(C&E)
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F	<u>,</u> 99	n	Return of	Organizat	tion Exe	mpt Fro	m In	come T	ax	OMB No 1545-0047
ron	n •••	•		_		-				2016
			Under section 501(c), 52	7, or 4947(a)(1)	of the Interna	il Revenue Co	ode (exc	ept private f	oundations	1
		he Treasury	▶ Do not enter	social security	numbers on	this form as	n may be	made pub		Inspection
A	For the		► Information andar year, or tax year begin		July 1		nd endin		ле 30	, 20 17
<u></u>	Check if a		C Name of organization Kentu					<u> </u>		er identification number
n	Address c	31-0999046								
$\overline{\Box}$	Name cha	-	Doing business as Number and street (or P O b	ox if mail is not del	livered to street	address)	Room/su	ite	E Telephor	
$\overline{\Box}$	Initial retu	_	501 West Main Street							502-562-0100
	Final return	/terminated	City or town, state or provinc	e, country, and ZIP	or foreign pos	tal code				
	Amended	return	Louisville, Kentucky 4020	2-2989					G Gross re	ceipts \$ 5,406,701
	Applicatio	n pending	F Name and address of principa	al officer				H(a) is this a	group return for s	autoordinates? 🔲 Yes 🗹 No
			Kim Baker, same as above							included? Yes No
<u></u>	Tax-exem		✓ 501(c)(3) 5	601(c) () ◀	(insert no.)	4947(a)(1) or	LJ'62 } /	_		list. (see instructions)
<u>1</u>	Website:					1			exemption	
K		-		Association Oth	nér ▶	LYea	r of format	ion. 1980	M State	of legal domicile. KY
۲	art I	Summ			at algoritan	nt potivition.	Calinia		nainte of a	the grante and
•	1	-	scribe the organization's		=					·
Activities & Governance			ons from individuals, grou amming costs of The Kent				Duc and	bliaste' to ii	nance me	capital, operating,
Ē			is box I lif the organization				sposed o	of more tha	n 25% of	its net assets.
Š			of voting members of the						. 3	20
4			of independent voting me				line 1b)		. 4	19
jes	1		nber of individuals emplo	_					. 5	0
Z	6 7	Total nun	nber of volunteers (estima	ate if necessar	y)				. 6	19
Ą	7a 7	Total unre	elated business revenue	from Part VIII,	colum <u>n (C)</u>	<u>₩618.7</u>	<u></u>		. 7a	0
	b I	Net unrel	ated business taxable inc	come from For	m 990 T. III	SELIVE	7		. 7b	0
					1 1	լ. 2 3. 201	ि	Prior Y	ear	Current Year
ē	1	Contribut	100,280	1,640,166						
Revenue	i	_	tributions and grants (Part VIII, line 1h)							100,000
ě	10	nvestme	nt income (Part VIII, colui	mn (A), lines 3,	4, and 7d)	DENL I	iT -		811,000	770,740
	11 (Other rev	enue (Part VIII, column (A	1), lines 5, 6d, 8	BC, 9C, (UK.	alumn (A) lin	0.12)	<u> </u>	0	48,486
			enue-add lines 8 through nd similar amounts paid (16 12)		911,280 809,400	2,559,392 832,954
			paid to or for members (F			-	· · · Ի		0.09,400	032,934
			other compensation, empl	0						
Expenses			nal fundraising fees (Parl	•			F		0	31,715
2			draising expenses (Part I)							
ā			enses (Part IX, column (•)	···· [412,998	344,560
	18	Total exp	enses. Add lines 13-17 (must equal Par	rt IX, columi	n (A), line 25)) . [1,222,398	1,209,229
	19	Revenue	less expenses. Subtract	line 18 from lin	ne 12		[(311,118)	1,350,163
te or							<u> </u>	Beginning of C		End of Year
T S	20		ets (Part X, line 16) .				· ·	2	5,062,940	27,492,140
Net Asse Fund Bads	21				• • • •		· ·		5,758,554	4,917,377
			s or fund balances. Subt	ract line 21 fro	m line 20		<u></u> .	1	9,304,386	22,574,763
_	art II	<u> </u>	ure Block							
Ur	ider penalti ie. correct.	es of perju and comol	ry, I declare that I have examine etc. Declaration of preparer (oth	d this return, inclut er than officer) is b	ding accompar ased on all info	lying schedules irmation of whic	and state:	nents, and to has any know	tne best of n fedge	Ty knowledge and belief, it is
_		λ	So di a => / \ 10	10.		· · · · · · · · · · · · · · · · · · ·			4-1	3-18
Sign Signature of officer Date								<u> </u>		
He	- 1	A	moor Hal	loran	CF.	ව ව	,			
	·	Type	or print name and title	·		·				
Pa		Print/Typ	preparer's name	Preparer's	signature		Da	te	Check [) if PTIN
	nu eparer	. [L_		self-emp	
	se Only		ame 🕨					Fin	n's EIN ▶	
Firm's address > Phone no								one no		
Ma	y the IRS	S discuss	this return with the prep	arer shown ab	ove? (see ir	structions)			· · · ·	Yes No
For	Paparwi	ork Redu	tion Act Notice, see the s	eparate instruct	tions.		Cat. N	o. 11282Y		Form 990 (2016)

951 12

	30 (2010)	Page ∡
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	Solicitation and receipts of gifts, grants, and contributions from individuals, groups, corporations, and other sources,	
	public and private, to finance the capital, operating, and programming costs of The Kentucky Center for the Arts Corp	oration.
2	Did the organization undertake any significant program services during the year which were not listed on the	
-]Yes ☑No
	If "Yes," describe these new services on Schedule O.	_ 162 (F)(40
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?]Yes ☑No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants are required to report the grants are required to report to report the grant	itions to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 773,678 including grants of \$ 755,028) (Revenue \$	49,988)
	Operating support for The Kentucky Center for the Arts Corporation - approximately 400,000 individuals in attendance	
	from July 1, 2016 through June 30, 2017.	

	······································	
	,	
4b	(Code:) (Expenses \$ 77,926 including grants of \$ 77,926) (Revenue \$)
	Education program - Kentucky Governor's School for the Arts - 1,441 students applied for the 256 openings in the ann	ual 3-week
	program. Over 3,200 students participated in related workshops.	

