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For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

2017

Open to Public Inspection

Dep Inter	artment of nal Rever	f the Treasury nue Service	► Go to www.ir	s. <i>gov/Form</i> 990 for instr	uctions a	nd the lates	t information		Inspection
A	For the	2017 cale	ndar year, or tax year beginn	ng July 1	, 20	17, and end	ing Jլ	ine 30	, 20 18
В	Check if	applicable	C Name of organization_Kentuck		undation	Inc.		~	er identification number
	Address	· · ·	Doing business as					1	31-0999046
	Name ch	Ť	Number and street (or P O box i	f mail is not delivered to stree	et address	Room/s	suite	E Telepho	ne number
	Initial ret	•	501 West Main Street					,	502-562-0100
	Final retu	rn/terminated	City or town, state or province, o	ountry, and ZIP or foreign po	stal code				
	Amende	d return	Louisville, Kentucky 40202-2	989				G Gross re	eceipts \$ 11,933,588
	Applicat	ion pending	F Name and address of principal o	fficer			H(a) Is this a	group return for	subordinates? Yes Vo
			Kim Baker, same as above				2 H(b) Are a	l subordinate	s included? Tes No
	Tax-exe	mpt status	✓ 501(c)(3)	c) () ◀ (insert no) 🗆] 4947(a)(1) or 🔲 52/7—	ff"	No," attach a	a list (see instructions)
J	Website	e. ►			l l		H(c) Grou	p exemption	number ►
K	Form of	organization [Corporation Trust Asso	ociation Other ►		L Year of form	ation 1986) M State	of legal domicile KY
P	art I	Summa	ary			_			
	1	-	scribe the organization's m	_				•••	
ce		contribution	ons from individuals, groups	, corporations, and othe	r source	s, public and	d private, to f	inance the	capital, operating,
Governance			amming costs of The Kentuc						
Ver	2		s box ▶□ if the organization			or disposed	I of more tha		its net assets.
ဗိ	3		of voting members of the go				•	3	23
త	4		of independent voting mem				o)	. 4	23
iţie	5		ber of individuals employed		7 (Part V	, line 2a)		. 5	0
Activities &	6		iber of volunteers (estimate		•			6	23
Ă	7a		elated business revenue fro					7a	0
	b	Net unrela	ated business taxable incor	ne from Form 990-T, li	ne 34			7b	0 Current Year
	_			413			Prior \		
e	8		ions and grants (Part VIII, III	1,640,166					
Revenue	9	•	service revenue (Part VIII, III	-		,		100,000	
æ	10		nt income (Part VIII, column					770,740	
	11		enue (Part VIII, column (A),			=		48,486	
	12		nue—add lines 8 through 11					2,559,392	
	13		id similar amounts paid (Pa			•	-	832,954	1,583,022
	14	•	oald to or for members (Par					0	0
ses	15		other compensation, employed			ines 5–10)		00 745	77.074
Expenses	16a		nal fundraising fees (Part IX		•			31,715	77,974
Ä	b		draising expenses (Part IX, o enses (Part IX, column (A),		W L 11	77,974	1	244 560	407.526
	17 18		enses Add lines 13-17 (mu		ひたい	には	ļ	344,560 1,209,229	
	19		less expenses. Subtract line		11 1-(<i>1</i>-3), 111	200	-		
s	 	nevenue	less expenses. Subtract line	- 10 ποιπ μισο π2 · · · · · · · · · · · · · · · · · ·	212	nia lo	Beginning of C	1,350,163 urrent Year	End of Year
Net Assets of Fund Balance	20	Total asse	ets (Part X, line 16)	[E] [III]	2	RS-	-	27,492,140	27,551,924
Asse	21		lities (Part X, line 26)	005	·		<u> </u>	4,917,377	4,596,890
Fee	22		s or fund balances Subtrac	t line 21 from line 20)EN.	UL		22,574,763	
	art II		ure Block				<u>. </u>	,07 1,700,	
_			y, I declare that I have examined the	nis return, including accompa	nying sche	edules and stat	tements, and to	the best of r	my knowledge and belief, it is
			ete Declaration of preparer (other the						
		X	Im Bake						
Sig	jn	Signa	ture of officer	11			C	ate	. 0
He	re	I K	im Baker	Vice Chair	Wom	ian		5-1	5-/7
		Туре	or print name and title						
Pa	id	Print/Typ	e preparer's name	Preparer's signature		1	Date	Check	ıf PTIN
	epare	r						self-emp	
	e Onl	1	ame ►				Fir	m's ElN ▶	·
		Firm's ac					Ph	one no	
Ма	y the IF	RS discuss	this return with the prepare	er shown above? (see	nstruction	ons)			🗌 Yes 🗌 No
For	Panery	vork Reduc	tion Act Notice, see the sepa	arate instructions.		Cat	No. 11282Y		Form 990 (2017)

Cat No 11282Y



Form 99	0 (2017)			Page 2
Part		ce Accomplishments a response or note to any line in	this Part III	
1	Briefly describe the organization's m		Triis Part III	<u> </u>
•	,		s, groups, corporations, and other source	205
			s of The Kentucky Center for the Arts C	
_5	Did the organization undertake any prior Form 990 or 990-EZ?	ignificant program services during	the year which were not listed on th	
	If "Yes," describe these new services			
3		ting, or make significant change	es in how it conducts, any prograr	m □ Yes ☑ No
	If "Yes," describe these changes on	Schedule O		
4		(c)(4) organizations are required to	th of its three largest program service o report the amount of grants and all ted.	
4a	(Code) (Expenses \$	1,445,866 including grants of \$	1,427,116) (Revenue \$	588)
			oximately 400,000 individuals in attenda	
				••••
4b	(Code) (Expenses \$	155,906 including grants of \$	155,906) (Revenue \$)
			nts applied for the 256 openings in the	
			•••••	
			***************************************	•••••
4c	(Code:) (Expenses \$	136.019 including grants of \$) (Revenue \$	247.842)
			operation of the parking complex to pr	
	parking for visitors.			·····
				
	•			
				-
	Other program services (Describe in (Expenses \$ 90,256 includin		venue \$ 78,436)	
4e	Total program service expenses ▶	1,828,047	/0,430/	

CABODGIL

Part l	V Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	ļ
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	1	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		√
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		 ✓
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? <i>If</i> "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	✓_	✓
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	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		1
	The state of the s		~ QQ1	1,004

Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No 🗸
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		V
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	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	·	✓
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	_	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		/
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		\
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓_
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		•	. 🗆
		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a c	<u>)</u>		Ì
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	<u>)</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		,
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts]	•	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ. <u></u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		-
9	Sponsoring organizations maintaining donor advised funds.	<u>-</u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		- v
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a		┨		
b		┨		
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
D	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
а	Note. See the instructions for additional information the organization must report on Schedule O	100	 	ļ
b	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ť
	in 100, mad it med a form 120 to report mode payments: in 110, provide an explanation in concease of			

	90 (2017)			Page C
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
Sect	Check if Schedule O contains a response or note to any line in this Part VI	•	<u> </u>	<u>. </u>
0000	on A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 23	,		
	If there are material differences in voting rights among members of the governing body, or	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 23	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Ī		
	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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6		✓
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?]		
	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		/
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
•	the year by the following			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	✓	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	▼	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	· ·	
Ū	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	√	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 11		""
а	The organization's CEO, Executive Director, or top management official	15a		/
b	Other officers or key employees of the organization	15b		1
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	100		
h	• • •	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
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 int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction.	cords	•	
	Dawn Driskell, 501 West Main Street, Louisville, KY, 40202, (502), 566-5185			

D	. ,
Faue	•

Form	990	(201	71

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos neck is pe d a d	tion more rson irect	e than o	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		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) Phil Lynch	0 83									
Board Chairman		✓		✓				0	0	0
(2) Kımberly Baker	0 83									
Vice Chair		✓		✓				0	0	0
(3) Phillip Allen	0.48									
Board Member		✓						0	0	0
(4) Phil Eschels	0 17									
Board Member		✓						0	0	0
(5) Maggie Faurest	0.10									
Board Member		✓	<u> </u>					.0	0	0
(6) Bruce Flannery	0.10									
Board Member		✓						0	0	0
(7) J Tim Galbraith	0.67						1			
Board Member		✓						0	0	0
(8) Ankur Gopal	0.10									
Board Member		✓						0	0	0
(9) R. K Guillaume	0 56									
Board Member		✓	١.					0	_ 0	0
(10) Benton Keith	0.17									
Board Member		✓						0	0	0
(11) Jeff Kosse	0 40									-
Treasurer	<u> </u>	1		✓				o	o	0
(12) Barry Meyers	0 33									
Board Member	1	1						l 0	0	0
(13) Charlie Moyer	0 21									
Board Member	†	1		l				o	o	o
(14) Douglas Owen	0.37							1		
Secretary	1	1		1				0	o	o
			_							

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (cor	ıtınue	d)		
	,				•	C)								
	(B)	(40.0	ot ch		ition	e than o	nne.	(D)	(E)		((F)		
	Average					ıs both		Reportable	Reportable			mated		
		hours per week (list any	office	er and		irect	or/trus	· · · ,	compensation	compensation fro related	'n		ount of ther	
		hours for	요절	Ins	Officer	ĕ	en H	ᅙ	the	organizations			ensatio	n
		related	l red	titut	Cer	en en	ploy	Former	organization	(W-2/1099-MISC	2)		n the	
		organizations below dotted	. ~ ~	iona		Key employee	ee co	i i	(W-2/1099-MISC)				nzation related	
		line)	rust	ıl tru		yee	npe						ızatıons	
			8	Institutional trustee			Highest compensated employee							
				U		L	<u>e</u>	<u> </u>						
(15)	Melissa Richards-Person	0.10												
Board	Member		✓					_	0		0			0
(16)	Carolyn Tandy	0.17												
	Member		✓		<u>L</u>	<u></u>			0		0			0
(17)	Ronda Watson	0.10												
Board	Member		✓			ļ			0		0			0
(18) ı	ısa Zangari	0.17			ŀ				İ					
	Member		✓		ļ			<u> </u>	0		0			0
(19) ı	Kent Lanum	0.21												
Board	Member		✓		ļ			ļ	0		0			0
(20)	Vendy Anzalone	0.10	,											
	Member		✓					<u> </u>	0		0			0
	lim Lacy	0	,											_
	Member		✓						0		0			0
	(aren Williams-Goetz	0.10	1											0
	Member	0	-						0		0			U
	ric Slavinsky Member	ļ	1						0		0			0
(24)			Ť	-					· - ·		1			
3 7. 7/														
(25)														
J								İ						
1b	Sub-total								0		0			0
С	Total from continuation sheets to Part	VII, Sectio	n A					>	0		0			0
d	Total (add lines 1b and 1c)							<u> </u>	0		0			0
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,	000 d	of		
	reportable compensation from the organi	zation 🕨							0					
_													Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3							emp	ployee, or nigh	est compensa	nea	_		
	• •											3		✓
4	For any individual listed on line 1a, is the organization and related organizations	Sum of rep	portal	ule (COIT	nper	15aliu f "Vo	พ a	ind other comp	ensalion from	ine			, , ,
	individual	greater th	מוו סו	150,	UUU	!! !!	16	5,	complete Sch	edule J IOI S	ucn			
_	Did any person listed on line 1a receive of		moo	ncat	·	· ·	· m anv		rolated organia	ration or individ	dual	4		~
5	for services rendered to the organization											5		_
Section	on B. Independent Contractors		- σρ.			-			, po. co					•
1	Complete this table for your five highest	compensate	ed inc	dene	-nd	ent	contr	acto	ors that receive	ed more than \$	100 (000 of		
•	compensation from the organization. Rep													ax
	year.								,	., ., ., ., ., ., ., ., ., ., ., ., ., .	3		•	
	(A)		•				-		(B)	1		(C)		
	Name and business add	ress							Description of s	ervices	C	ompens	ation	
								<u> </u>						
	Tatal number of independent posturate				o+ '				one listed at					
2	Total number of independent contractor received more than \$100,000 of compens							, (11	iose listed abi	JV O) WIIO				

