

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Peterson-Dumesnil House Foundation, Inc.

Applicant Requested Amount: \$3,000

Appropriation Request Amount: \$3,000

Executive Summary of Request

Funding for updated HVAC system for the historic Peterson-Dumesnil House, which serves as a Landmark, local gathering place for the Crescent Hill neighborhood and hosts a variety of public events throughout the year.

Is this program/project a fundraiser?

Yes No

Is this applicant a faith based organization?

Yes No

Does this application include funding for sub-grantee(s)?

Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

9
District #

Bill Hollander
Primary Sponsor Signature

\$3,000
Amount

3/7/17
Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

None

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Peterson-Dumesnil House Foundation, Inc

Program Name and Request Amount HVAC and repairs to Peterson-Dumesnil House

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> N/A
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: <i>Wyle G. Anderson</i>	Date: 03/07/17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Peterson-Dumesnil House Foundation, Inc. <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 301 South Peterson Avenue, Louisville, KY 40206			
Website: www.petersondumesnil.org			
Applicant Contact:	Anthony K Kamber	Title:	President
Phone:	502 807 9283	Email:	tkamber@kamberap.com
Financial Contact:	Mike DaRif	Title:	Treasurer
Phone:	502 500 4157	Email:	miked2723@gmail.com
Organization's Representative who attended NDF Training: Mike Darif			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	301 South Peterson Avenue, Louisville, KY 40206		
Council District(s):	9	Zip Code(s):	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: 2nd Floor AC Replacement			
Total Request: (\$)	3,000	Total Metro Award (this program) in previous year: (\$)	5000.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Neighborhood Development Fund	Amount: (\$)	3,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission Statement: The Peterson-Dumesnil House Foundation strives to preserve the Peterson-Dumesnil House as a landmark, providing the neighborhood a sense of historic identity; to serve as a gathering place for Crescent Hill, to find economically viable uses for the house; and to maintain it for future generations.

Nature of Operations:

The historic Peterson-Dumesnil House was built in 1869. In 1976 the House achieved local landmark status, which protects it from exterior change without approval of the Louisville Landmark Commission. In keeping with the mission statement shown above, the Peterson-Dumesnil House Foundation, Inc. works to find economically viable uses for the House. The House is rented out for: weddings and wedding receptions; wedding rehearsal dinners; birthday, holiday and retirement parties; memorial services; and corporate meetings. In addition, the House is made available free of charge for a number of community events throughout the year.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
See Attachment "A" PDHF Board 2017 and Terms	

Describe the Board term limit policy:
Currently, a Board Member serves (1) 3 year term with an option for a second 3 year term

Three Highest Paid Staff Names	Annual Salary
N/A All Volunteer Board	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

See attachment "B" titled 2nd Floor AC Scope

See attachment "C" titled HVAC Robbins

Replacement would occur immediately upon receipt of NDF grant. Project duration is 2 to 3 days.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

The NDF funding will be paid to the HVAC contractor selected to do the replacement. The PDHF will supplement the remainder of monies owed, an estimated \$7,000.00 to \$9,000.00 to complete contracted work.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only -- The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The replacement of the A/C allows the PDHF to maintain a competitive event space which in turn generates revenue that is critical to the existence of the House and property. It is the House that allows us to continue fulfilling our mission statement.

Mission Statement: The Peterson-Dumesnil House Foundation strives to preserve the Peterson-Dumesnil House as a landmark, providing the neighborhood a sense of historic identity; to serve as a gathering place for Crescent Hill; to find economically viable uses for the house; and to maintain it for future generations.

Nature of Operations:

The historic Peterson-Dumesnil House was built in 1869. In 1976 the House achieved local landmark status, which protects it from exterior change without approval of the Louisville Landmark Commission. In keeping with the mission statement shown above, the Peterson-Dumesnil House Foundation, Inc. works to find economically viable uses for the House. The House is rented out for: weddings and wedding receptions; wedding rehearsal dinners; birthday, holiday and retirement parties; memorial services; and corporate meetings. In addition, the House is made available free of charge for a number of community events throughout the year.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

The PDHF works very closely with the Crescent Hill Community Council on numerous neighborhood issues and events. In addition the Community Council the space is serves as a meeting place for both the Louisville Historical Society and the Louisville Mandolin Orchestra.