4-	(Code:) (Expenses \$ 72,426 including grants of \$) (Revenue \$	959.459.
40		253,158 }
	Distinguished collection of contemporary artwork is enjoyed by thousands of visitors to The Kentucky Center for the	<u>ιπς.</u>

4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 58,954 including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 982,984	

Form 990 (2016)

Part	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,"	1	١.	1
_	complete Schedule A	1	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? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
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 98-197 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	<u> </u>
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		/
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, IX, or X as applicable.	1,0		
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	/	
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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 habilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
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	1	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Old 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.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	<u> </u>
			1990	(2016)

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
b		20a 20b		/
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 27 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	04-		1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24a 24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		▼
d 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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,			<u> </u>
	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<u>√</u> ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>· </u>
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		<u> </u>
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		<u> </u>
	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		<u>·</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓_
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	/	•
				(2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	4		i
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2~		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			- 1
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	 		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	一 一
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_	•
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	()		
	account)?	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶			
	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts)		ŀ
	(FBAR).			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		,
_	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u>√</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or		- 1	
,	gifts were not tax deductible?	6Ь		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- 1	- 1
_	and services provided to the payor?	7a		√ '
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	- 1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		$\neg \neg$	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	T	<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	[
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
1	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
)	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:		I	
	Initiation fees and capital contributions included on Part VIII, line 12			- 1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		- 1	ł
l	Section 501(c)(12) organizations. Enter:	l	- 1	1
	Gross income from members or shareholders		- 1	1
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		- 1	- 1
	-	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-	
	<u> </u>			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
8	Note. See the instructions for additional information the organization must report on Schedule O.	134	-	
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			ŀ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		7
la				

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a	tions.
Secti	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u> </u>	,,,,	1.00
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			<u></u>
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	86	1	ـــــ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		_
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	t^{-}
b		 	 	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
ь	and the first term of the firs	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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	}	1
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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Kentucky			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Kentucky

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ►

Dawn Driskell, 501 West Main Street, Louisville, KY, 40202, (502) 566-5185

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	ann	/2016	

Page 7

Part VII	Compensation of Officers, Directors,	Trustees, K	ey Employees,	Highest	Compensated E	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 (8ox 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	or any relate	d org	aniz			ompe	nse	ated any currer	nt officer, directo	r, or trustee.
		į		•	C)				1	
(A)	(B)	ído r	Position (do not check more than					compensation	(E) Reportable compensation from related	(F)
Name and Title	Average hours per week (list any	box, unless person is both an officer and a director/trustee)					en tee)			Estimated amount of other
	hours for related organizations below dotted line)	Individua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tim Galbraith	.56							1		
Board Chairman		1		1		ii		0	0	
(2) Phillip Allen	.25									
Board Member		1			L.,			0	0	
(3) Philip Eschels Board Member	17	1						0	0	
(4) Maggie Conner Faurest	.10									
Board Member		1						1 0	o	
(5) Ankur Gopal	.25		П							
Board Member		✓				1		0	0	
(6) R. K. Guillaume	.52									
Board Member		✓_						0	0	
(7) Jeff Kosse	.37,									
Treasurer		1		1				0	0	
(8) Phil Lynch	.37									
Vice Chair	<u> </u>	1		✓				. 0	0	
(9) Barry Meyers	.29									
Board Member		1		_				0	0	
(10) Douglas H. Owen	,21						Ī		-	
Secretary		1		1				0	0	
(11) Wendy Anzalone	.17									
Board Member		1						0		
(12) Melissa Richards-Person	.10					T				_
Board Member		✓				1		0		
(13) Eric Slavinsky	.10			\neg		\Box				
Board Member		✓		\Box		1		0	0	
(14) Lisa Zangari	.10				\Box					
Board Member		-		- 1	1	- 1	- 1	al	اه	