Par	VIII								_
F	•	Check if Schedule C	contains	a res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	3	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b				-	
S, C	С	Fundraising events	•	1c					
Giff	d	Related organizations		1d					
ns, Simi	е	Government grants (con		1e					
ntio	f	All other contributions, g							
를 함		and similar amounts not inc		1f	861,727				1
ont br	g	Noncash contributions includ		·11 \$,,		
	h	I otal. Add lines 1a-1	Τ .		Business Code	861,727		· · · · · · · · · · · · · · · · · · ·	, , ,
Program Service Revenue	20	Parking Carago Mainto	nanco		Busiliess Code	400.000	100.000		
Seve	2a b	Parking Garage Mainte Brown Theatre Rent ar		nco		100,000	100,000		
e	C					78,436	78,436		
ervi	d				-				
E S	e								
gra	f	All other program sen							
4	g	Total. Add lines 2a-2	f		. ▶	178,436		,	
	3	Investment income		divid					
		and other similar amo	•		•	768,403	148,430		619,973
	4	Income from investment	t of tax-exer	npt bo	ond proceeds >				
	5	Royalties .	(\) Deal	•	(ii) Personal				
	C-	0	(ı) Real		(ii) Personai				
	6a	Gross rents .							
	b b	Less rental expenses Rental income or (loss)				-			
	d	Net rental income or (loss)						
	7a	Gross amount from sales of	(i) Securiti	es	(II) Other				
		assets other than inventory	10,12	5,022					
	b	Less: cost or other basis							
		and sales expenses .	9,33	1,734					
	С	Gain or (loss) .	79	3,288					
	d	Net gain or (loss)	•		▶	793,288			793,288
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	Ū						
동	b	Less direct expenses		b					
		Net income or (loss) fi			events >				
i	9a	Gross income from ga							
		See Part IV, line 19 .		-					j
	С	Less: direct expenses Net income or (loss) fr	rom gamıng		vities . ►				
	10a	Gross sales of in- returns and allowance		ess a					
ŀ	b	Less: cost of goods se	old	ь					
	C	Net income or (loss) fr		finve	entory >				
		Miscellaneous Re	evenue		Business Code				
	11a								
	b	•						-	
İ	C	All other revenue					-		
	d	All other revenue Total. Add lines 11a-	 11d	Į	•				
	е 12	Total revenue. See in			· · · L	2 604 054	326,866		1,413,261
		312 370.140. 000 111		•		2,601,854	3∠0,800	: :	Form 990 (2017)

Part IX Statement of Functional Expenses

Sectio	nn.501(c)(3) and 501(c)(4) organizations must com	iplete all columns. Ai	ll other organization	s must complete co	lumn (A)
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,583,022	1,583,022		
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 Compensation of current officers, directors, trustees, and key employees				· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages 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).				
a	Management				
b	Legal	1,936		1,936	
c d	Accounting	23,285 18,750	18,750	23,285	
e	Professional fundraising services. See Part IV, line 17	77,974	16,730		77,974
f	Investment management fees	104,657		104,657	77,014
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .			,	
12	Advertising and promotion [
13	Office expenses	3,529		3,529	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,197		4,197	
20	Interest	81,752	81,752		
21	Payments to affiliates	<u>.</u>			
22	Depreciation, depletion, and amortization	156,470	53,827	102,643	
23	Insurance	19,928	16,851	3,077	
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.)				
a	Artwork - conservation, appraisal, installation	31,640	31,640		
b	Parking Garage Repairs & Maintenance Extended Warranty	42,205 7,998	42,205	7,998	
ď		066,1		7,396	
e	All other expenses Miscellaneous	1,179		1,179	
25	Total functional expenses. Add lines 1 through 24e	2,158,522	1,828,047	252,501	77,974
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year Cash - non-interest-bearing 1,670,010 154,857 2 2 Savings and temporary cash investments 194,293 230,657 3 3 Pledges and grants receivable, net . 4 Accounts receivable, net 193,209 4 Loans and other receivables from current and former officers, directors, 5 ", " trustees, key employees and highest compensated employees Complete Part II of Schedule L . 5 Loans and other receivables from other disqualified persons (as defined under section 100 W. 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and . /A sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 2,298,057 2,152,292 Inventories for sale or use . 8 8 9 9 Prepaid expenses and deferred charges 17,789 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schodule D 10a 4,224,127 10b 655,765 10c Less. accumulated depreciation . . 3,726,960 (497, 167)11 Investments—publicly traded securities 18,015,997 11 16,645,652 Investments-other securities See Part IV, line 11 12 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 . . . 4,443,459 4.430.508 27,492,140 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 27,551,924 17 Accounts payable and accrued expenses . 46,627 17 25,099 Grants payable 1,024,484 18 2,645,565 19 Deferred revenue . 19 179,538 25,000 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 2,165,564 3,346,695 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 21,074 25 34,621 26 Total liabilities. Add lines 17 through 25 26 4,917,377 4,596,890 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 18,45<u>3,08</u>7 27 18,714,600 1,802,81₇ 28 28 Temporarily restricted net assets 1,921,575 29 Permanently restricted net assets. 29 2,318,859 2,318,859 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances . 33 22,574,763 22,955,034 Total liabilities and net assets/fund balances . 27,551,924 27,492,140 Form 990 (2017)

Page	1	2

	30 (2011)				-9—
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,60	01,8 <u>54</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,15	58,522
3	Revenue less expenses. Subtract line 2 from line 1	3		44	43,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,57	74,763
5	Net unrealized gains (losses) on investments	5		(6	3,061)
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		22,9	55,034
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	ın		
	Schedule O.			.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or		
	reviewed on a separate basis, consolidated basis, or both		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			┧	├ ——
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.			,	
				 ^	ļ
	If the organization changed either its oversight process or selection process during the tax year, ex	piain i	ın		
_	Schedule O	forth :			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorui i			,
	· · · · · · · · · · · · · · · · · · ·		. 3a	-	├
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		^{іе} 3b		
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such a	uuits.		m 990	L (0047)
			For	m ラブU	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Kent	ucky Center for the Arts Foundation						<u> 1999046</u>
Pa							ons.
The	organization is not a private found	ation because it	is. (For lines 1 throug	h 12, che	ck only o	ne box.)	. —
1	A church, convention of church						
2	A school described in section	n 170(b)(1)(A)(ii).	. (Attach Schedule E (i	Form 990	or 990-E	Z).)	
3	A hospital or a cooperative ho	ospital service or	ganization described	ın sectio	n 170(b)((1)(A)(iii).	
4	A medical research organizati hospital's name, city, and state	•	conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Corr		a college or university	owned	or operat	ed by a governmer	ntal unit described in
6	A federal, state, or local gover	rnment or gover	nmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	An organization that normally described in section 170(b)(1			port from	n a gove	rnmental unit or fro	m the general publi
8	☐ A community trust described			Part II.)			
9	An agricultural research organ or university or a non-land-gra university.	ant college of ag	riculture (see instructi	ons). Ent	er the nai	me, city, and state o	of the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	d to its exempt fu it income and ur	unctions—subject to d related business taxa	ertain ex ible incor	ceptions, ne (less s	and (2) no more the ection 511 tax) from	an 331/3% of its
11	☐ An organization organized and						
12	An organization organized and	operated exclu	sively for the benefit of	of, to perf	orm the f	unctions of, or to ca	arry out the purposes
	of one or more publicly supp	orted organization	ons described in sect	ion 509(a)(1) or s	ection 509(a)(2). Se	ee section 509(a)(3)
	Check the box in lines 12a thro	ough 12d that de	scribes the type of su	pporting	organızatı	on and complete lin	es 12e, 12f, and 12g
а	Type I. A supporting organization supporting organization Y	n(s) the power to	regularly appoint or e	elect a m	ajority of		
b	Type II. A supporting orga control or management of organization(s) You must	the supporting of	organization vested in	the same		•	
С	☐ Type III functionally integ	rated. A suppor	rting organization ope	rated in d			ally integrated with,
d	its supported organization Type III non-functionally		•			- · · · · · · · · · · · · · · · · · · ·	orted organization(s
ŭ	that is not functionally inte- requirement (see instruction	grated The orga	anization generally mu	st satisfy	a distribi	ution requirement ai	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported		monany micgrated 30	pporting	organizat	1011	
g	5 1 11 6 11	•	oorted organization(s)		•		· · L
	(i) Name of supported organization			(iv) is the	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							-
Total							
						i	i

