4b			4c	124,870
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,336,670
Part			•	r Retur	n.
	Complete if the organization answered "Yes" to Form 990,	Part I\	/, line 12a.	,	
1	Total expenses and losses per audited financial statements			1	1,011,005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	284		
е	Add lines 2a through 2d	•		2e	284
3	Subtract line 2e from line 1	i		3	1,010,721
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,590		
b	Other (Describe in Part XIII.)	4b	81,563		
С 5	Add lines 4a and 4b			4c 5	125,154
	XIII Supplemental Information.	10.)		5	1,135,875
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4 · P	art IV lines 1h and 2h	· Part V	line 4 Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	Line 4		,		
<u>raitiii</u>	, Line 4				
The K	entucky Center for the Arts Foundation Inc. owns a diverse array of contempo	arv art	which is an nermanen	t display	throughout the
THE IVE	situacky center for the Arts Foundation inc. owns a giverse array or contempor	ary arr	winch is on permanen	(dispiay	tilloughout the
Kentu	cky Center for the Arts and includes works by artists such as John Chamberla	ın Mal	colm Morley Alexande	r Calder	Jean Dubuffet
renta	say certer for the Arts and melades works by artists sacin as some chamberta	iii, iviai	communicy, Mexamac	Cuider,	ocan babance,
Louise	Nevelson, and John Miro				
Louise	Trevelson, and som mile				

Part V,	Line 4				
The Ke	entucky Center for the Arts Foundation, Inc. uses its endowment funds to mak	e grant	s to the Kentucky Cent	er for the	Arts Corporation
to sup	port the Corporation's operating, programming and capital costs				
Part XI	, Line 4b				
Interes	t expense of \$81,563 and gaming expense of \$284.				

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
Part XII, Line	e 2d	
Gaming expe	ense of \$284	
Part XII, Line	e 4b	
Interest expe	ense of \$81,563	
•••		
••		

SCHEDULE I (Form 990)

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

1545-0047	
OMB No	

2014

Open to Public Inspection

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Education Prog/Operations **%**□ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 31-0999046 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Ϋ́ . (d) Amount of cash grant cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . ▶ Attach to Form 990. 801,324 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 61-0973376 (p) EIN Kentucky Center for the Arts Foundation Inc. 501 West Main Street, Lou, KY 40202 1 (a) Name and address of organization (1) Ky Center for the Arts Corp or government Department of the Treasury Internal Revenue Service Name of the organization Part II N က 2 (12) <u>(S</u> @ 6 (3) € 9 0

(f) Description of non-cash assistance "Corporation"), a related organization. The Corporation and the Foundation have an annual independent audit. The Corporation issues monthly financial statements to the Board The Kentucky Center for the Arts Foundation Inc. (the "Foundation") supports operating, programming, and capital costs of The Kentucky Center for the Arts Corporation (the of Directors The Executive Committee of the Foundation meets quarterly with the Executive Committee of the Corporation The full Board of Directors of the Corporation Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients and the Foundation meet jointly twice a year (a) Type of grant or assistance Part I, Line 2 Part IV က N 4 ß ဖ

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Kentu	cky Center for the Arts Foundation Inc 31-09990	046		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	i		
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification 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 on 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	<u> </u>	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			ļ
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		ļ
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	1	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 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		1
	Any related organization?	5b		√
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		✓
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			·
7	For pareone listed in Form 900 Part VIII. Section A line 1s, did the organization provide any partition			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

(B) Breathdown of W. 2 and for 1000, MISC commonstron		o awobycost	(B) Breakdown of W-2 and/or 1000-MISC compactation	S composition			/	
		(a) Dieangowii o	1 VY-2 alla/ol 1033-1911	So compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred in prior Form 990
	Ξ							
1 Kimberly A. Baker	(II)	190,958	7,066			10,783	208,807	
	()							
2 Christopher L. Roberts	€	93,980	6,000	36,507	10,195	7,594	154,276	
	3							
3	Ξ					† 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ξ							
4	≘		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Ξ							
5	Ξ							*
	€							
6	<u>(ii)</u>							1
	€							
7	€	0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Θ							
8	(E)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Ξ							
6	Ξ							: : : : : : : : : : : : : : : : : : :
	Ξ	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
10	Ξ							
	Ξ							
11	Ξ							
	€	11 11 11 11 11 11 11 11 11 11 11 11 11			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12	Ξ							
	€							
13	Ξ							
	Ξ							
14	Ξ							
	€							
15	Ξ							
	Ξ_							
16								