Notice and like	(A) (B) (do not check hours per hours per officer and a discontinuous files and a discontinuous								(E) Reportable compensation from	n from amount o	
	week (list any hours for related organizations below dotted line)	individus or directi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr orga and	other pensation orn the anization d related anizations
5) Carolyn Tandy	.13	,									
oard Member	10	✓			\dashv		-			'	
6) Jim Lacy pard Member	.10	/		1	1			0	c	J	
7) Karen Williams	.10	<u> </u>	Н				\vdash			†	
pard Member		1					Li	0		<u> </u>	
8) Kent Lanum	.21				\neg						
pard Member		1	Ш		_		\square	0		<u> </u>	
9) Benton Keith	.14				-	-				ł	
oard Member	 	-✓-	\vdash	\dashv		-	$\vdash\vdash$	0		 	
0) Kimberly A. Baker ce Chairman	- 	/			- 1	- 1		o	o	.]	
1)	+	<u>* </u>	H	-						 	
-5	` 							o			
2)			П		\neg					1	
]		0		ļ	
3)				j	J]]	
	 				\dashv			0		 	
4)										1	
5)	+		\vdash		\dashv		-	0		+	
71	+			1	ļ	l		0		1	
1b Sub-total							▶	0	0	1	
c Total from continuation sheets to Part						. 1	▶	0			
d Total (add lines 1b and 1c)							<u>▶</u>	. 0	0		
		to th	ose	liste	ed a	bove	(w	no received mo	re than \$100,0	በበ ላፋ	
								0			
2 Total number of individuals (including bureportable compensation from the organ	ization >				_						Yes N
 Total number of individuals (including bureportable compensation from the organ Did the organization list any former or 	fficer, direct	lor, o	r tri	uste		ey e	mpi	•		ed	
 Total number of Individuals (including bureportable compensation from the organ Did the organization list any former of employee on line 1a? If "Yes," complete 	nization ► fficer, direct Schedule J	lar, o	r tri	uste indiv	ridu	keye	mpi			ed 3	Yes N
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Par	t VIII	Statement of Reve							
		Check if Schedule C	ocontains	a res	ponse or note t	o any line in this (A) Total revenue	(B) Retated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ \$	1a	Federated campaigns	s	1a			TEVOLUE		1 0.20.1
tributions, Gifts, Grants Other Similar Amounts	ь	Membership dues .		1b				ĺ	
ΞŠ	c	Fundraising events .		1c					}
£ a	ď	Related organizations		1d				i	
Ů. Ē	e	Government grants (cor		1e				Ì	
Contributions, and Other Sim	f	All other contributions, g			·				
3 6		and similar amounts not inc		1 f	1,640,166				
퉏	l g	Noncash contributions inclu-	ded in lines 1a	-1f: S	13.447.444			i	1
Con	h	Total. Add lines 1a-1			>	1,640,166			
					Business Code	1,040,100			
Program Service Revenue	2a	Parking Garage Mainte	nance		811000	100,000	100,000		-
Ê	ь							i	
<u>.</u> 2	C								
چ	d								
Ë	e								
g	f	All other program ser							
_ £	g	Total. Add lines 2a-2	f		•	100,000		•	
	3	Investment income	(including	divid	ends, interest,				
		and other similar amo	ounts) .		🕨	704,608	154,658		549,940
	4	Income from investment of tax-exempt b			ond proceeds ▶				
	5	Royalties			. <u>.</u> > .				
			(i) Real		(ii) Personal		_		
	6a	Gross rents							
	Ь	Less: rental expenses							
	C	Rental income or (loss)							ll
	d	Net rental income or	loss) .		.				
	7a	Gross amount from sales of	(i) Securit	88	(ii) Other				
	ľ	assets other than inventory	2,91	3,441					
	b	Less: cost or other basis							
	l	and sales expenses .	2,84	7,309					
	C	Gain or (loss)	6	6,132					
	d	Net gain or (loss) .		٠.,	>	66,132			66,132
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18							
¥	ь	Less: direct expenses		. ь					
•	С	Net income or (loss) f	rom fundra	ising (events . >				
	9a	Gross income from ga See Part IV, line 19	ming activit	ies.					
	ь	Less: direct expenses			-				1
	С	Net income or (loss) for			vities 🕨				
	10a	Gross sales of in returns and allowance						-	
	ь	Less: cost of goods s	old	b		i			
1	c	Net income or (loss) fi					· - ·-		
		Miscellaneous R			Business Code				
	11a	Misc. Income				48,486	48,486		
	ь	MIJO. WROTHE			-		70,700		
	c							-	
	d	All other revenue .							
ļ	_	Total, Add lines 11a-			. •				
	12	Total revenue. See in				2,559,392	303,146	-	664.568
	<u> </u>					2,333,334	373,1401		Form 990 (2016) -

Par	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	VI other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lii	ne in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	832,954	832,954		
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 individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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):			l l	
8	Management				
þ	Legal	22,926		22,926	
c	Accounting	4,308		4,308	
d	Lobbying	18,650	18,650		24.745
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	31,715		20,070	31,715
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			28,878	
12	Advertising and promotion	2,820		2,820	
13	Office expenses	2,807		2,807	
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 .	3,757		3,757	
20	Interest	58,954	58,954		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	125,804	47.07	125,804	
23	Insurance	20,608	17,377	3,230	
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	Artwork - conservation, appraisal	55,049	55,049		
b	THE THE PARTY OF T	33,048	33,043		
c					
d	***************************************				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,209,229	982,983	194,531	31,715
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	art X	Balance Sheet Check if Schedule O contains a response or	r note to any	line in this Par	rt X <u></u>		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			486,038	1	1,670,010
	2	Savings and temporary cash investments		[550,111	2	194,293
i	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[160,923	4	198,92
	5	Loans and other receivables from current and	former officer	s, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L	· · · · ·	[5	
φQ	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd contributing entary employees	mployers and beneficiary		6	
Assets	7	Notes and loans receivable, net		1_	2,525,951		2,298,057
₹	8	Inventories for sale or use			2,323,331	8	2,230,037
-	9	Prepaid expenses and deferred charges			8,633		15,634
	10a	Land, buildings, and equipment: cost or	1 1	· · · ·	0,000		10,00
		other basis. Complete Part VI of Schedule D	10a	996.462			
	ь	Less: accumulated depreciation	10b	340,697	665,622	10c	655,765
	11	Investments – publicly traded securities			16,211,412		18,015,997
	12	Investments-other securities. See Part IV, line				12	
	13	Investments-program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,454,250	15	4,443,459
	16	Total assets. Add lines 1 through 15 (must equa			25,062,940	16	27,492,140
	17	Accounts payable and accrued expenses			59,820	17	46,627
į	18	Grants payable			3,319,575	18	2,645,565
	19	Deferred revenue		[0	19	25,000
ĺ	20	Tax-exempt bond liabilities		[20	
	21	Escrow or custodial account liability. Complete I	Part IV of Scho	edule D .		21	
Liabilities	22	Loans and other payables to current and for					
불		trustees, key employees, highest compen					
롈		disqualified persons. Complete Part II of Schedu				22	
_	23	Secured mortgages and notes payable to unrela		- i	2,320,101	23	2,165,564
	24	Unsecured notes and loans payable to unrelated	•			24	
1	25	Other liabilities (including federal income tax, i					
}		parties, and other liabilities not included on lines of Schedule D					
				L	59,058		34,621
\dashv	26	Total liabilities. Add lines 17 through 25			5,758,554	26	4,917,377
Ses		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and	d 34.	► ☐ and			
	27	Unrestricted net assets		L	16,733,134		18,453,087
8 8	28	Temporarily restricted net assets)	252,393	28	1,802,817
밀	29	Permanently restricted net assets			2,318,859	29_	2,318,859
Net Assets or Fund Bala		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	i8), check here	▶ □ and			
ğ	30	Capital stock or trust principal, or current funds	<i></i>	1		30	
Se	31	Paid-in or capital surplus, or land, building, or eq		_		31	
₹	32	Retained earnings, endowment, accumulated inc		<u> </u>		32	
ة <u>ا</u>	33	Total net assets or fund balances			19,304,386	33	22,574,763
	34	Total liabilities and net assets/fund balances .			25,062,940		27,492,140
							Form 990 (2016)