The replacement project allows for a comfortable space so that these activities continue.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	3000.00	9000.00	12000.00
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	3000.00	9000.00	
% of Program Budget	25 %	75 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include Individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	9000.00 via PDH bank funds
<i>Total Request for Column 2 Expenses **</i>	9000.00

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
Total			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
N/A		
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	<i>Anthony K. Kamber</i>	Date:	2/24/2017
Legal Signatory: (please print):	Anthony K Kamber	Title:	President
Phone:	502 807-9283	Extension:	
Email:	Tkamber@kamberap.com		

Peterson-Dumesnil House Foundation

Board of Directors

January 2017-December 2017

(January, 2017)

Officers

Tony Kamber, President, Member-at Large
2nd Term: Jan 2016-Dec 2018

Carrie Cooper, Member-at-Large
Term: Jan 2017-Dec 2019

Victoria Moll, Member-at-Large
2ndTerm: Jan 2017-Dec 2019

Jack Tindal, V-P, Member-at-Large
Term: Jan 2015-Dec 2017

Josh Davis, CHCC
2ndTerm: Jan 2017-Dec 2019

John Nation, Member-at-Large
Term: Jan 2016-Dec 2018

Melissa Mershon, Secretary, CHCC
2nd Term: Jan 2016-Dec 2018

Richard Humke, Member-at-Large
2nd Term: Jan 2015-Dec 2017

Jane Rose-Zupetz, Member-at-Large
2nd Term: Jan 2015-Dec 2017

Mike DaRif, Treasurer, Member-at-Large
2nd Term: Jan 2017-Dec 2019

Matt Jamie, Member-at-Large
Term: Jan 2017-Dec 2019

Bill Sanders, CHCC
Term: Jan 2017-Dec 2019

Board Members

Tim Allen, Member-at-Large
2ndTerm: Jan 2017-Dec 2019

Barbara Ketcham, Member-at-Large
Term: Jan 2016-Dec 2018

Rita Simmons, Member-at-Large
2ndTerm: Jan 2017-Dec 2019

Jennifer Burleson, Member-at-Large
2nd Term: Jan 2017-Dec 2019

Don Krauth, Member-at-Large
Term: Jan 2016-Dec 2018

Greg Smith, CHCC
2ndTerm: Jan 2017-Dec 2019

The Peterson-Dumesnil House
301 S. Peterson Avenue, Louisville, KY 40206
(502) 895-7975
www.petersondumesnil.org

Proposal

Robbins Heating & A/C Service Co., Inc.

Since 1945

4015 Contractors Court
Louisville KY 40213
1-800-359-6430 (502) 964-5936 FAX: 964-4568
www.robbinshvac.com



Proposal To: DL Joint Venture	Phone 836-8025	Date 2/21/2017
Address: 600 Martin Luther King Place	Job Name Peterson-Dumesnil House	
City, State, Zip: Louisville, Ky. 40202	Job Location 301 S. Peterson Ave.	
Att: Don Krauth		Louisville, Ky. 40206

We Propose hereby to furnish material and labor - complete in accordance with specification below, for the sum of
Dollars \$17,473.00

Payment to be made as follows: Net Upon Completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications below involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accident or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers fully covered by Workman's Compensation Insurance.

This Proposal may be withdrawn by us if not accepted within 30 days.

Authorized Signature: *David Haddad*

We hereby submit specification and estimates for the installation of:

- * Install 2- Carrier 3 ton 16seer condensers onto roof.
- * Install 2- Carrier indoor air handlers with the X-13 high effiecient motors.
- * Replace complete duct system in attic with new (proper-sized) flex duct.
- * Duct to be pressure tested after installation.
- * New refrigerant lines.
- * High voltage electric to both condensers.
- * High voltage from existing air handler to be split to 2 new air handlers(as long as existing line is proper).
- * Add a new return vent to hallway ceiling.
- * Add 2 new supply vents to upper area in the stairwell area.
- * Switch supply and return in one room upstairs.
- * Air handlers to be installed in attic on each side closest to rooms.
- * Install drain pans with safety float switches on pans and air handlers.
- * Returns to be upsized in both locations to proper size.
- * Remove existing AC, air handler and duct system from property.
- * AC's to be lifted onto roof with a ladder jack.
- * Price includes all materials, labor, taxes and permits.

Any questions please call David Haddad 502 773-8100

Acceptance of Proposal The above prices, specifications and conditions are satisfactory and are herby accepted. You are authorized to do the work as specified. Payment will be as outlined above.

Signature

Peterson-Dumesnil House Foundation

November 2016

2nd floor AC replacement Scope

Brief Description: Replacement of existing 5 ton AC system that has caused an extreme increase in repair and utility cost. Current system has never met cooling demands of the house during occupancy. New system will be two 3 ton high efficient 16 Seer single stage units controlled by an existing two stage wifi thermostat. Units will be ducted for east and west supply with a center atrium return. Air handlers will be elevated from attic floor with overflow pan underneath that has a gravity drain to roof and a condensation pump connected to the house sanitary system. Contractor will obtain all required permits and meet all state and local codes/regulations with regards to this installation.