		·					
Par							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")	29,010	323,429	0	1,640,166	861,727	2,854,332
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3.	29,010	323,429	0	1,640,166	861,727	2,854,332
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)						O
6_	Public support. Subtract line 5 from line 4						2,854,332
	ion B. Total Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	29,010	323,429	0	1,640,166	861,727	2,854,332
8	Gross income from interest, dividends,					i	
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	708,072	811,894	817,008	919,226	1,740,127	4,996,327
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	980	146	280	0	0	1,406
10	Other income. Do not include gain or		1				
	loss from the sale of capital assets		İ				
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10	(1		-		7,852,065
12	Gross receipts from related activities, etc				L	12	
13	First five years. If the Form 990 is for the organization, check this box and stop her				-		
Coati					• • •	• • • •	. , ▶ □
	on C. Computation of Public Support					44	
14	Public support percentage for 2017 (line 6					14	36.35 %
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organiz					15	36 47 %
iva	box and stop here. The organization quality					73% or more, t	
b	331/3% support test—2016. If the organiz	· ·	•	•		c 221:00% or mo	. ► 🗸
	this box and stop here. The organization of					S 33./3% OF THE	
47-		•	• • •	•			· · • 🕨 📙
17a	10%-facts-and-circumstances test – 20	17. If the organ	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization med	ets the lacts-a	and-circumsta metances" tec	nces test, che	eck this box al	na stop nere.	Explain in
	Part VI how the organization meets the "forganization	acto-and-circu	mstances (es	a. The organiz	auon quamies	as a publicity s	
	•			•			▶ 📙
b	10%-facts-and-circumstances test – 20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				rie organizatio	n qualifies as	a publicly
10	supported organization					Albana Ir.	· · • 📙
18	Private foundation. If the organization did	гног спеска в	ox on line 13.	10a. 10D. 1/a.	or 17D, Check	THIS DOX AND S	ee

Schedule A (Form 990 or 990-EZ) 2017

Par		Support Schedule for Organiz						
	·_ (Complete only if you checked t	the box on lir	ne 10 of Part	or if the orga	anization faile	d to qualify ur	nder Part II.
		f the organization fails to qualif	y under the t	ests listed be	low, please c	omplete Part	II.)	
		Public Support						7
Cale		ar (or fiscal year beginning in) ▶		(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1		ants, contributions, and membership fees						
_		d. (Do not include any "unusual grants.")				<u> </u>		
2	Gross r	eceipts from admissions, merchandise r services performed, or facilities		1	ľ	1		
	furnishe	ed in any activity that is related to the	İ		1			
		ation's tax-exempt purpose				<u> </u>		
3		eceipts from activities that are not an			1		/	ı
	unrelate	ed trade or business under section 513					/	
4	Tax	revenues levied for the	1		i	/		
		zation's benefit and either paid to				/		
_		ended on its behalf						
5		value of services or facilities		1		/		
		ed by a governmental unit to the						
_	-	zation without charge				 		
6		Add lines 1 through 5				 /		
/a		its included on lines 1, 2, and 3 and from disqualified persons		İ		./		
		•	<u></u>		 /			
b		ts included on lines 2 and 3						
		d from other than disqualified that exceed the greater of \$5,000				,		
		of the amount on line 13 for the year	ľ	}				
_		es 7a and 7b	-	 	 			
8		support. (Subtract line 7c from		<u> </u>	/			
•	line 6.)		· ,	,		. , , ,		
Secti		otal Support	<u> </u>	<u> </u>	/	<u> </u>		 -
		r (or fiscal year beginning in)	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		ts from line 6			(3) = 3.13	(1, 10, 10	(0) = 0	(,, , , , , , , , , , , , , , , , , , ,
10a	Gross	income from interest, dividends,		/		1		
	paymen	ts received on securities loans, rents,		/		İ		
	royalties	, and income from similar sources					Ì	
b	Unrelat	ed business taxable income (less						
		511 taxes) from businesses		/				
	acquire	d after June 30, 1975				1		
С	Add lin	es 10a and 10b		/				
11		come from unrelated business	/					
		s not included in line 10b, whether						
		ne business is regularly carried on			_			
12		ncome Do not include gain or						
		om the sale of capital assets			İ			
46		n in Part VI)						
13		support. (Add lines 9, 10c, 11,					1	
)						
14	FIRST TIV	ve years. If the Form 990 is for the	//			, or fifth tax ye	ar as a section	
Sa a di		ation, check this box and stop he		· · <u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>		· · · · ·	<u> </u>
		omputation of Public Suppor			0 1 (0)	-	1.51	
15 16		support percentage for 2017 (line 8			3, column (f))		15	%
16 Section		support percentage from 2016 Schomputation of Investment Inc			_ · _ · · 	• • •	16	%
17					ulina 10. aaliira	(f)	47	
18		ent income percentage for 2017 (l ent income percentage from 2016					17	%
าช 19a		ent income percentage from 2016 support tests—2017. If the organi					18	<u>%</u>
ıJd	17 is no	t more than 331/3%, check this box	and ston bero	The organization	on me 14, an	iu iirie 15 IS MC	rted organizatio	
b		support tests—2016. If the organiz						
U	line 18 is	s not more than 331/3%, check this t	oox and ston h	ere. The organi	ration qualifies	as a nublick en	nnorted organis	
20		foundation. If the organization dis						
	· rivate	iounuation, interpretation di	J HOL CHECK A I	oox on line 14,	ija, ur iyu, c	HECK LIHS DOX 2	ına see instruc	tions 🕨 🗌

Part IV Supporting Organizations

(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.)