Fårm 9	90 (2016)			P	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			59,392
2	Total expenses (must equal Part IX, column (A), line 25)	2			09,229
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3	50,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,30	04,386
5	Net unrealized gains (losses) on investments	5		1,9	20,214
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		22,5	74,763
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>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ 1.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	n		
-			-	- -	اب ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-			┼─	✓ ,
	reviewed on a separate basis, consolidated basis, or both:	MICG ("		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			'	1 1
h	Were the organization's financial statements audited by an independent accountant?		. 2b	1	├──
Ū	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on		┿	l
	separate basis, consolidated basis, or both:		_		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1 1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersial	nt 🗀	 	
_	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	plaın ı			
	Schedule O.	•	1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n —		1
	the Single Audit Act and OMB Circular A-133?		. За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	e	\Box	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	İ	
			For	т 99 0	(2016)

`(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name	of the organization					Employer Identificatio	n number
Kentı	ucky Center for the Arts Foundation						99046
Par	Reason for Public Cha	rity Status (All	organizations mus	t comple	ete this p	part.) See instruction	ons.
The o	organization is not a private founda	ation because it	is: (For lines 1 through	n 12, che	ck only o	ne box.)	- 1
1	A church, convention of church						RI
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	om 990	or 990-E	(Z).)	1)[
3	A hospital or a cooperative hos	•	_			,, ,, ,	
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	lal unit described in
6	A federal, state, or local govern	nment or govern	imental unit described	d in secti	on 170(b)(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port fron	n a govei	nmental unit or fron	n the general public
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organi or university or a non-land-gra university:						
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fut t income and un	inctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	in 331/3% of its
11	An organization organized and						
12	An organization organized and	operated exclus	sively for the benefit o	f, to perf	orm the f	unctions of, or to ca	rry out the purposes
	of one or more publicly suppo						
	Check the box in lines 12a thro	ugh 12d that de	scribes the type of su	pporting	organizati	on and complete line	es 12e, 12f, and 12g.
а	_ ,						
	the supported organization supporting organization. Ye					the directors or trust	ees of the
þ	—	•				• •	
	control or management of to organization(s). You must		•		persons	that control or man	age the supported
C	☐ Type III functionally integ	rated. A suppor	ting organization oper	rated in o			ally integrated with,
	rts supported organization(•				ated especiation(s)
đ	Type III non-functionally integrated that is not functionally integree requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	tion requirement an	
e	Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter the number of supported of	organizations .					
9	Provide the following information	about the supp	corted organization(s).				
	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)		-					
(B)				<u> </u>			
(C)							
(D)							
(E)							
Total							

• • • • • • • • • • • • • • • • • • • •							
Part II	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Section /	A. Public Support	y quality unde	a the tests ha	sted below, p	case comple	ee Fart III.)	
Calendar	year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
4 0:0			i -				

Secu	on A. Public Support					_	
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37.000	70.010	222 420		1 640 166	2 020 704
2	Tax revenues levied for the	37,099	29,010	323,429	0	1,640,166	2,029,704
-	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	37,099	29,010	323,429	0	1,640,166	2,029,704
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						2,029,704
Secti	on B. Total Support	_				·	
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	37,099	29,010	323,429	0	1,640,166	2,029,704
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,237	708,072	811,894	817,008	919,226	3,534,437
9	Net income from unrelated business	218,231	708,072	611,634	817,008	313,220	3,554,457
	activities, whether or not the business is regularly carried on	0	980	146	280		1,326
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,565,467
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop her			<u> </u>			
14	on C. Computation of Public Suppor Public support percentage for 2016 (line 6			1 column (fi)		14	36.47 %
15	Public support percentage from 2015 Sch					15	11.64 %
16a	33'x% support test—2016. If the organic box and stop here. The organization qual	zation did not	check the box	on line 13, an	id line 14 is 33	1/3% or more,	check this
b	331/3% support test - 2015. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33½% or m	ore, check
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts- facts-and-circ	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. as a publicly	Explain in supported
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization.	tion meets the neets the "fact	e "facts-and-o s-and-circums	ircumstances" stances" test.	test, check the organization	this box and a on qualifies as	a publicly
18 	Private foundation. If the organization de instructions						