Demolition

- Disconnect electric from condenser and air handler, these will be re-used for the new installation.
- Remove existing 5 ton condenser from roof (R22 refrigerant has been previously reclaimed for future use by PD House Foundation for other existing 1st fl units)
- Remove refrigerant cooper line set.
- Disconnect existing supply and return flex duct from existing air handler
- Disconnect condensate pump and turn over to PDHF for spare replacement parts
- Remove air handler and all associated equipment.

Equipment

- Condensers will be 3 ton 16 Seer single stage
- Air handler will be designed for horizontal installation.

Installation

- Two independent systems will be installed supporting the east(grooms side) and the west(brides side) sides of the second floor physically located in the attic.
- Existing condenser disconnect will be replace with two fused disconnects fed by existing electrical service.
- Existing electrical feed to air handler will supply both new air handlers with disconnect switch on each unit and a service receptacle for the condensate pump.
- Each unit

- New condensate pump as a primary drain and connected to the existing previous drain line location
- New emergency over flow pan with gravity drain to the roof and an emergency low voltage shut off switch.
- 1" Merv 8 filter will be easily accessible
- Minimum of 18" insulated supply and return plenum will be install.
- Existing flex duct can be extended, shortened or replaced to accommodate new air handler location
- All duct air joints are to be seal to eliminate air leakage
- Excluded and owner provided
 - Wood frame to elevate air handler high enough to accommodate a gravity drain on emergency pan
 - Thermostat and low voltage wiring. Existing wifi 2-stage thermostat will be reused. Stage one will start both air handler fans and the condenser on the west (brides) side. Stage two will bring on the condenser for the east (groom) sides.

Ethridge, Kyle

From: Tony Kamber <tkamber@amgsalesgroup.com>
Sent: Friday, February 24, 2017 2:50 PM
To: Ethridge, Kyle
Attachments: PDHF 2015 Form 990.pdf

Kyle,

I stand corrected.

According to Mike DaRif, our Treasurer, the reason why we do not do a financial statement is because we operate on a cash basis.

The form 990 previously attached should provide all the financial information they would need.

We have been asked previously and this explanation was sufficient.

Regards,

Tony Kamber
Architectural Materials Group, LLC
227 Franck Ave., Louisville, KY 40206
p. 502-807-9283 | f. 502-895-3558 | tkamber@amgsalesgroup.com |

Tony Kamber

From: Michael DaRif <miked2723@gmail.com>
Sent: Wednesday, February 08, 2017 8:39 AM
To: Tony Kamber
Subject: PDHF - Items For NDF Application

Tony -

I'll go down the list of "Required Attachments" that you gave me.

- IRS Exempt Status Determination Letter - I have a paper copy that I will give to you at our meeting tonight. Unfortunately I don't have scanning capability here at home.
- Current Year Projected Budget - I have attached a PDF. I revised the most recent proposed budget (not yet approved by Board, of course) and made a couple changes - I removed all of the comments and I changed the "grants" number from \$5,000 to the \$3,000 that we are going to receive.
- Current Financial Statement - We do not produce a financial statement.
- Most Recent IRS Form 990 - I have attached a PDF of the 2015 Form 990.
- Articles of Incorporation - I do not have these and have never seen them. Maybe Melissa has them? Or Rosie might know?
- Cost Estimates From Vendor - That's for you and/or Don.
- Signed Lease - Not applicable.
- IRS Form W9 - I have a paper copy that I will give to you at our meeting tonight. It's not a great copy - it's a copy of a copy that I made of a carbonized form.
- Evaluation Forms - Not applicable(?)
- Annual Audit - To my knowledge, PDHF has never been audited. We've never been required to have one done.
- Faith Based Organization Certification Form - Not applicable.

Let me know if you need anything else.

Mike



November 14, 2016

Councilman Bill Hollander
Louisville Metro Government
601 W. Jefferson Street
Louisville, KY 40206

Re : Request for appropriation from the
9th District Neighborhood Development Fund

Councilman Hollander,

The Peterson-Dumesnil House Foundation would like to thank Metro Government 9th District for its constant support of this historic jewel located in your District. We are writing to request your assistance with a capital improvement project to this property.

We are requesting \$12,000 from your 9th District Neighborhood Development Funds. This money would be used to install two independent AC units for the second floor of the House. The existing 5 ton AC system has caused extreme increase in repair and utility costs.

This AC project is contingent on monies received.

The Board of Directors is already fundraising for the additional monies to complete this project. Your support will ensure we can complete all necessary improvements necessary. On behalf of the Peterson-Dumesnil House Board of Directors, I want to thank you for your consideration of this request.