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

chedule J (Form 990) 2014
Part III Supplemental Information Seconds the information evaluation or decomptions are given for Both I have 10, 44, 45, 56, 56, 56, 57, 57, 40, 67, 67, 67, 67, 67, 67, 67, 67, 67, 67
ovide the information, explanation, or descriptions required for Fart 1, infest 14, 15, 34, 45, 45, 34, 55, 56, 55, 7, and 6, and for Fart II. Also complete this part or any additional information.
art I, Line 3
entucky Center for the Arts Foundation, Inc. does not pay compensation to its CEO, all of whose compensation is paid by Kentucky Center for the Arts Corporation The Corporation
stablishes the compensation of its CEO and other top management officials using a combination of the following methods
A written employment contract
) Compensation surveys
) Approval by the Compensation Committee and Board of Directors
art I, Line 4a
thristopher L. Roberts received severance compensation of \$36,507.
Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Kentucky Center for the Arts Foundation, Inc	31-0999046
Form 990, Part III, Line 4d	
Lease agreement with The Kentucky Center for the Arts Corporation for the operation of the parking	complex to provide on-site parking for
visitors to The Kentucky Center for the Arts	
Form 990, Part VI, Line 4	
Articles of Amendment of the Articles of Incorporation of Kentucky Center for the Arts Foundation, Ir	nc filed September 2013 to change
the name of the Corporation.	
Form 990, Part VI, Line 4	
Articles of Amendment of the Articles of Incorporation of Kentucky Center for the Arts Foundation, Ir	nc filed November 2014 to amend the
language of Paragraph E of Article III of the Articles of Incorporation The amendment named The Ke	entucky Center for the Arts Corporation
as the sole supported organization.	
990, Part VI, Line 11b	
Form 990 is prepared by the Director of Accounting and reviewed by the Chief Financial Officer The	Form 990 is forwarded to a CPA firm
and legal counsel for review The reviewed Form 990 is sent to the Treasurer of the Kentucky Center	for the Arts Foundation, Inc ,
the Finance Committee, and the Foundation Board for approval.	
Form 990, Part VI, Line 12c	
Coverage of Conflict of Interest Policy as described in the by-laws	
This policy shall apply to all members of the Board and corporate officers of the Corporation It sh	nall be the obligation of the Corporation's
management to publicize this policy on a recurring basis	
All members of the Board and all officers of the Corporation shall disclose all real or apparent cor	nflicts of interest which they discover or
have brought to their attention in connection with the Corporation's activities "Disclosure" as used	herein shall mean providing promptly to
the appropriate persons a written description of the facts comprising the real or apparent conflict of	interest. An annual disclosure statement

D		•
₽aq	е	4

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	Employer identification number
Kentucky Center for the Arts Foundation, Inc	31-0999046
shall be circulated to directors and officers to assist them in considering such disclosures, but disclosure	is appropriate whenever conflicts
of interest may occur. The written notice of disclosure of conflicts of interest shall be filed with the Chairm	an or any other person designated
from time to time to receive such notifications. All disclosures of real or apparent conflicts of interest rece	ived hereunder shall be noted for
record in the minutes of a meeting of the Board.	
Where an individual director or officer believes that he/she or a member of his/her immediate family mic	ht have or does have a real or
apparent conflict of interest, he/she should, in addition to filing the notice of disclosure required hereunder	, abstain from making motions,
voting, executing agreements, or taking any other similar direct action on behalf of the Corporation where t	he conflict of interest might
pertain by law, agreement or otherwise	
Form 990, Part VI, Line 19	
Documents are maintained at 501 West Main Street, Louisville, Kentucky, 40202 and are available upon requ	uest.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Kentucky Center for the Arts Foundation, Inc.