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Support Schedule for Organiza	ations Descr	rihad in Saal	ion 500(a)(2)			Page 3
(Complete only if you checked the	he box on lin	Abeu in Soci e 10 of Part I	or if the orga	l Poization faile	d to qualify u	nder Part II
If the organization fails to qualify	vunder the te	ests listed bel	ow. please c	omolete Part	u to quality u	ilder Part II:
ion A. Public Support		<u></u>	<u>, p</u>		"' —	
	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, grants, contributions, and membership fees		1		1-7		
	<u>[</u>		1	1	<i>/</i> /	·ľ
Gross receipts from admissions, merchandise						
furnished in any activity that is related to the		}				
organization's tax-exempt purpose						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the						
to or expended on its behalf		<u> </u>				
furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 5						
Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	j			i		
•		/				
		/_/		ļ		
line 6.)						
		/			· · · · · · · · · · · · · · · · · · ·	
dar year (or fiscal year beginning in)	(a)/2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gross income from interest, dividends,	/ /					
payments received on securities loans, rents, royalties and income from similar sources	//					
Unrelated business taxable income (less	7					
section 511 taxes) from businesses	/					
acquired after June 30, 1975 / . ,	ĺ	i				
Add lines 10a and 10b // [
Net income from unrelated business						
7 /						
* '/ /						
	1	ı				
(Explain in Part VI.) /. /						<u></u>
and 12.) /./						
organization, checkythis box and stop her	re					
					15	%
Public support pércentage from 2015 Sch	edule A, Part I	II, line 15 .	<u> </u>	<u></u>	16	%
					17	%
Investment income percentage from 2015					18	<u>%</u>
331/1/2% support tests-2016. If the organiz	zation did not	check the box	on line 14, an	d line 15 is mo	ore than 331/39	6, and line
4=1 1 11 11 22 21 11 11 11		The eraceization	n qualifles as a	publicly suppo	rted organizatio	on . ▶ 🔲
17 is not more than 331,2%, check this box a						
17 is not more than 331/3%, check this box a 331/3% support tests—2015. If the organize	ation did not ch	neck a box on li	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
17 is not more than 331,2%, check this box a	ation did not ch xxx and stop he	neck a box on li ere. The organiz	ine 14 or line 19 cation qualifies	9a, and line 16 as a publicly su	is more than 3 pported organi	3¹/3%, and ization ▶ □
	(Complete only if you checked to the organization fails to qualificate A Public Support Idar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons. 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 fine 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.). on B. Total Support Idar year (or fiscal year beginning in) ► Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization, check/this box and stop heron C. Computation of Public Support Public support percentage from 2015 School D. Computation of Investment Income Investment Income percentage from 2015 School D. Computation of Investment Income Investment Income percentage from 2015 School D. Computation of Investment Income Investment Income Investm	(Complete only if you checked the box on lin if the organization fails to qualify under the teion A. Public Support dar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 2 and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on fine 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6.). on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b whether or not the business is regularly parried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the/Form 990 is for the organization crganization, check/this box and stop here on C. Computation of Investment Income Percentage Investment income Percentage from 2015 Schedule A, Part I on D. Computation of Investment Income Percentage Investment Income Percentage Investment Income Percentage Income Percentage Investment Income Percentage Investment Income Pe	(Complete only if you checked the box on line 10 of Part I If the organization fails to qualify under the tests listed bel ion A. Public Support dar year (or fiscal year beginning in)	(Complete only if you checked the box on line 10 of Part I or if the orgality in the organization fails to qualify under the tests listed below, please colon A. Public Support der year (or fiscal year beginning in) ▶ Grits, grants, contributions, and membership lees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and it to or expended on its behalf and it to the organization without charge . Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons Add lines 7a and 7b. Public support. dar year (or fiscal year beginning in) ▶ And lines 7a and 7b. Public support. Gross income from interest, dividends, payments received no securities loans, rents, royaltes and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . Add lines 10a and 10b Net income. Do not included grain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c. 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third. fourth organization, checkythis box and stop here Public support percentage from 2015 Schedule A, Part III, line 15 on D. Computation of Investment Income Percentage Investment tycome percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) Investment tycome percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	(Complete only if you checked the box on line 10 of Part I or if the organization faile If the organization fails to qualify under the tests listed below, please complete Part ion A. Public Support vider year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 disc, grans, contributions, and membership less received. (Do not include any "unusual grants.") cross receipts from admissions, merchandse sold or services performed, or facilities furnished in any activity that is related to the organization's bax-exempt purpose. Cross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from other than disqualified persons. 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. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.). On B. Total Support dar year (or fiscal year beginning in) Amounts from line 6. Cross income from interest, dividends, payments received on securities loans, rents, royshes and income from similar sources Unrelated business taxable income (less section 511 taxes) from bysinesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated businesses (cxplain in Part VI). Add lines 10a and 10b Net income from unrelated businesses (cxplain in Part VI). Add lines 10a and 10b whether or not the business is regularly farried on Other income. Do not included in line 10b whether or not the business is regularly farried on Other income. Do not include on line 10b whether or not the business is regularly farried on Other income. Do not included by line 13, column (fi) and 12. First five years. If type form 990 is for the or	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests listed below, please complete Part II.) Ion A. Public Support Vidar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 Gits, gants, contributions, and membership lees neciwed, (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities fundabled in any activity that is related to the cross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Total Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons Andulines 7a and 7b Public support. (Subtract line 7c from line 6.). on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts include any lines of the year Andulines 7a and 7b Public support. (Subtract line 7c from line 6.). on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts included in the securities loans, rents, royaltes and income from minterest, dividends, payments received on securities loans, rents, royaltes and income from subsinesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income Royal public support Percentage Total support. (Add lines 9, 10c. 11, and 12.) First five years. If the/form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check/finis box and stop here on C. Computation of Public Support Percentage Total support decreates from 2015 Schedulo A, Part III, line 15. Total support decreates

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Part IV	Supporting C)rganizations
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(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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		
¢	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 12a or 12b in Part I, answer (b) and (c) below.	4a		
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]
c	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.			
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).	4c		
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	6		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		<u> </u>
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u> </u>	
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			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a 9b		
C	Did a disqualified person (as defined in line 9a) 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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b 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		

Schedule A	(Form 990 or	990-EZ)	201€
Part IV	Suppo	orting	Orc

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raye	-

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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	İ	L
Sect	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.	لبا	<u> </u>	\vdash
		1		<u> </u>
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.			┝╌╌┙
<u></u>		2		L
Secu	on C. Type II Supporting Organizations			
	West and the state of the state		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).			
Socti	on D. All Type III Supporting Organizations	1		
3600	on b. All Type in supporting organizations		Yes	41-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			\vdash
_	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			
				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I	nstruc	tions	5).
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\Box	100	 i
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			I
	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		Į	- 1
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	┌═┤	$\neg \dashv$	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		l	1
	reasons for the organization's position that its supported organization(s) would have engaged in these		l	l
	activities but for the organization's involvement.	2b	—-	
3	Parent of Supported Organizations. Answer (a) and (b) below.	 		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ı	
_	trustees of each of the supported organizations? Provide details in Part VI.	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 Or	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			tions A through E.
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		
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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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-functional instructions)	ly in	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	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	į
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	coses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			<u> </u>
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	th the organization is res	sponsive	ļ
-	(provide details in Part VI). See instructions.			
-10	Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount			
	Line 6 amount divided by Line 9 amount		(ii)	(iii)
S.	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See	·		
-	instructions.	}	1	
3	Excess distributions carryover, if any, to 2016:			
a				
b			 	
c	From 2013		-	
d	From 2014			
8	From 2015			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
р	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7				
•	Excess distributions carryover to 2017. Add lines 3j and 4c.			
-8	Breakdown of line 7:			
а		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ь	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
	Cuasas from 2016			····

Schedule A (F	orm 990 or 990-EZ) 2016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

••••••	

	Schedule A (Form 990 or 990-EZ) 2016

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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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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," on 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," on Form 990, Part IV, tine 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-B.