Sincerely,

Rosie Scott, President
Peterson-Dumesnil House Foundation

Peterson-Dumesnil House Foundation
301 South Peterson Avenue Louisville, KY 40206
(502) 895-7975 www.PetersonDumesnil.org

RECEIVED

JUN 18 1982

RE:

17 JUN 1982 BOROWITZ & GOLDSMITH

CIN: EO: '82 1 5 5 2

Peterson-Dumesnil House
Foundation, Inc.
11 South Peterson Avenue
Louisville, KY 40206

Employer Identification Number:

Accounting Period Ending:
December 31

Foundation Status Classification:
509(a)(2)

Advance Ruling Period Ends:
December 31, 1983

Person to Contact:
June Smallwood

Contact Telephone Number:
513-684-3578

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(2).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(2) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

P.O. Box 2508, Cincinnati, Ohio 45201

(over)

Letter 1045(DO) (6-77)

dlc

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

Letter 1045(DO) (6-77)

701 1045(DO)
2011 1045(DO)

Internal Revenue Service
District Director

Department of the Treasury

Date: JUN 27 1984

Our Letter Dated:
June 17, 1982
Person to Contact:
Marilyn Miller
Contact Telephone Number:

513-684-3578

Case No. 314101046EO

Peterson-Dumesnil House Foundation,
Inc.
301 South Peterson Ave.
Louisville, KY 40206

Dear Sir or Madam:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

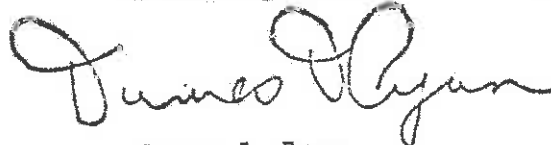
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and *. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and * status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and * organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



James J. Ryan
District Director

*170(b)(1)(A)(vi)

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1050 (DO) (7-77)

**PETERSON-DUMESNIL HOUSE FOUNDATION
PROPOSED 2017 BUDGET**

2/20/2017

	2016 Budget	2016 Actual	Proposed 2017 Budget	Comments
Revenue				
Dividend Income	900	1,200	1,500	2017 increase reflects \$40K addition to brokerage account
Interest Income	700	831	800	
Realized Gain/(Loss)	500	414	600	2017 increase reflects \$40K addition to brokerage account
Sub-Total	2,100	2,445	2,900	
Revenue - House Rental	48,000	56,750	56,750	Unchanged from 2016; Emille Pfeiffer thinks we can hit \$60,000 if we revise rates as proposed
Revenue - Catering Share	16,000	17,971	18,000	Unchanged from 2016
Revenue - Charitable Gaming	500	235	500	Melissa Mershon envisions more marketing of raffle in 2017
Revenue - Friends of PDHF	8,000	8,165	8,200	2016 campaign will generate funds to be received in late 2016 and early 2017
Revenue - Donations	500	645	500	Donations unrelated to annual fundraising
Revenue - Grants	5,000	5,550	3,000	Metro Neighborhood Development Fund Grant
Revenue - Special Event	500	-	2,000	2017 - Wiser Event June 11
Revenue - Silent Auction	6,000	6,056	6,000	2017 budget number from Barb Ketcham
Revenue - Yard Sale	1,000	1,064	800	Conservative since date not finalized
Revenue - PDH150	-	-	-	No revenue anticipated in 2017
Sub-Total	85,500	96,436	95,750	
Total Revenue	87,600	98,881	98,650	
Expense				
Advertising	3,000	-	3,000	Print advertising
Bank Fees	-	12	-	
Board Meeting Expenses	300	324	350	2016 - New checks for operating account
Bristol Management Fee	6,000	6,000	6,000	Refreshments, gifts for retiring Board members
Carriage House Gas & Electric	2,000	1,753	1,750	Contractual
Carriage House Maintenance	1,175	6,050	1,400	Don Krauth aims for no increase despite LG&E rate increases (2.7% electricity and 4.2% natural gas)
Carriage House Water	800	757	750	2017 budget number from Tony Kamber
Computer/Office Supplies	700	923	900	Don Krauth aims for no increase despite LWC rate increase (3.5%)
Donations	400	250	250	Computer paper, ink, stationery and envelopes
Floor Refinishing	7,850	8,269	-	2016 - \$250 UCHM
House Cleaning - Routine	500	-	1,500	2017 includes funds for deep cleaning
House Cleaning - Windows	1,000	890	1,000	2017 budget number from Tony Kamber
House Décor/Improvements	7,500	5,258	3,000	2017 budget number from Victoria Moll
House Gas & Electric	6,100	5,657	5,650	Don Krauth aims for no increase despite LG&E rate increases (2.7% electricity and 4.2% natural gas)
House Grounds Maintenance	4,765	6,713	5,100	2017 budget number from Tony Kamber
House Insurance Expense	5,600	5,543	5,650	2017 assumes 2% increase per broker
House Internet Access	-	1,643	1,200	PDHF has long-term contract; 2016 included one-time work to upgrade performance
House Maintenance - Routine	5,415	11,605	7,700	2017 budget number from Tony Kamber
House Maintenance - Column Work	-	-	2,500	2017 budget number from Tony Kamber
House Maintenance - Air Conditioning	-	-	12,000	2017 budget number from Don Krauth

