. ,	2989	2000			
	Amended Return - Sec 512(a)7 Repea	3067 03 837	n		
			37		
Fbm '	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))				
ropin v	. / 1/20 1	2018			
Donartm	For calendar year 2018 or other tax year beginning July 1 , 2018, and ending June 30 , 20 pent of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.	7			
	Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 50	O1(c)(3). Open to Public Inspections 501(c)(3) Organizations	on for Only		
A 🗆 🖁	Check box if address changed Name of organization (D Employer identification num	nber		
B Exem	ppt under section Fund for the Arts, Inc	 	(Employees' trust, see instructions)		
_	D1(C)(3) Or Number, street, and room or suite no If a P.O box, see instructions	61-(1)479626 E. Unrelated business activity co			
☐ 40		(See instructions)			
∐ 40 □ 50	08A 530(a) City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40202				
	x value of all assets do of or				
	G Check organization type ► ✓ 501(c) corporation ☐ 501(c) trust [☐ 401(a) trust ☐ Other t	trust		
		oe the only (or first) unrelate			
	ade or business here If only one, complete Parts I–V.				
	st in the blank space at the end of the previous sentence, complete Parts I and II, complete a sade or business, then complete Parts III-V.	Schedule M for each additi	ionai		
	uring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled	group? ► Ves 🗸	No.		
	"Yes," enter the name and identifying number of the parent corporation.	group: P res	140		
	ne books are in care of ▶ Telephone numb	er ▶			
	Unrelated Trade or Business Income (A) Income (B) E	xpenses (C) Net			
202°	Gross receipts or sales		1		
ος, b	Less returns and allowances c Balance tc Balance				
SON THE	Cost of goods sold (Schedule A, line 7)				
Ž,	Capital gain net income (attach Schedule D)				
₹,	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b				
3 c	Capital loss deduction for trusts				
<u>J</u> 5	Income (loss) from a partnership or an S corporation (attach statement) 5				
0 5 6 7 6 7	Rent income (Schedule C) 6				
α, / Os	Unrelated debt-financed income (Schedule E)	 			
တ္တို့	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)				
12	Other income (See instructions; attach schedule) 12				
13	Total. Combine lines 3 through 12				
Part	Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Exceedeductions must be directly connected with the unrelated business income.)	cept for contributions,			
14	Compensation of officers, directors, and trustees (Schedule K)	. 14			
15					
16	Repairs and maintenance CIVED	. 16			
17	Bad debts O	. 17			
18	Interest (attach schedule) (see instructions).	. 18			
19 20	Charitable contributions (See instructions for limitation rules)	. 19			
21	Depreciation (attach Form 4562) (. 1	. 20			
22	Less depreciation claimed on Schedule A and elsewhere on return	22b			
23	Depletion	. 23			
24	Contributions to deferred compensation plans				
25	Employee benefit programs				
26 27	Excess exempt expenses (Schedule I)				
27 28	Excess readership costs (Schedule J)				
29	Total deductions. Add lines 14 through 28	29			
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line	13 30			
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instruction	ons) 31	1		
32	Unrelated business taxable income. Subtract line 31 from line 30				

Form 99	Ô _₹ T (2018)		Page 2
Part			raye &
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	T	
	instructions)	33	
34	Amounts paid for disallowed fringes	34	0
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	o
Part	V Tax Computation	'	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	T
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Part	V Tax and Payments	7	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	•	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	l t	
b	2018 estimated tax payments		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d		
e	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f		ł
g	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136 ☐ ☑ Other ☐ Original 990 Total ☐ 1026		4000
51 50	Total payments. Add lines 50a through 50g	51	1026
52 53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53 54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .	53	1026
55 55		54 55	1026 1026
Part \	10	1 30	1020
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or of	de an acide acid	Yes No
50	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	ner authori v have to fi	ly 100 He
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	eian count	ν
	here >	oigii oodiik	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	an truet?	
	If "Yes," see instructions for other forms the organization may have to file.	ngiruust: .	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	at of my knowle	dge and belief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		discuss this return
Here	12/26/20 CFO/COO	with the prep	arer shown below
	Signature of officer Date Title	(see instruction	ns)? _Yes _No
Paid	Print/Type preparer's name Preparer's signature Date	eck 🔲 if	PTIN