If the organization answered "Yes," on 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

, (
Name	ection 501(c)(4), (5), or (6) org of organization	anizations Complete Part III		(Employer ide	ntrication number
	•			Employeride	
	cky Center for the Arts Fou		 504		31-0999046
1		te organization is exempt und of the organization's direct and in mpaign activities")			
2	Political campaign activi	ty expenditures (see instructions)			5
3	Volunteer hours for polit	ical campaign activities (see instruc	ctions)		
Part	I-B Complete if th	e organization is exempt und	er section 501(c)(3).	
1		excise tax incurred by the organization			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	B
3		ed a section 4955 tax, did it file Fo			
4a					
ь	If "Yes," describe in Part				
_		e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct	tly expended by the filing organiz	ation for section	527 exempt function	
	activities			. ▶ \$	}
2	Enter the amount of the	filing organization's funds contrib	outed to other ord	anizations for section	
	527 exempt function act	ivities		<i>.</i> \$	}
3	Total exempt function	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
4	Did the filing organization	n file Form 1120-POL for this year	7		Yes No
5	Enter the names, addres organization made paym the amount of political co	ses and employer identification nui ients. For each organization listed, ontributions received that were pro I fund or a political action committe	mber (EIN) of all se enter the amount mptly and directly	ection 527 political organi paid from the filing organ delivered to a separate p	izations to which the filing ization's funds. Also enter political organization, such
	(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)					

_	de C (Form 990 or 990-EZ) 2016					Page 2
Part	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 C	heck ▶ ☐ if the filing organization bel					oup member's
	name, address, EIN, expen	ses, and sha	re of excess lob	bying expenditui	res).	•
BC	heck if the filing organization che	cked box A	and "limited cor	trol" provisions a	apply.	
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred	.}	organization's totals	group totals
18	Total lobbying expenditures to influence	public opinior	(grass roots lobb	ying)		
b	Total lobbying expenditures to influence	a legislative b	ody (direct lobbyir	19)		
C	Total lobbying expenditures (add lines 1a	and 1b) .				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (add	lines 1c and	ld)			
1	Lobbying nontaxable amount. Enter t columns.	he amount f	rom the followin	g table in both		
[If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amour	nt is:		
Ī	Not over \$500,000	20% of the a	mount on line 1e.			
- 1	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000	ł l	
Ì	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
ı	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	ver \$1,500,000		
Ì	Over \$17,000,000	\$1,000,000.				i
g	Grassroots nontaxable amount (enter 259	% of line 1f)				
h						
i	Subtract line 1f from line 1c, if zero or les	s, enter -0-				
j	If there is an amount other than zero	on either line	1h or line 1i, de	the organization	file Form 4720	
-	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a sec	tion 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	ns below.
	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
8	Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 576 8		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(e)		(b)	
desci	iption of the lobbying activity.	Yes	No	Ar	nount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local	-				
-	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		1	i		
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1			
C	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		1			
e	Publications, or published or broadcast statements?		1	ļ		
f	Grants to other organizations for lobbying purposes?	<u> </u>	1	 		
8	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>	1			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	1	✓			
j	Total. Add lines 1c through 1	-				8,650
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		7			8,650
ь	If "Yes," enter the amount of any tax incurred under section 4912		<u> </u>	l		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), d	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	\dashv	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		-		
a	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	1	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
5	and political expenditure next year?		4			
	IV Supplemental Information	•	5			
Provid 2 (see	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list); Par	t II-A, lii	nes 1	and
<u> </u>	B, Line 1i					•••••
An un	elated organization is paid a monthly stipend to monitor and inform of legislation/budget issues affecting	The N	Centur	rky Ceni	er for	the
	Care a garie adores para a marking apporta to market and marking registrative appropriate animaling				97991.	
Arts C	prporation.					
	<u></u>					

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Part IV	m 990 or 990-EZ) 2016 Supplemental Information (continued)	Page 4
all IV	опринента ппоннатон (солинава)	
	······································	

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Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Assets included in Form 990, Part X

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

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Kentucky Center for the Arts Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFA\$ 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 , (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2016

Pau								
3	Using the organization's acquisition, collection items (check all that apply):		her records, che	ck any of the	he follow	wing that are a s	ignificant	use of its
a	Public exhibition		d 🗌 Loan	or exchan				
ь	Scholarly research		e 🗌 Othe	r				
C	Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections a	and explain how t	they further	the org	ganization's exen	npt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather							s 🗌 No
Par								
	Complete if the organization 990, Part X, line 21.				•	•		Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?						ot 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able;		- Ar	nount	
c	Beginning balance	• • • • • •			10			
d	Additions during the year				10			
е	Distributions during the year				1e			
f	Ending balance	. .			11			
2a	Did the organization include an amoun				ustodia	l account liability	? 🔲 Y e	s 🔲 No
ь	If "Yes," explain the arrangement in Pa							
Par					_			
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, lin	e 10.			
		(a) Current year	(b) Pnor year	(c) Two yea		(d) Three years back	(e) Four	years back
1a	Beginning of year balance	19,304,386	20,438,568	20,5	556,447	18,416,314		17,367,636
b	Contributions	1,788,652	100,280		123,575	129,910		37,099
	Net investment earnings, gains, and						1	
	losses	2,690,954	(88,068)	۱ .	594,421	3,121,618	,	1,936,420
đ	Grants or scholarships	832,954	809,400		801,324	705,289	$\overline{}$	735,966
e	Other expenditures for facilities and							
	programs	150,030	136,523	.	175,823	264,585	;	47,756
f	Administrative expenses	226,245	276,327		158,728	141,521		141,119
9	End of year balance	22,574,763	19,304,386	1	138,568	20,556,447		18,416,314
2	Provide the estimated percentage of t							
а	Board designated or quasi-endowmer	·		,	••			
ь	Permanent endowment ▶ 1	0.3%	••					
c	Temporarily restricted endowment ▶	8%						
	The percentages on lines 2a, 2b, and		00%.					
За	Are there endowment funds not in the	possession of th	e organization th	at are held	and ad	ministered for the	е	
	organization by:		_				[s	Yes No
	(i) unrelated organizations						3a(i)	7
	(ii) related organizations						3a(ii)	1
ь	If "Yes" on line 3a(ii), are the related or	rganizations listed	as required on So	chedule R?			3b	
4	Describe in Part XIII the intended uses							
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization		on Form 990, I	Part IV, line	e 11a. S	See Form 990,	Part X, li	ne 10.
	Description of property	(a) Cost or oth	ner basis (b) Cost o	or other basis other)	(c) /	Accumulated epreciation	(d) Book	
18	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment			996,462		340,697		655,765
<u> </u>	Other							
Total.	Add lines 1a through 1e. (Column (d) n	oust equal Form 99	0, Part X, column	(B), line 10)c.}	. , ▶		655,765
						Cobo	Aula D. Car	n 9901 2018

