

SEP 29 2014 PM 3:13M.W.

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

**Applicant/Program:** Peterson-Dumesnil House Foundation

**Executive Summary of Request:**

NDF request for work on the Peterson-Dumesnil House carriage house. Work started in 2013 and continues this year as funding becomes available. This funding would be used for roof project for the carriage house

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

09  
District #

Tina Ward-Pugh  
Council Member Signature

\$2,500-  
Amount

09/29/14  
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.

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_

Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK  
REVIEWED

DATE 10-10-14 TIME 11:24am

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Peterson-Dumesnil House Foundation		
Program Name: Kyle Ethridge	Request Amount: Kyle Ethridge	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		Yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		Yes
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		Yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		Yes
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		Yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		n/a
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Yes
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		n/a
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		Yes
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		Yes
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		n/a
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		n/a
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		n/a
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		Yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		No
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		Yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		n/a
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		n/a
<b>Rent Requests:</b> Is a copy of signed lease included?		n/a
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		Yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		Yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		n/a
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		n/a
<b>Prepared by:</b> Kyle Ethridge		<b>Date:</b> 09/29/14



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>Peterson-Dumesnil House Foundation</b>	
<i>(as listed on: <a href="http://www.sos.kv.gov/business/records">http://www.sos.kv.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 301 S. Peterson Avenue, Louisville, KY 40206			
<b>Website:</b> www.petersondumesnil.org			
<b>Applicant Contact:</b>	Rosie Scott	<b>Title:</b>	President, Board Member
<b>Phone:</b>	502/897-0119	<b>Email:</b>	rosiescott318@outlook.com
<b>Financial Contact:</b>	Mike DaRif	<b>Title:</b>	Treasurer
<b>Phone:</b>	502/500-4157	<b>Email:</b>	miked2723@gmail.com
<b>Organization's Representative who attended NDF Training:</b> Rosie Scott			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Peterson-Dumesnil Carriage House Roof Restoration			
<b>Total Request: (\$)</b>	6,940	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$6,000
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
<b>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.</b>			
<b>Source:</b>	N/A	<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
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:**

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; to main it for future generations.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – 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.):**

Work on the Peterson-Dumesnil House carriage house began last year (2013) and is on going.

This program is a roof project for the carriage house that is the home of the caretaker and the maintenance shop for the Peterson-Dumesnil House.

The carriage house roof is in dire need of repair/maintenance. Estimated costs for the work is \$6,940.

While we do not know the exact age of the carriage house, a conservative estimate is 80 years old. Without the carriage house, upkeep on the historic Peterson-Dumesnil House would be very difficult.

Impact on the community and general public would be the loss of this historic home, its grounds and its future use for community and public events.

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

1. Power wash gutters inside; apply rubber liner; repair gutter and downspouts; fabricate/install 206 ft edging over back of gutter - \$2,168.75
2. Power wash roof, chimneys; make minor repairs to roof; caulk and seal (3) chimneys; repair front porch flashing; fill large cracks in concrete walls - \$2,168.75
3. Scrape and paint tin roof (one coat) - \$2,602.50

Total project - \$6,940



## 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:**

Effective October 24, 2013, reimbursements should not be made 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.

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.

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The conditions at the chimneys (3) including one active leak at the roof over front entry necessitated immediate repair action to avoid extensive interior damage. This was confirmed by Steinrock Roofing as well. The repair work was just phase one of the three phase process. Once the repair work was initiated, it was necessary to move to the additional phases and conclusion so that the initial efforts toward repair were not short lived.

If action was not taken when we did, additional monies would have been required to repair the interior.

# ALBERT STEINROCK

## ROOFING, INC.

3 Generation of Roofing, Metal Fabrication  
And Guttering

1509 Flat Rock Road / Louisville, Kentucky 40245  
PHONE 245-5307

# INVOICE

PETERSON - DUMESNIL HOUSE

DATE 1-18-14

301 S. PETERSON AVE.

COV., KY. 40206

807-9283 895-3558 FAX

DESCRIPTION	AMOUNT
CARRIAGE HOUSE :	
① POWER WASH GUTTERS INSIDE	
APPLY RUBBER LINER	
REPAIR GUTTER AND DOWNSPOUTS	
FABRICATE/INSTALL 206 FT. EDGING OVER	
BACK OF GUTTER	
	① 2168.75
② POWER WASH ROOF, CHIMNEYS	
MAKE MINOR REPAIRS TO ROOF	
CAULK AND SEAL ③ CHIMNEYS	
REPAIR FRONT PORCH FLASHING	
FILL LARGE CRACKS IN CONCRETE WALLS	
	② 2168.75
③ SCRAPE AND PAINT TIN ROOF (ONE COAT)	
	③ 2602.50
TOTAL	\$ 6940.00

# Thank You

PLEASE PAY FROM THIS INVOICE



**PETERSON DUMESNIL HOUSE  
FOUNDATION INC**  
301 S PETERSON AVE  
LOUISVILLE, KY 40206

2028  
21-752833

SEP 12 2014  
Date

**PAY to the**  
Order of ALBERT STEINBUCK PAVING | \$ 6940<sup>00</sup>

SIX THOUSAND NINE HUNDRED FORTY — Dollars

**FIRST CAPITAL BANK OF KENTUCKY**  
A Member FDIC with local roots  
LOUISVILLE, KY 40202

For THOMAS DAVIS 9/11/14 MIKE DAVIS  
Tommy Hamber

Pay to the credit of  
with named payee  
endorsement guaranteed  
at Bank - Anchorage 202

00



## 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 funds requested would directly impact the general public because the carriage house is home to the caretaker who maintains the house and property (1.3 acres).