**PETERSON-DUMESNIL HOUSE FOUNDATION
PROPOSED 2017 BUDGET**

2/20/2017

	2016 Budget	2016 Actual	Proposed 2017 Budget	Comments
House Supplies	500	841	900	Paper towels, toilet paper, cleaning supplies, etc.
House Telephone	800	650	700	PDHF has long-term contract
House Waste Disposal	920	963	1,000	PDHF has long-term contract
House Water	2,900	3,193	3,200	Don Krauth aims for no increase despite LWC rate increase (3.5%)
Insurance - Liability, D and O	600	802	850	New carrier in 2017 - anticipated rate unknown - 3% increase assumed
Investment Fees / Expenses	720	952	1,400	2017 increase reflects \$40K addition to brokerage account
"Welcome Back" Event	2,000	-	2,000	Expenses associated with this free event
Legal	-	-	-	No legal fees anticipated in 2017
Marketing	3,000	-	3,000	Software to assist in annual fundraising
Memberships	125	125	125	FABA and Center for Nonprofit Excellence
PDH150	3,000	-	23,000	Expenses associated with campaign kickoff - Ashley Rountree
Postage	500	329	500	Stamps for annual fundraising letters, thank-you letters and routine bill paying
Property Survey	600	600	-	
Tax Return / Regulatory Fees	1,000	1,090	1,000	Preparation of Form 990
Training	500	-	500	2016 anticipated seminars for President/Treasurer, as does 2017
Travel/Meetings/Awards	-	-	-	
Web Site Expense	-	643	750	2017 budget number from Jack Tindal
Total Expense	70,270	71,835	98,625	
Net Income	17,330	27,046	25	
Major Maintenance Contingency	7,000		14,000	

Peterson-Dumesnil House Foundation
Board of Directors
January 2017-December 2017
(January, 2017)

Officers

Tony Kamber, President, Member-at Large
2nd Term: Jan 2016-Dec 2018

Jack Tindal, V-P, Member-at-Large
Term: Jan 2015-Dec 2017

Melissa Mershon, Secretary, CHCC
2nd Term: Jan 2016-Dec 2018

Mike DaRif, Treasurer, Member-at-Large
2nd Term: Jan 2017-Dec 2019

Board Members

Tim Allen, Member-at-Large
2ndTerm: Jan 2017-Dec 2019

Jennifer Burleson, Member-at-Large
2nd Term: Jan 2017-Dec 2019

Carrie Cooper, Member-at-Large
Term: Jan 2017-Dec 2019

Josh Davis, CHCC
2ndTerm: Jan 2017-Dec 2019

Richard Humke, Member-at-Large
2nd Term: Jan 2015-Dec 2017

Matt Jamie, Member-at-Large
Term: Jan 2017-Dec 2019

Barbara Ketcham, Member-at-Large
Term: Jan 2016-Dec 2018

Don Krauth, Member-at-Large
Term: Jan 2016-Dec 2018

Victoria Moll, Member-at-Large
2ndTerm: Jan 2017-Dec 2019

John Nation, Member-at-Large
Term: Jan 2016-Dec 2018

Jane Rose-Zupetz, Member-at-Large
2nd Term: Jan 2015-Dec 2017

Bill Sanders, CHCC
Term: Jan 2017-Dec 2019

Rita Simmons, Member-at-Large
2ndTerm: Jan 2017-Dec 2019

Greg Smith, CHCC
2ndTerm: Jan 2017-Dec 2019

The Peterson-Dumesnil House
301 S. Peterson Avenue, Louisville, KY 40206
(502) 895-7975
www.petersondumesnil.org

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

A For the 2015 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Peterson-Dumesnil House Foundation, Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
301 South Peterson Ave.
 City or town, state or province, country, and ZIP or foreign postal code
Louisville KY 40206

D Employer identification number
 [REDACTED]

E Telephone number
502-500-4157

G Gross receipts \$ **93,666**

F Name and address of principal officer:
Michael DaRif
301 South Peterson Ave.
Louisville KY 40206

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.petersondumesnil.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1982** **M** State of legal domicile: **KY**

H(e) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	36,775	9,350
9 Program service revenue (Part VIII, line 2g)	45,558	72,390
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,317	2,982
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,367	8,944
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,017	93,666
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	56,656	46,847
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	56,656	46,847
19 Revenue less expenses. Subtract line 18 from line 12	38,361	46,819
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,197,340	1,242,469
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	1,197,340	1,242,469

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Michael DaRif** Date: _____
 Type or print name and title: **Treasurer**

Paid Preparer Use Only

Print/Type preparer's name: **Barbara Lasky** Preparer's signature: **Barbara Lasky** Date: **02/05/16** Check self-emp PTIN [REDACTED]
 Firm's name: ▶ **Baldwin CPAs, PLLC** Firm's EIN ▶ [REDACTED]
 Firm's address: ▶ **943 S 1st Street**
Louisville, KY 40203 Phone no. **502-584-9793**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

See Schedule O

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **43,066** including grants of\$) (Revenue \$ **72,390**)

Located in Crescent Hill, the house possesses a memorable history of service beginning with eight decades of ownership and use by one family. The asymmetrical Italian villa has been attributed to Henry Whitestone, a well-known Louisville architect, whose other works include several major buildings on Main Street. The ceilings in the house are 14 feet tall.