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

(2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Part VII	Investments - Other Securities	•	005	. D- 4 N/ 6-	- 445 0 5	000 Pa 4 V Fra 40
(Disclosing name of security)							
(2) Closely-held equity interests		(including name of security)	y	(0)	DOOK VAIUE		
(9) (16) ((1) Financial	derivatives			-		
(6) (7) (8) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	(2) Closely-h	eld equity interests					
(5) (6) (7) (7) (8) (9) (9) (10)	(3) Other		····				
C		***************************************					
(5) (6) (7)		***					
(C) (C)		**		<u> </u>			
(f) (G) (H) (G) (H) (Total, Column (b) must equal Form 990, Part X, cot. (B) line 12) > Part VIII				ļ			
(i) (ii) (iii) (iv) (iv) (iv) (iv) (iv)			*******************************	ļ			
Colai, Column (p) must equal Form 990, Part X, col. (8) line 12) Part X Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (e) Description of investment (b) Book value (c) Method of valuation: Coat or end-of-year market value (f) Part X Coat or end-of-year market value (f) Part X Coat or end-of-year market value (f) Part X							
Total,			·			ļ	
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		American Section 200 Part V and (D) Fac 101 h	****************				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			.			L	
(a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (9) Total, (Column (a) must equal Form 990, Part X, col. (B) line 13) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X (a) (9) (9) (9) (1) Artwork Collection (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (9) (9) (9) (7) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (1) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VIII			m 990	Part IV lin	e 11c See For	m 990 Part Y line 13
(1)			Weled Tes Office				
(2) (3) (9)		tal pescipion of allessinate		, °,	DOOR VEIGE		
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G Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (c) Book value (d) Artwork Collection (e) Book value (e) Book value (e) Book value (f) Artwork Collection (f) Artwork Collection (f) Artwork Collection (f) Artwork Collection (f) Artwork Collection (f) Artwork Collection (f) Artwork Collection (f) G G G G G G G G G G G G G	(7)						
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Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (c) Part Notation (d) Part Notation (e) Part N							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (c) Book value (d) (d) Book value (d) (e) Book value (e) Book v						l	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25. 1. (a) Description of Bability (b) Book value (1) Federal income taxes (2) Interest Rate Swap Liability 34,621 (3) (4) (5) (6) (7) (8)			ol. (B) line 15.)			.	4,428,35
Iine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Interest Rate Swap Liability 34,621 (3) (4) (5) (6) (7) (8)	Part X						
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Interest Rate Swap Liability 34,621 (3) (4) (5) (6) (7) (8)		Complete if the organization ans-	wered "Yes" on For	m 990	, Part IV, lin	e 11e or 11f. Se	ee Form 990, Part X,
(1) Federal income taxes (2) Interest Rate Swap Liability 34,621 (3) (4) (5) (6) (7) (8)			· · ·				
(2) Interest Rate Swap Liability 34,621 (3) (4) (5) (6) (7) (8)			(b) Book value				
(3) (4) (5) (6) (7) (8)							
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(5) (6) (7) (8)	(3)						
(6) (7) (8)							
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m I							
(9) Tatal (Column A) must again from 000 Part V and (Cliffor 25) b		must enter the ANA Book V and All to API to					
Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) > 34,621						'a financial states	anto that rangets the
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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							

Somedu	 de D (Form 990) 2016				9 4
	Reconciliation of Revenue per Audited Financial Statem	ente l	With Revenue per	Return	Page 4
	Complete if the organization answered "Yes" on Form 990,	Part I	Vilina 12a	neturn.	
1	Total revenue, gains, and other support per audited financial statements			1	4,377,139
2	Amounts included on line 1 but not on Form 990. Part VIII. line 12:	•			4,3//,133
-	Net unrealized gains (losses) on investments	2a	1 020 214		
ь	Donated services and use of facilities	2b	1,920,214	1 1	
c	Recoveries of prior year grants	2c		1 1	
ď	Other (Describe in Part XIII.)			1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	• •		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .	· · · · · ·	 	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40 540		
b	Other (Describe in Part XIII.)		43,513	1 1	
_	Add lines 4a and 4b		58,954	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	121		5	2 550 202
Part	XII Reconciliation of Expenses per Audited Financial Statem	nente	With Evnances no		2,559,392
	Complete if the organization answered "Yes" on Form 990,	Port I	/ line 12e	a netur	h
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990. Part IX. line 25:	• •			1,106,762
a	Donated services and use of facilities	2a			
b	Prior year adjustments	$\overline{}$		}	
	Other losses			1 1	
d	Other (Describe in Part XIII.)	$\overline{}$	·		
e	Add lines 2a through 2d			2-	
3	Subtract line 2e from line 1			2e	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .		3	
-	· · · · · · · · · · · · · · · · · · ·	1			
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		43,513		
. b			58,954		
5	Add lines 4a and 4b			4c	
	XIII Supplemental Information.	e 10.)	· · · · · · ·	5	1,209,229
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4. 5	4 8 / Casa 4 b = 4 8 b	D-411 1	and A Dard V Can
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
		-	•		
Part III	, Line 4	••••			
The Ke	entucky Center for the Arts Foundation Inc. owns a diverse array of contempor	ery art	which is on permanen	t display t	hroughout the
Kentuc	ky Center for the Arts and includes works by artists such as John Chamberlai	n, Malc	olm Moriey, Alexande	r Calder, J	ean Dubuffet,
Louise	Nevelson, and John Miro.				
Part V.	Line 4				
The Ke	intucky Center for the Arts Foundation, Inc. uses its endowment funds to make	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 - Interest Expense of \$58,954		,,		

Part XII, Line 4b - Interest Expense of \$58,954

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
	<u> </u>	
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	<del></del>	Schedule D (Form 990) 2016