Paid

Preparer

Use Only

Firm's name ▶

Firm's address ▶

Check I if self-employed

Firm's ElN ▶

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Schedule A-Cost of Goods Solo	I. Enter method of	inventory	valuation ▶				
d/ Inventory at beginning of year	1	6	Inventory a	at end of year	6		
2 Purchases	2	7	Cost of	goods sold. Subtract			_
3 Cost of labor	3		line 6 from	line 5. Enter here and			
4a Additional section 263A cost	S		ın Part I, lır	ne 2	7		
(attach schedule)	4a	8	Do the ru	les of section 263A (wit	th respect to	Yes N	0
b Other costs (attach schedule)	4b		property p	roduced or acquired for	resale) apply		
5 Total. Add lines 1 through 4b	5		to the orga	unization?			
Schedule C—Rent Income (From (see instructions)	Real Property ar	nd Person	al Property	Leased With Real Pro	perty)		
1. Description of property							
(1)			·				_
(2)					-		_
(3)						•	
(4)		•					_
2. Rent	eceived or accrued	•					_
(a) From personal property (if the percentage of for personal property is more than 10% but no more than 50%)	ot percentage of rea		property (if the property exceeds profit or income)	3(a) Deductions directly in columns 2(a) and			
(1)							_
(2)							_
(3)							_
(4)							_
Total	Total			(b) Total deductions.			_
(c) Total income. Add totals of columns 2(here and on page 1, Part I, line 6, column (A				Enter here and on page Part I, line 6, column (B)			
Schedule E-Unrelated Debt-Fin		e instructio	ns)	. 1	·		_
Description of debt-financed property			income from or to debt-financed	3. Deductions directly connected with or allocable to debt-financed property			
		property		(a) Straight line depreciation (attach schedule)	(b) Other de (attach sch		
(1)	· · · · · · · · · · · · · · · · · · ·			·	<u> </u>		_
(2)			·				—
(3)		•					_
(4)							_
acquisition debt on or	verage adjusted basis of or allocable to bt-financed property (attach schedule)	4	Column divided column 5	(column 6 x		eductions I of column 3(b))	ıs
(1)			%				
(2)			%				_
(3)			%				_
(4)			%				_
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7, o		
Totals							_
Total dividends-received deductions inclu	ided in column 8 .	· · ·		<u></u> ▶	·		_

Schedule F—Interest, Ann	unies, Royalties,				janizations (se	e instru	ctions)	
1. Name of controlled	2 Emplesses	Exempt Controlled Organizations						
organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	Part of column 4 that is included in the controlling organization's gross income.		connected with income	
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated in (loss) (see instruc	T I		otal of specified yments made	10. Part of column included in the organization's gr	controlling	conne	eductions directly cted with income in column 10
(1)					İ		1	
(2)						• •	1	
(3)								
(4)							†	
Totals					Add columns s Enter here and o Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G-Investment	Income of a Sect	ion 501(c	:)(7), (9),			tructions	<u></u>	
1. Description of income	2. Amount o		3. direc	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	es	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								· · · · · · · · · · · · · · · · · ·
(2)								
(3)								
(4)						1		
Totals	Enter here and Part I, line 9, o							re and on page 1, ne 9, column (B).
Schedule I—Exploited Exe		ome Oth	er Than	Advertising In	come (see inst	tructions	3	
- Industrial Laborator Lac	imperiority mo				Come (see mis	ductions	"	T = =
Description of exploited activities	2. Gross unrelated business inco from trade of business	me conno prod prod	xpenses irectly ected with luction of related ess income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						1		
(2)	-							
(3)						1		
(4)								1
Tatala	Enter here and page 1, Part line 10, col. (I, page	nere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26.
Schedule J—Advertising I	ncome (see instru	ctione)					-	
	eriodicals Repor		Consoli	dated Basis				· · · · · · · · · · · · · · · · · · ·
r arci income i fom F	eriodicais nepoi	teu on a	COHSON			T		13 5 13 15 15 15 15 15 15 15 15
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)]
(2)]
(3)]]
(4)								
Totals (carry to Part II, line (5)) .								
		I.		1		L	F	orm 990-T (2018)

2. Gross advertising income 1. Name of penodical 2. Gross advertising costs advertising costs advertising costs advertising costs 2 minus coil 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals from Part I	Part II Income From Period	icals Reported	on a Separat	e Basis (For ea	ach periodical	listed in Part II	, fill in columns	
1. Name of periodical 2. Gross advertising costs 3. Direct advertising costs 2 minus coil 3) if a gain, compute coils 5 through 7 5. Circulation income 6. Readership costs 6 minus column 4) 1. 1. 1. 1. 1. 1. 1. 1			•	•	·			
(2) (3) (4) Totals from Part I ▶ Enter here and on page 1, Part I, line 11, col. (B) Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percent of time devoted to business 4. Compensation attributable to unrelated business (1) (2) (3) (4) (4)	1. Name of periodical	advertising	1	gain or (loss) (col 2 minus col 3) If a gain, compute			costs (column 6 minus column 5, but not more than	
(3) (4) Totals from Part I ▶ Enter here and on page 1, Part I, line 11, col. (B) Totals, Part II (lines 1–5) ▶ Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percent of time devoted to business (1) (2) (3) (4)	(1)							
(4) Totals from Part I	(2)							
Totals from Part I	(3)							
Enter here and on page 1, Part I, line 11, col (A) Totals, Part II (lines 1–5) Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percent of time devoted to business 4. Compensation attributable to unrelated business (1) (2) (3) (4)	(4)							
Totals, Part II (lines 1–5)	Totals from Part I	•						
Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percent of time devoted to business 4. Compensation attributable to unrelated business (1) (2) (3) (4)		page 1, Part I,	page 1, Part I,	-	-	g s/	on page 1,	
1. Name 2. Title 3. Percent of time devoted to business 4. Compensation attributable to unrelated business (1) % (2) % (3) % (4) %	Totals, Part II (lines 1–5)							
1. Name 2. Title time devoted to business 4. Compensation attributable to unrelated business (1) % (2) % (3) % (4) %	Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instru	uctions)			
(2)	1. Name		2	2. Title	time devoted t	- 4. Compensa		
(3) % (4) %	(1)				%			
(3) % (4) %	(2)					%		
						%		
Total. Enter here and on page 1, Part II, line 14	(4)					%		
	Total. Enter here and on page 1, Part II, II	ne 14				>		

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