The house was built in 1869 as a summer home for Joseph Peterson, a prominent tobacco trader. He died in 1889, leaving the property to his granddaughters, Eliza and Carrie Lindenberger. Eliza married Harry Dumesnil, Carrie married Edward Rowland and they lived in the house with their families. Mrs. Dumesnil lived there until she died in 1948.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **▶ 43,066**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X
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		X
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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		X
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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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		X
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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.	X	

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS filing requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	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?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
MICHAEL DARIF **301 SOUTH PETERSON AVENUE**
LOUISVILLE **KY 40206** **502-500-4157**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael DaRif	1.00									
Treasurer	0.00	X		X			0	0	0	
(2) Rosie Scott	1.00									
President	0.00	X		X			0	0	0	
(3) Tony Kamber	1.00									
Vice President	0.00	X		X			0	0	0	
(4) Melissa Mershon	1.00									
Secretary	0.00	X		X			0	0	0	
(5) Tim Allen	1.00									
Director	0.00	X					0	0	0	
(6) Christie Bertram	1.00									
Director	0.00	X					0	0	0	
(7) Jennifer Burleson	1.00									
Director	0.00	X					0	0	0	
(8) Josh Davis	1.00									
Director	0.00	X					0	0	0	
(9) Len Dunman	1.00									
Director	0.00	X					0	0	0	
(10) Judy Gogan	1.00									
Director	0.00	X					0	0	0	
(11) Frances Hammers	1.00									
Director	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) Richard Humke	1.00								
Director	0.00	X					0	0	
(13) Victoria Moll	1.00								
Director	0.00	X					0	0	
(14) Jane Rose-Zupetz	1.00								
Director	0.00	X					0	0	
(15) Rita Simmons	1.00								
Director	0.00	X					0	0	
(16) Greg Smith	1.00								
Director	0.00	X					0	0	
(17) Jack Tindal	0.00								
Director	0.00	X					0	0	
1b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,350				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		9,350				
Program Service Revenue	2a House Rental and Catering I	Busn. Code	72,390	72,390			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		72,390				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,922			1,922	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps					
		c Gain or (loss)		1,060			
		d Net gain or (loss)		1,060			1,060
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		8,766			
		b Less: direct expenses					
		c Net income or (loss) from fundraising events		8,766			
	9a Gross income from gaming activities. See Part IV, line 19	a		178			
b Less: direct expenses							
c Net income or (loss) from gaming activities			178			178	
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			93,666	72,390	0	3,160	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 Benefits paid to or for members				
5 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 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	6,000	6,000		
b Legal				
c Accounting	815		815	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	684		684	
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	2,799	2,799		
13 Office expenses	1,120		1,120	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	6,058	6,058		
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 BUILDING/GROUNDS MAINTENANCE	14,781	14,781		
b UTILITIES	12,432	12,432		
c TELEPHONE	1,162		1,162	
d DONATION/GIFT EXPENSES	400	400		
e All other expenses	596	596		
25 Total functional expenses. Add lines 1 through 24e	46,847	43,066	3,781	0
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	50,470	1	56,169	
	2 Savings and temporary cash investments	241,415	2	280,845	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 905,455			
	b Less: accumulated depreciation	10b	905,455	10c	905,455
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,197,340	16	1,242,469	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25		0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		1,197,340	32	1,242,469
33 Total net assets or fund balances		1,197,340	33	1,242,469	
34 Total liabilities and net assets/fund balances		1,197,340	34	1,242,469	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,666
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,847
3	Revenue less expenses. Subtract line 2 from line 1	3	46,819
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,197,340
5	Net unrealized gains (losses) on investments	5	-1,690
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	1,242,469

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Peterson-Dumesnil House Foundation, Inc.

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,672	3,540	13,021	36,775	9,350	68,358
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,470	40,228	65,617	55,925	81,156	296,396
3 Gross receipts from activities that are not an unrelated trade or business under section 513					178	178
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	59,142	43,768	78,638	92,700	90,684	364,932
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						364,932

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	59,142	43,768	78,638	92,700	90,684	364,932
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,320	3,373	3,629	2,318	1,922	14,562
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,320	3,373	3,629	2,318	1,922	14,562
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	62,462	47,141	82,267	95,018	92,606	379,494

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	96.16%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	95.32%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	4%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	5%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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).		
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 .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section 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).		