#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6s.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employ r identification number Kentucky Center for the Arts Foundation Inc. 31-0999046 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants c Phone solicitations g 

Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (V) Amount paid to (or retained by) fundraiser listed in col. (I) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) organization (i) Name and address of individual (iv) Gross receipts from activity (ii) Activity or entity (fundraiser) Yes No ¹ Donald A. Campbell and Company One East Wacker Dr Ste 2100; 80601 31.715 3 6 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	Fundralsing Events. Con than \$15,000 of fundraisi gross receipts greater that	ng event contribution	ration answered "Yes" or ons and gross income on	n Form 990, Part IV, line Form 990-EZ, lines 1 a	e 18, or reported mand 6b. List events
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts				
3					
ا ا	Cash prizes				
	Noncash prizes				
•	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
8	Other direct expenses .	1		1	
ĺ			<b>.</b>		
10		d lines 4 through 9 in	n column (d)		
10 11	Net income summary. Subtra	act line 10 from line 3 e organization ansv	i, column (d)	<b>&gt;</b>	reported more
11	Net income summary. Subtra Garning. Complete if the	act line 10 from line 3 e organization ansv	i, column (d)	<b>&gt;</b>	(d) Total gaming (ad
11	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3 e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99	▶ 90, Part IV, line 19, or	(d) Total gaming (ac
11	Net income summary. Subtraction  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3 e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99	▶ 90, Part IV, line 19, or	(d) Total gaming (ad
11	Net income summary. Subtraction  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3 e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99	▶ 90, Part IV, line 19, or	(d) Total gaming (ad
11	Net income summary. Subtraction  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3 e organization ansv 90-EZ, line 6a.	vered "Yes" on Form 99	▶ 90, Part IV, line 19, or	(d) Total gaming (ad
11 2 2 3	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3 e organization ansv 90-EZ, line 6a. (a) Bingo	(d)	▶ 90, Part IV, line 19, or	reported more  (d) Total gaming (ac col. (a) through col (
11 2 3 3 4	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3 e organization ansv 90-EZ, line 6a. (a) Bingo	vered "Yes" on Form 99	▶ 90, Part IV, line 19, or	(d) Total gaming (ad
11 2 3 4 5	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3 e organization ansv 90-EZ, line 6a.  (a) Bingo	(b) Puli tabe/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . 

Yes 
No

b If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2016			Pa	ge 3
11 12	Does the organization conduct gaming activities with nonmembers?	у _	Yes		No No
13	Indicate the percentage of gaming activity conducted in:	,		_	
a	The organization's facility	_			<u>%</u>
14	An outside facility				<u>%</u>
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gamine revenue?	3	Yes		No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes		No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year > \$				
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info See instructions			nd	
				••••	
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		•••••	•••		
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Schedule G (Form 990 or 990-E2) 2018

### SCHEDULE L

#### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 38a or 40b.

Department of the Treasury htemal Revenus Service

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

OMB No 1545-0047

Name o	of the organization							Emple	yer ide	ntificat	ion nu	mber		
Kentu	ckyc Center for the A	rts, Foundation						ŀ		31-	09990	46		
Par								)1(c)(29) organi 5a or 25b, or Fo				V, line	40b.	
1 (a) Name of disqualified person		noman .	(b) Relationship between disqualified person and					(c) Description of transaction				(d) Correcte		
	(a) Name of disquarited	person		organiza	ation			(c) Description	JII OI WA	11Sactio			Yes	No
(1)														
(2)							Г							
(3)														
(4)											-			
(5)			·											
(6)														
3	Enter the amount under section 4958 Enter the amount of	3 <i>.</i>					· •		uring t	he ye	ar > s			
Part	Complete if the organization is	reported an amo	answered "Ye ount on Form	s" on 1 990, Pa	art X, line	e 5, 6, or 2	2	38a or Form 9	1					
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or in the ni2ation?	(e) Origi principal ar		(f) Balance due	(g) In	default?	by b	proved card or nittee?	agree	ritten ment?
				To	From				Yes	No	Yes	No	Yes	No
(1)														<u> </u>
(2)														
(3)									.l				L .	
(4)														
(5)	<u></u>			<u> </u>	1									L
(6)														
(7)					I .									,
(8)						_								
(9)														
(10)														
Total				<del></del>			.▶	\$	$\top$					
Part		sistance Bener ne organization				0, Part IV, I	line 27	7.						
(a)	Name of interested perso		ship between inter and the organization		(c) Amount	of assistance		(b) Type of assistan	сө	(e)	Purpo	ose of a	ssistan	ce
(1)														
(2)														
(3)				T										
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(10)							<b></b>			1				

Schedule L (Form 990 or 990-EZ) 2016

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharran	zatk
1) Bruce Ferguson	Former Board member	\$15,000	Insurance brokerage services	708	1
2)					
3)					
4)					
5)					L
3)					L
7)					L
3)	· · · · · · · · · · · · · · · · · · ·				L
3) D)		<del></del>			┞
art V Supplemental Information	on for responses to questions	<u> </u>			_
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### 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.

20**16** 

Department of the Treasury Internal Revenue Service

➤ 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.

Open to Public Inspection

Name of the organization	Employer identification number
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 c	omplex to provide on-site parking
990, Part VI, Line 11b	
930, Part VI, Line 11b	
Form 990 is prepared by the Director of Accounting and reviewed by the Chief Financial Officer. The f	orm 990 is forwarded to organization's
CPA firm for review. The reviewed draft Form 990 is sent to the Treasurer of the Kentucky Center for t	he Arts Foundation, Inc., for approval
and distributed to board members.	
Form 990, Part VI	
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 shall	be the obligation of the Corporation's
management to publicize this policy on a recurring basis.	
	***************************************
All Directors are required to sign a conflict of interest statement to disclose any conflicts. All docume	nts are reviewed by the Governance
Committee. All disclosures are noted in the minutes of the board meeting.	
Form 990, Part VI, Line 19	••••••••••••••••••
Documents are maintained at 501 West Main Street, Louisville, Kentucky, 40202 and are available upon	ı request.
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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	Schedule O (Form 990 or 990-EZ) (2016)