Sect	ion 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).			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	2 3a		
b		3b		
С		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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40		
	purposes	4c		
5а	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			
h	was accomplished (such as by amendment to the organizing document).	<u>5a</u>		
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.	6		
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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	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 		
С	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

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ł	
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? 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.	11b	-	
	ion B. Type I Supporting Organizations	1110	l	Щ.
	Trypo r oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	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			Ì
	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.	-	ļ	
2	Did the organization energie for the handit of any supported organization other than the supported	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.	2		ļ
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	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	· · · · · · · · · · · · · · · · · · ·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ļ ———
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.			
Conti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions	i).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b C	☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	200 122	tri inti	lanel
_		_		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ŀ	
	reasons for the organization's position that its supported organization(s) would have engaged in these			j
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a_		1
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		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	<u>gan</u>	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting orga			
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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7	-	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	* , *	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continuea)	
Sect	îon D - Distributions	·		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount		: :	
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u> _	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j and 4c			
8	Breakdown of line 7:		,	,
_ a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017]

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)
	Δ
•••••	
·····	
•	
	·

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017 Open to Public

Department of the Treasury Internal Revenue Service

Inspection 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, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

I any (see separate mstructions),	uien			
• s	ection 501(c)(4), (5), or (6) org	anizations Complete Part III			
Name	of organization			Employer ide	ntification number
Kentu	cky Center for the Arts Fou				31-0999046
Part	I-A Complete if the	e organization is exempt und	ler section 501(c) or is a section 527	organization.
1	Provide a description of	of the organization's direct and in	ndirect political ca	ampaign activities in Par	t IV. (see instructions for
	definition of "political ca	mpaign activities")			
2	Political campaign activi	ty expenditures (see instructions)			\$
3	Volunteer hours for polit	ical campaign activities (see instru	ctions)		
Part	I-B Complete if th	e organization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶	\$
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955	\$
3	If the organization incurr	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	. Yes No
4a	Was a correction made?				. 🗌 Yes 🔲 No
b	If "Yes," describe in Part	: IV			
Part	I-C Complete if th	e organization is exempt und	er section 501(c), except section 501	I(c)(3).
1	Enter the amount direct	tly expended by the filing organiz	zation for section	527 exempt function	-
	activities			▶ \$	S
2	Enter the amount of the	filing organization's funds contrib	outed to other org	janizations for section	
	527 exempt function act	ivities		▶ \$	S
3	Total exempt function	expenditures Add lines 1 and 2	Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	S
4	Did the filing organization	n file Form 1120-POL for this year	?		. Yes No
5	Enter the names, addres	ses and employer identification nui	mber (EIN) of all se	ection 527 political organ	izations to which the filing
	organization made paym	ents. For each organization listed,	enter the amount	paid from the filing organ	ization's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	I fund or a political action committe	e (PAC). If addition	nal space is needed, provi	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
_					If none, enter -0-
(1)			-		
('')					
(2)					
_/					
(3)					
(0)		_			
(4)					
(*)	<u> </u>				
(5)					
(5)			ı		
(6)					

Schedule	C (Form	990 or	990-F7	ላ 2017

Pa	rt II-A Complete if the organizati section 501(h)).	on is exempt	under section 5	601(c)(3) and file	ed Form 5768 (ele	ection under		
A	Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)							
В	Check ► ☐ if the filing organization chec	ked box A and	"limited control" p	rovisions apply				
		bying Expendi			(a) Filing	(b) Affiliated		
	(The term "expenditures" r			l.)	organization's totals	group totals		
	a Total lobbying expenditures to influence	e public opinior	(grass roots lobb	vina)				
	b Total lobbying expenditures to influence	•						
	c Total lobbying expenditures (add lines	_				 		
	d Other exempt purpose expenditures							
	e Total exempt purpose expenditures (ac	d lines 1c and	 1d)	•				
	f Lobbying nontaxable amount Enter		•	a table in both				
	columns	the amount	MOM THE TOHOWIN	g table in both				
		The lebbers		<u></u>	-			
	If the amount on line 1e, column (a) or (b) I		nontaxable amour	it is:				
	Not over \$500,000		mount on line 1e			•		
	Over \$500,000 but not over \$1,000,000		s 15% of the excess					
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess		No. 1 1	x 4		
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of	over \$1,500,000				
	Over \$17,000,000	\$1,000,000			<u> </u>			
	Grassroots nontaxable amount (enter 2	•						
	Subtract line 1g from line 1a If zero or line		•					
	Subtract line 1f from line 1c If zero or le							
	If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, did	d the organization	n file Form 4720	Yes No		
	***************************************		Period Under sed	tion 501/h)				
	(Some organizations that made a se	ction 501(h) el		e to complete al	l of the five columr	s below.		
				·····				
	Lobbyin	g Expenditures	During 4-Year A	veraging Period				
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2:	Lobbying nontaxable amount							
ı	Lobbying ceiling amount (150% of line 2a, column (e))	·			1			
•	: Total lobbying expenditures							
(Grassroots nontaxable amount							
•	Grassroots ceiling amount . (150% of line 2d, column (e))	-						
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2017

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	iled I	Form	5768	j	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	intern of the labeling activity.	Yes	No	A	mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or	•				
_	referendum, through the use of					
a b	Volunteers?		√			
c	Media advertisements?	\rightarrow	*			
d	Mailings to members, legislators, or the public?		*			
e	Publications, or published or broadcast statements?		*			
f	Grants to other organizations for lobbying purposes?		7			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		1			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓			
i	Other activities?	1				18,75
j	Total Add lines 1c through 1i					18,75
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .		✓			
b	If "Yes," enter the amount of any tax incurred under section 4912		Ļ			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d Part	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).			4		
rart	501(c)(6).	5), 0	r sec	tion		
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the p			3		↓
Part	II-B 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," OR answered "Yes."	5), o (b) I	r sec Part I	tion III-A,	line	3, is
1	Dues, assessments and similar amounts from members	L	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 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		-			
	and political expenditure next year?	" -	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part			<u></u>			
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 group instructions); and Part II-B, line 1. Also, complete this part for any additional information by Line 1i	list);	Part	II-A, lır	nes 1	and
	lated organization is paid a monthly stipend to monitor and inform of legislation/budget issues affecting T					