Section 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
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.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.)

[Lined area for supplemental information]

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.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization

Peterson-Dumesnil House Foundation, Inc.

Employer identification number



Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- | | Yes | No |
|--|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		905,455		905,455
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				905,455

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table for Part XI with columns for descriptions, sub-items (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table for Part XII with columns for descriptions, sub-items (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.

Part XIII Supplemental Information (continued)

[This area contains multiple horizontal dotted lines for supplemental information.]

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Name of the organization

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

**Peterson-Dumesnil House Foundation,
Inc.**

Employer identification number

Form 990 - Organization's Mission

To maintain the Peterson-Dumesnil house, a federal, state and local landmark, and to operate it by leasing it to community persons or institutions for the purpose of raising funds to preserve the historic home.

Form 990, Part III, Line 4a - First Accomplishment

After Mrs. Dumesnil's death, the house and grounds were sold to the Louisville Board of Education. In the mid 50's, it became a teachers club, the only one of its kind in the country. In 1976, the house achieved local landmark status, which protects it from exterior change without approval of the Louisville Landmark Commission. In 1977, the Crescent Hill Community Council leased the house and made it available to groups on a rental basis. In 1982, when the Board of Education declared the property as surplus, the house, carriage house and 1.3 acres were sold to the newly formed, non-profit Peterson-Dumesnil House Foundation.

All rental proceeds are used to steadily improve the house and grounds.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The board treasurer reviews the 990 before filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization's governing documents are available upon request.

FILED IN OFFICE
A 19331

APR 20 1982

BREMER EHRLER, Clerk
BY PS D.C.

ORIGINAL COPY
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

APR 29 1982

ARTICLES OF INCORPORATION
OF
PETERSON-DUMESNIL HOUSE FOUNDATION, INC.

[Signature]
SECRETARY OF STATE

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned does hereby form a non-stock, non-profit corporation under the provisions of Chapter 273 of the Kentucky Revised Statutes, exclusively for charitable and educational purposes and does hereby adopt the following as its Articles of Incorporation:

ARTICLE I

The name of the corporation shall be PETERSON-DUMESNIL HOUSE FOUNDATION, INC.

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

The purpose of the corporation is to operate, maintain, preserve, rehabilitate and make available to the public the historic Peterson-Dumesnil House which is located in Crescent Hill in the City of Louisville, Kentucky, and in connection therewith, to only conduct activities exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954; and in this connection, the making of distributions to organizations who qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1954.

ARTICLE IV

In carrying out the above described corporate purposes, the corporation shall have all of the powers enumerated in Chapter 271 of the Kentucky Revised Statutes to which reference is hereby specifically made, including the ownership of real estate and the power to apply for and accept governmental or other grants of money or property of any kind.

ARTICLE V

All references herein to provisions of the Internal Revenue Code of 1954 or to the Kentucky Revised Statutes, shall be deemed to include statutes which succeed such provisions. (i.e., the corresponding provisions of future United States Internal Revenue laws or statutes of the Commonwealth of Kentucky.)

ARTICLE VI

The corporation shall neither have capital stock nor stockholders and notwithstanding any other provisions herein, no part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Three hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to

influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE VI

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Court of Justice, Jefferson Circuit

Court, of the Commonwealth of Kentucky, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VII

The corporation is not a private foundation, but in the event that the Internal Revenue Service deems it a private foundation as defined in Section 509 of the Internal Revenue Code of 1954, then the corporation shall comply with the requirements of Kentucky Revised Statutes 272.400 as well as related Internal Revenue Code provisions.

ARTICLE VIII

The initial Board of Directors are listed below, and they shall serve until the first annual meeting of the corporation, or until their successors are elected and qualified according to the provisions of the Bylaws:

Dot Hagan	4 Rebel Road, Lou., KY 40206
Stephen Imhoff	310 W. Liberty St., Lou., KY 40202
Clough Venable	156 N. Peterson Ave. Lou., KY 40206

ARTICLE IX

The offices of the corporation shall consist of a President, Vice-President, Secretary and a Treasurer, and any other offices that the Bylaws proscribes; the method of electing or appointing officers and directors and all other matters relating to the membership and in the regulation and management of the internal affairs of the corporation, including the number

of directors shall be prescribed in the Bylaws which shall be adopted by the Board of Directors and which may be from time to time amended in the manner to be provided therein.

ARTICLE X

The private property of the incorporators, members, directors, and officers shall not be subject to or in any way be liable for, any debt or contract of the corporation or any judgment against the corporation.

ARTICLE XI

The address, including street and number of the initial registered office is 310 W. Liberty St., Louisville, Kentucky, 40202, and the name of the initial registered agent at such address is Stephen Imhoff.