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014			
	2014	to Puk	

OMB No 1545-0047

Inspection

Employer identification number

31-0999046

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity Schedule R (Form 990) 2014 ٥ Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling entity (e) End-of-year assets 9 N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) Performing Arts Center | Kentucky (b) Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization (1) Kentucky Center for the Arts Corporation 501 W Main St , Louisville, KY 40202 EIN# 61-0973376 (4) Part II 9 2 3 3 ල Ξ ල 4 9 E

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

(k) Percentage ownership									π IV,	(I) Section 512(b)(13) controlled entity?	Yes No						<u> </u>		Schedule R (Form 990) 2014
(J) General or managing partner?	å								0, Pa		۶			<u> </u>	 	<u> </u>	<u> </u>		For
Gene	Yes						ļ		66 LL	(h) Percentage ownership						e e		ļ	dule
(I) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)							-		Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(g) Share of end-of-year assets ov									Sche
stionste	Ŷ								verec										
(h) Disproportiona allocations?	Yes								ansv ar.	(f) Share of total income									
nd-of- sets									ation ax yea	Share									
(g) (h) Share of end-of- year assets allocations?									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ar line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(e) Type of entity (C corp, S corp, or trust)									
f total ne									if the t duri	Type corp, S									
(f) Share of total income									plete r trus										
							<u> </u>		Com	(d) Direct controlling entity									
e) minant (relatec ated, ed from inder 512-51									Frust poral	Direct o									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									n or				ļ						
			ļ <u>-</u>						ratio d as	(c) Legal domicile e or foreign cour									
I) introlling ity									orpo reate	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity									s a C	(st									
									ole as	vity									
(c) Legal domicile (state or foreign									Faxa l orga	(b) Primary activity									
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vity									izati ore re			<u> </u>	 		1		:	1	
(b) Primary activity)rgar or mo	۔									
Prim									ted C	ınızatıo									
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<u>~</u>									n of	of relat									
ation									i catic beca	(a)									
(a) ess, an organiz									entif e 34	dress, a									
(a) Name, address, and EIN of related organization									= =	(a) Name, address, and EIN of related organization									
Nam									Part IV	Na B									
		(1)	2	ව	4	(2)	9	E	Ра			(I)	8	<u></u>	4	(2)	9	E	

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	le.				Yes	S No
1 During the tax year, did the organization engage in any of the following tra	the following transactions with one or more related organizations listed in Parts II-IV?	more related organ	izations listed in Part	S II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	trolled entity				1a	>
b Gift, grant, or capital contribution to related organization(s)					1b 🗸	
c Gift, grant, or capital contribution from related organization(s)					10	>
d Loans or loan guarantees to or for related organization(s)					1 q	>
e Loans or loan guarantees by related organization(s)					1 e	>
f Dividends from related organization(s)					#	>
g Sale of assets to related organization(s)					10	>
h Purchase of assets from related organization(s)					₽	>
i Exchange of assets with related organization(s)	•			•	:=	>
j Lease of facilities, equipment, or other assets to related organization(s)					: ;=	
	·					
K Lease of facilities, equipment, or other assets from related organization(s)	(s)u			•	*	<u>></u>
 Performance of services or membership or fundraising solicitations for related organization(s) 	related organization(s).				=	>
 m Performance of services or membership or fundraising solicitations by related organization(s) 	related organization(s) .				E >	
	ets with related organization(s)				11	
o Sharing of paid employees with related organization(s)					10	
p Reimbursement paid to related organization(s) for expenses					1p <	
q Reimbursement paid by related organization(s) for expenses					19	>
				,		
					<u>۲</u>	
					15 <	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	rmation on who must cor	nplete this line, inclu	ding covered relation	ships and transactio	on thresh	olds.
(a) Name of related organization		(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	amount in	wolved
		type (a-s)				
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
				Schedule R (Form 990) 2014	(Form 99	90) 2014

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

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

(a) (b) (c) (d) (e) (f) (g)	9	(2)	(d)	(e)	(i)	(b)	ε	9	9	8
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of		Disproportionate	e Code V – UBI		
			income (related, unrelated, excluded	section 501(c)(3)		end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			from tax under sections 512-514)	organizations?						
				Yes No			Yes No		Yes No	
(1)				-						1
(2)										
(6)										
(4)										
(5)										
(9)										
(7)								iy		
(8)										
(6)										
(10)										
(11)										
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(13)										
(14)										
(15)										
(16)										
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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