Schedule C (For	orm 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
	•	
	•	
	,	
	· · · · · · · · · · · · · · · · · · ·	
	•	
	•••••••••••••••••••••••••••••••••••••••	•••••
	•••••••••••••••••••••••••••••••••••••••	
	•••	
		••••
		•
		··

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Hamo	or the organization		Employer identification flumber
Kentu	cky Center for the Arts Foundation Inc.		31-0999046
Pa	Organizations Maintaining Donor Ad		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6) .
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	held in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	•	
	only for charitable purposes and not for the bene		
			· · · · · · · · · Yes · No
Pai	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		<u>.</u>
•	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Freservation o	or a certified historic structure
2	Complete lines 2a through 2d if the organization he	ald a qualified conservation contribution	on in the form of a conceniation
_	easement on the last day of the tax year	eld a quaimed conservation contribution	Held at the End of the Tax Year
_	-		<u> </u>
a			. 2a
b	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in historic structure listed in the National Register .		4 1
2			· [2d]
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or terr	minated by the organization during the
4		niction conservat is located	
4 5	Number of states where property subject to conse	*	anation bandling of
J	Does the organization have a written policy requipolations, and enforcement of the conservation ea		·
e			_ 103 _ 110
6	Staff and volunteer hours devoted to monitoring, inspect	ling, nandling of violations, and enforcing	conservation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspectin \$ \begin{align*} \	g, handling of violations, and enforcing	conservation easements during the year
_		0/4) -1	(t 170/1 \/ (1/D)/)
8	Does each conservation easement reported on line		
_			
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		nancial statements that describes the
	organization's accounting for conservation easeme		
Part		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the fo	potnote to its financial statements that	t describes these items
b	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relating	ng to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art,		
	following amounts required to be reported under Si		• • •
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	
	Assets included in Form 990. Part X		• •

Pa	Organizations Maintaining					
3	'Using the organization's acquisition, collection items (check all that apply)		her records, che	ck any of the foll	owing that are a s	ignificant use of it
а	✓ Public exhibition		d 🗌 Loar	or exchange pro	girams	
b	Scholarly research		e 🗌 Othe	er		
С						
4	Provide a description of the organiza XIII.	tion's collections a	and explain how	they further the o	rganızatıon's exen	npt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta				
Pa	t IV Escrow and Custodial Arra	•				
	Complete if the organization 990, Part X, line 21.				•	
1a	included on Form 990, Part X? .					ot 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following t	able	Ar	mount
С	3 3	•		_	С	
d	Additions during the year .			1	d	
е	9 ,			<u> </u>	e	
f	Ending balance			L.	lf [
2a	Did the organization include an amoun				•	
	If "Yes," explain the arrangement in P	art XIII Check here	if the explanatio	n has been provid	ded on Part XIII	<u>, , , </u>
Pal	Endowment Funds. Complete if the organization	anawarad "Vaa"	on Form 000 I	Dowl IV June 10		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				1	
b	Contributions	22,574,763 1,040,163	19,304,386	<u> </u>		1
c	Net investment earnings, gains, and	1,040,163	1,788,652	100,280	423,575	129,910
_	losses	1,498,630	2,690,954	(88,068		3,121,618
d	Grants or scholarships .	1,583,022	832,954			
e	Other expenditures for facilities and	1,303,022	032,334	809,40	001,324	703,283
	programs	323,029	150,030	136,52	175,823	264,585
f	Administrative expenses	252,471	226,245			1
g	End of year balance		22,574,763			
2	Provide the estimated percentage of t					
а	Board designated or quasi-endowmer	•		. , ,,		
b	Permanent endowment ▶	10%	•			
С	Temporarily restricted endowment ▶	8%				
	The percentages on lines 2a, 2b, and	2c should equal 10	0%			
3a	Are there endowment funds not in the	possession of the	e organization tha	at are held and a	dministered for the	•
	organization by					Yes No
	(i) unrelated organizations				•	3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related or					3b
4	Describe in Part XIII the intended uses		n's endowment fu	ınds.		
Par	, , ,					
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 11a.	See Form 990, I	Part X, line 10
	Description of property	(a) Cost or othe (investment)	1 ' '		Accumulated lepreciation	(d) Book value
1a	Land			860,000		860,000
b	Buildings			2,363,227	28,747	2,334,478
С	Leasehold improvements					
d	Equipment			1,000,900	468,418	532,482
е	Other					
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 990	Part X column	(B) line 10c)		2 726 960

Part VII	Investments - Other Securities		_	00 0			00.5.4344
	Complete if the organization ai						
	(a) Description of security or categ (including name of security)	jory		(b) Book value		• •	d of valuation -year market value
• -	I derivatives		<u> </u>				
	held equity interests		-		-		_
(3) Other (A)					<u> </u>		
(B)					+		
(C)					 		
(D)			-			_	
(E) .			-	 -			
(F)			•		<u> </u>		
(G)							
(H)		••					
	b) must equal Form 990, Part X, col (B) line 12)					通过多类	
Part VIII	Investments - Program Relat			00 David N. I		00	00 Dank V I 40
	Complete if the organization ar	iswered "Yes" on Fo					
	(a) Description of investment		"	b) Book value			d of valuation year market value
(1)			+		1		
(2)			+				
(3)			1				
(4)					İ		
(5)							
(6)			1				
(7)			<u> </u>				
(8)			+				
(9)	o) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>			10年の開発された後の 10年の開発された日本の 10年の開発を対象を表現である。 10年の開発を対象を表現である。	N ANGERT	
Part IX	Other Assets.				398000000000000000000000000000000000000	中心で担める	The second of the second secon
	Complete if the organization an	swered "Yes" on Fo	rm 99	0, Part IV, lin	e 11d. See F	orm 99	90. Part X. line 15.
		(a) Description		· · · · · · · · · · · · · · · · · · ·		-	(b) Book value
(1) Artwork	Collection	-					4,428,35
(2)							
(3)							
(4)							
(5)	1						
(6)	:			-			
<u>(7)</u> (8)			-				-
(9)			•				•
	nn (b) must equal Form 990, Part X,	col. (B) line 15) .				•	4,428,350
Part X	Other Liabilities.						.,,
	Complete if the organization and	swered "Yes" on Fo	rm 99	0, Part IV, lin	e 11e or 11f.	See Fe	orm 990, Part X,
	line 25			•			
1	(a) Description of liability	(b) Book value		THE REAL PROPERTY.			
(1) Federal in	come taxes						
	tate Swap Liability	ļ	21,074				
(3)							
(4)		-		100			
(5)				25/20/34	A INC.		TAKE THE ALL
(6)					100		A STATE OF THE STATE OF
(8)		-		W. T. A. L.	16		
(9)		 			用的证据		
	must equal Form 990, Part X, col (B) line 25)	 	21.074	*****			
	uncertain tax positions. In Part XIII, pro-			the organization	's financial sta	tements	that reports the
	liability for uncertain tax positions unde						