ARTICLE XII

The name and address of the sole incorporator is Stephen Imhoff, 310 W. Liberty St., Suite 406, Louisville, Kentucky, 40202.

IN TESTIMONY WHEREOF, witness my signature to triplicate originals of these Articles of Incorporation this 28 day of April, 1982.


STEPHEN IMHOFF

STATE OF KENTUCKY)
) ss.
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing Articles of Incorporation were produced before me in said State and County and were executed, acknowledged and delivered by STEPHEN IMHOFF, to be his voluntary act and deed for the purposes therein contained.

WITNESS my hand this 28 day of April, 1982.

My commission expires: June 15, 1984

Stephen Imhoff
NOTARY PUBLIC, STATE-AT-LARGE, KY.

THIS INSTRUMENT PREPARED BY:

BOROWITZ & GOLDSMITH

BY:

STEPHEN IMHOFF
310 N. Liberty Street
Louisville, KY 40202

1645B
4/27/82
0064B

PLEASE PRINT!

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.
 2 Business name/disregarded entity name, if different from above
 3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) > _____
 4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3).
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts not located outside the U.S.)
 5 Address (number, street, and apt. or suite no.)
3015 PETERSON AVE
 6 City, state, and ZIP code
LOUISVILLE KY 40206
 7 List account number(s) here: (optional)
 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
 _____ - _____ - _____
 or
 Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature of _____ Date **5/11/2015**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

PETERSON-DUMESNIL HOUSE FOUNDATION, INC.

General Information

Organization Number	0166433
Name	PETERSON-DUMESNIL HOUSE FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/29/1982
Organization Date	4/29/1982
Last Annual Report	2/21/2016
Principal Office	301 S. PETERSON AVE. LOUISVILLE, KY 40206
Registered Agent	STEPHEN IMHOFF 429 W. MUHAMMAD ALI BLVD. STE 502 LOUISVILLE, KY 402022345

Current Officers

President	<u>ROSIE SCOTT</u>
Vice President	<u>TONY KAMBER</u>
Secretary	<u>MELISSA MERSHON</u>
Treasurer	<u>MICHAEL DARIF</u>
Director	<u>TIM ALLEN</u>
Director	<u>CHRISTIE BERTRAM</u>
Director	<u>JENNIFER BURLESON</u>
Director	<u>JOSH DAVIS</u>
Director	<u>LEN DUNMAN</u>
Director	<u>JUDY GOGAN</u>
Director	<u>RICHARD HUMKE</u>
Director	<u>JANINE LINDER</u>
Director	<u>VICTORIA MOLL</u>
Director	<u>JANE ROSE-ZUPETZ</u>
Director	<u>RITA SIMMONS</u>
Director	<u>GREG SMITH</u>
Director	<u>JACK TINDAL</u>
Director	<u>BARBARA KETCHAM</u>
Director	<u>DON KRAUTH</u>
Director	<u>JOHN NATION</u>

Individuals / Entities listed at time of formation

Director	<u>DOT HAGAN</u>
Director	<u>STEPHEN IMHOFF</u>
Director	<u>CLOUGH VENABLE</u>
Incorporator	<u>STEPHEN IMHOFF</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	2/21/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/6/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/4/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/24/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/27/2012	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/23/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/15/2010	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/19/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/20/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/13/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/31/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/1/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/2/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/27/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/16/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/17/2000	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	10/29/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	10/13/1999	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/23/1998	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	7/22/1996	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/30/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1990	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1987	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	11/17/1986	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/1/1986	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1986	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	4/29/1982	7 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/21/2016 7:41:24 AM	2/21/2016 7:41:24 AM	
Annual report	2/6/2015 10:21:35 AM	2/6/2015 10:21:35 AM	
Annual report	4/4/2014 11:08:21 PM	4/4/2014 11:08:21 PM	
Annual report	1/24/2013 12:40:20 PM	1/24/2013 12:40:20 PM	
Annual report	4/27/2012 3:58:29 PM	4/27/2012	
Annual report	2/23/2011 2:27:42 PM	2/23/2011	
Annual report	4/15/2010 12:08:09 PM	4/15/2010	
Annual report	2/19/2009 12:53:34 PM	2/19/2009 12:53:34 PM	
Annual report	2/20/2008 6:41:10 PM	2/20/2008 6:41:10 PM	
Annual report	3/13/2007 11:05:28 AM	3/13/2007	
Annual report	3/31/2006 12:57:51 PM	3/31/2006	
Registered agent address change	10/29/1999	10/29/1999	
Annual report	9/13/1999	9/13/1999	
Reinstatement	7/22/1996	7/22/1996	
Admin Dis. A. report not in	11/1/1995	11/1/1995	

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	5/20/2005	1 page
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