Par	tΧI	Complete if the organization answered "Yes" on Form 990,		•	Return.	
1	Total	revenue, gains, and other support per audited financial statements			11	2,402,56
2		unts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net u	nrealized gains (losses) on investments	2a	(63,061		
b		ted services and use of facilities	2b			
С	Recov	veries of prior year grants	2c			
d		(Describe in Part XIII)	2d			
е	Add I	nes 2a through 2d	•	· · ·	2e	(63,061
3	Subtr	act line 2e from line 1			3	2,465,630
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1.				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	54,47	1	
b	Other	(Describe in Part XIII)	4b	81,75	1	
C	Add li	nes 4a and 4b			4c	136,223
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	2,601,853
Part	t XII	Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses p	er Retur	n.
		Complete if the organization answered "Yes" on Form 990, I	Part l'	V, line 12a.		
1	Total	expenses and losses per audited financial statements .			1	2,022,298
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25.				
а	Donat	ted services and use of facilities	2a			
b	Prior y	year adjustments	2b			
С	Other	losses	2c		. 7 6	
d	Other	(Describe in Part XIII)	2d	<u> </u>		
е	Add In	nes 2a through 2d		,	2e	
3	Subtra	act line 2e from line 1			3	2,022,298
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	54,471		
b	Other	(Describe in Part XIII.)	4b	81,752		
С	Add III	nes 4a and 4b			4c	136,223
5		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)		5	2,158,521
		Supplemental Information.				
		escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and				
2; Par	t XI, line	es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional ir	iformation	1
Part III	l, Line 4			-		
The Ke	entucky	Center for the Arts Foundation Inc. owns a diverse array of contempora	ary art	which is on permaner	nt display	throughout the
Kentuc	cky Cen	ter for the Arts'and includes works by artists such as John Chamberlaii	n, Male	colm Morley, Alexande	r Calder,	lean Dubuffet,
Louise	Nevels	on, and John Miro				
Part V,	Line 4					
	-					
The Ke						
	entucky	Center for the Arts Foundation, Inc. uses its endowment funds to make	grant	s to the Kentucky Cen	ter for the	Arts Corporation
••••	entucky	Center for the Arts Foundation, Inc. uses its endowment funds to make	grant	s to the Kentucky Cen	ter for the	Arts Corporation
			grant	s to the Kentucky Cen	ter for the	Arts Corporation
		Center for the Arts Foundation, Inc. uses its endowment funds to make Corporation's operating, programming and capital costs	grant	s to the Kentucky Cen	ter for the	Arts Corporation
			grant	s to the Kentucky Cen	ter for the	Arts Corporation
			grant	s to the Kentucky Cen	ter for the	Arts Corporation
to supp	port the	Corporation's operating, programming and capital costs	grant	s to the Kentucky Cen	ter for the	Arts Corporation
to supp	port the		grant	s to the Kentucky Cen	ter for the	Arts Corporation
to supp	port the	Corporation's operating, programming and capital costs	grant	s to the Kentucky Cen	ter for the	Arts Corporation
to supj	port the	Corporation's operating, programming and capital costs	grant	s to the Kentucky Cen	ter for the	Arts Corporation
to supp	port the	Corporation's operating, programming and capital costs	grant	s to the Kentucky Cen	ter for the	Arts Corporation

Schedule D (Fo	orm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	<u></u>
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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 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization					Employer identific	ation number
Kentucky Center for the Arts Foundation	Inc.				31-0	999046
Part I Fundraising Activities		e organiz	ation ansv	wered "Yes" on I		
Form 990-EZ filers are i						
1 Indicate whether the organization	on raised funds th	rough an	v of the foll	owing activities. C	heck all that apply	
a Mail solicitations	, aloog lando ti			ion of non-govern		
b Internet and email solicitation	nis			ion of government	•	
c / Phone solicitations		g L	_ Special	fundraising events	3	
d In-person solicitations						
2a Did the organization have a wri						
or key employees listed in Form	ı 990, Part VII) or	entity in c	onnection	with professional f	undraising services?	✓ Yes ☐ No
b If "Yes," list the 10 highest paid	individuals or er	ntities (fun	draisers) pi	ursuant to agreem	ents under which the	
compensated at least \$5,000 by			,,	ŭ		
, , , , , , , , , , , , , , , , , , , ,	,					
				T	() () ()	<u> </u>
(i) Name and address of individual	(.) 0		ndraiser have	(IV) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of butions?	from activity	fundraiser listed in	(or retained by) organization
					col (i)	
		Yes	No]		
¹ Donald A. Campbell and Company			1			
One East Wacker Dr Ste 2100; 60601	Consultant		•	0	\$46,443	C
² Creative Strategies Group, LLC			,			
7010 Broadway Ste 205; 80221	Consultant		✓	0	\$14,409	o
³ K Norman Berry Associates					4	-
815 W Market St., Ste 502; 40202	Renderings		✓		\$10,922	o
	Kenderings		1	 	310,322	<u> </u>
4 Thomas Fawbush Jr.			✓		40.000	_
4600 Deer Meadow Ct ; 40241	Material Design		 	0	\$6,200	0
5						
	ļ					
6				}		
7						
8	1					
9						
				l i		
10						
			l			
	L		1			
Total					477.074	
Total				0	\$77,974	0
	lization is registe	ered or lice	ensed to si	olicit contributions	or has been notined	it is exempt from
registration or licensing						
Kentucky						
••••••••••						
·····						
······································						
•						
•••••••••••••••••••••••••••••••••••••••			••••			
			•			

Р	art II	than \$15,000 of fundraisi	ing event contributions			
		gross receipts greater the	an \$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
'nue		0				
Revenue	1	Gross receipts				
	2 3	Less. Contributions . Gross income (line 1 minus line 2)				
	4	Cash prizes		-		
	5	Noncash prizes .				
Direct Expenses	6	Rent/facility costs .				
Exp	7	Food and beverages .		`		
Direct	8	Entertainment				
	9	Other direct expenses		,		
	10	Direct expense summary Ad Net income summary. Subtra			▶	
Pa	rt III	Gaming. Complete if the	e organization answe		90, Part IV, line 19, or	reported more
	1	than \$15,000 on Form 9	90-EZ, line 6a.	1 410 111 / 1	T	(A) T-1-1
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes .				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs .				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	B. P. G.
	7	Direct expense summary Ad	ld lines 2 through 5 in c	olumn (d) .	•	
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)	•	
9	Er	nter the state(s) in which the or	ganization conducts ga	aming activities:		
		the organization licensed to co	• •		5?	. Yes No
10		ere any of the organization's g	*	d, suspended, or termina	•	? .

Sched	ule G (Form 990 or 990-EZ) 2017		P	age 3
11 12 '	Does the organization conduct gaming activities with nonmembers?			
13	Indicate the percentage of gaming activity conducted in:	_ ··	-3 <u> </u>	140
а				%
b	ra i		-	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ►		·	
	Address ►			·
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Ye	s 🗆	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	Al D			
	Name ►			
	Address ▶			
16	Gaming manager information			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ▶		-	
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Ye	s 🗌	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or 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) an Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform See instructions.	id (v); nation	and	
	······································			•••••
				·
				.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection 2017

Education Prog/Operations **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number ✓ Yes 31-0999046 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance u/a (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 0 0 0 (d) Amount of cash 1,583,022 grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)(3) 61-0973376 (P) EIN Kentucky Center for the Arts Foundation Inc 501 West Main Street, Lou, KY 40202 1 (a) Name and address of organization (1) Ky Center for the Arts Corp. Part II Part ! (12) 9 6 9 ⊚ ପ € © E

Cat No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Schedule I (Fo	Schedule I (Form 990) (2017)					Page 2
Part III	Grants and Other Assistance to Domestic In Part III can be duplicated if additional space is	nestic Individual space is needed	s. Complete if the	organization answ	ndividuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 needed	, }
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
8						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information	he information re	quired in Part I, lin	e 2; Part III, colum	mation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
Part I, Line 2	2.5					
The Kentu	The Kentucky Center for the Arts Foundation Inc. (the "Foundation") supports operating, programming, and capital costs of The Kentucky Center for the Arts Corporation (the	undation") supports	s operating, programn	ning, and capital costs	of The Kentucky Center for t	he Arts Corporation (the
"Corporati	"Corporation"), a related organization. The Corporation and the Foundation have an annual independent audit. The Corporation issues monthly financial statements to the Board	nd the Foundation h	ıave an annual ındepe	indent audit The Cor	ooration issues monthly finan	cial statements to the Board
of Director	of Directors. The Executive Committee of the Foundation meets quarterly jointly with the Executive Committee of the Corporation The full Boards of Directors of the Corporation and the	meets quarterly jour	ntly with the Executiv	e Committee of the Co	rporation The full Boards of	Directors of the Corporation and the
Foundation	Foundation meet jointly twice a year					
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					: :	Schedule I (Form 990) (2017)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	Center for the Art	ts Foundation I	nc								31-	09990	046		
Part I			ns (section 50 answered "Ye										V, line	= 40b	
1 (a) Name of disqualified person		1 nemon	(b) Relationship between disqualified person and				(c) Description of transaction					(d) Corrected			
		person	organization			(c) Description of transaction			<i>n</i> 1		Yes	No			
(1)															
(2)														<u> </u>	<u> </u>
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(6)														<u> </u>	ŀ
	ter the amount	_				_	•	•		•		ar			
	der section 4958	-				•			•			• 5	<u> </u>		
3 En	iter the amount o	of tax, if any, or	n line 2, above,	reiml	bursed by	y the organ	ıızatıo	n	•	•		> {	₿		
Part II	Complete if the	ne organization	rested Person answered "Ye ount on Form	es" on	Form 99 Part X, lin	0-EZ, Part e 5, 6, or 2	V, lind	e 38a or Fo	rm 990	0, Pa	ırt IV,	line 2	?6, or	f the	
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan	fr	Loan to or rom the anization?	(e) Origi principal ar		(f) Balance	due	(g) In c	default?	by b	proved oard or nittee?		ritten ment?
				То	From	1			}	Yes	No	Yes	No	Yes	No
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(2)		 		 	<u> </u>						<u> </u>		<u> </u>		
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Total .				· ·			. ▶	\$	J			爱		, F.	
Part III	Grants or Ass Complete if th	sistance Bene ne organization	fiting Interest answered "Ye	ed Pe s" on	Form 990	0, Part IV, I	ine 27	7							
			ship between inter- and the organization		(c) Amount	of assistance	(d) Type of ass	istance		(e)	Purpo	se of a	ssistan	ce
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((a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi rever	aring o zation' nues?
/1\ n		F	£15.000	Incurance brokerese convices	162	√
(1) Bruce (2)	Ferguson	Former board member	\$15,000	Insurance brokerage services		-
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Part V	Supplemental Information	-		· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2017 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Kentucky Center for the Arts Foundation Inc.	31-0999046
Form 990, Part III, Line 2	
Ownership of the Brown Theatre and adjacent rental space located at 307 and 315 W Broadway, Louis	ville, KY 40202 Lease agreement with
The Kentucky Center for the Arts Corporation for the operation of the theatrical venue	
Form 990, Part III, Line 4d	
Lease agreement with The Kentucky Center for the Arts Corporation for the operation of the theatrical	venue with related revenues
equaling \$78,436.	
Distinguished collection of contemporary artwork is enjoyed by thousands of visitors to The Kentucky	Center for the Arts.
990, 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 the	ne Arts Foundation, Inc , for approval
and distributed to board members	
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 b	e 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 documer	its are reviewed by the Governance
Committee All disclosures are noted in the minutes of the board meeting	

Schedule O (Form 990 or 990-EZ) (2017)	Page Page	2
Name of the organization	Employer identification number	_
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