The Peterson-Dumesnil House Foundation could not host the many events that are open to the community and the general public.

**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.**

This project is being launched and completed by the Peterson-Dumesnil House Foundation.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – 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 (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)	6,940		6,940
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	6,940		6,940
<b>% of Program Budget</b>	100 %	%	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	0
Fees Collected from Program Participants	0
Other (please specify)	0
<b>Total Revenue for Columns 2 Expenses **</b>	

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

\*\*Must equal or exceed total in column 2.

**Carriage House Roof Work:**

<b>1. Power wash gutters inside</b>	
Apply rubber liner	
Repair gutter and downspouts	
Fabricate/install 206 ft edging over back of gutter	<b>1) 2,168.75</b>
<b>2. Power wash roof, chimneys</b>	
Make minor repairs to roof	
Caulk and seal three chimneys	
Repair front porch flashing	
Fill large cracks in concrete walls	<b>2) 2,168.75</b>
<b>3. Scrape and paint tin roof</b>	<b>3) <u>2,602.50</u></b>
<b>Total</b>	<b>\$6,940.00</b>



## 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 6 – 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 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.
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 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.

#### 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.

n/a

### SECTION 7 – 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.

<b>Signature of Legal Signatory:</b>	<i>Rosemary S. Scott</i>	<b>Date:</b>	9/4/14
<b>Legal Signatory: (please print):</b>	Rosemary S Scott	<b>Title:</b>	President, PDHF
<b>Phone:</b>	502/897-0119	<b>Extension:</b>	
<b>Email:</b>	rosiescott318@outlook.com		

Internal Revenue Service  
District Director

Department of the Treasury

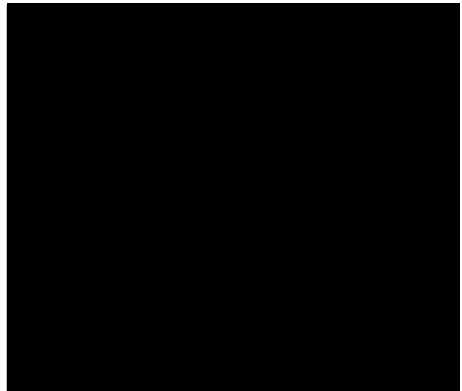
RECEIVED

JUN 18 1982

Date:

17 JUN 1982 BOROWITZ & GOLDSMITH  
CIN: EO: '82 1552

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



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)

201 11/1/77  
301 - 11/1/77



Internal Revenue Service  
District Director

Department of the Treasury

Date: JUN 27 1984

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.

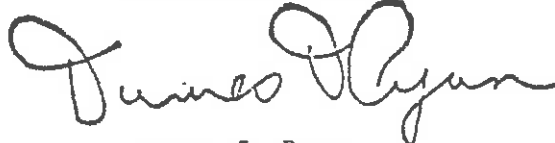
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and \*. Your exempt status under section 501(c)(3) of the code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

Letter 1050 (DO) (7-77)

**PETERSON-DUMESNIL HOUSE FOUNDATION  
FINAL 2014 BUDGET**

**1/22/2014**

	<b>2012 Actual</b>	<b>2013 Actual</b>	<b>2014 Budget</b>
<b>Revenue</b>			
Dividend Income	2,243	2,479	2,400
Interest Income	745	596	600
Realized Gain/(Loss)	385	553	500
Sub-Total	3,373	3,628	3,500
Revenue - House Rental	25,185	47,800	30,000
Revenue - Catering Share	6,925	10,077	10,000
Revenue - Friends of PDHF / Memberships	3,540	4,515	4,500
Revenue - Donations		1,128	500
Revenue - Grants		6,200	10,000
Revenue - Silent Auction	3,728	3,665	3,500
Revenue - Yard Sale	1,017	651	1,000
Sub-Total	40,395	74,036	59,500
<b>Total Revenue</b>	<b>43,768</b>	<b>77,664</b>	<b>63,000</b>
<b>Expense</b>			
Advertising	1,705	3,143	2,000
Bristol Management Fee	6,000	6,000	6,000
Carriage House Gas & Electric			1,908
Carriage House Maintenance	371	22,249	7,940
Carriage House Water			624
Computer/Office Supplies	435	1,497	500
Donations		425	400
Friends of PDHF Thank You Gifts	155	125	150
House Cleaning	1,020	766	500
House Décor/Improvements		3,177	3,800
House Gas & Electric	4,354	5,118	5,900
House Grounds Maintenance	2,987	8,691	3,300
House Insurance Expense	4,874	4,845	5,040
House Maintenance	5,781	14,728	14,000
House Supplies		318	1,000
House Telephone	1,007	1,147	1,147
House Waste Disposal	958	1,109	1,153
House Water	2,632	2,627	2,732
Insurance - Liability, D and O		604	628
Investment Fees / Expenses	1,392	1,592	700
Legal		719	0
Memberships		100	100
Tax Return / Regulatory Fees	890	890	800
Training		99	500
Travel/Meetings/Awards	289	710	200
Web Site Expense	125	1,025	1,025
Fourth of July	54		
Marketing	203		
Miscellaneous	407		
Yard Sale	251		
<b>Total Expense</b>	<b>35,890</b>	<b>81,704</b>	<b>62,047</b>
<b>Net Income</b>	<b>7,878</b>	<b>(4,040)</b>	<b>953</b>

**Peterson-Dumesnil House Foundation  
Board of Directors  
2013-2014  
(Updated August, 2014)**

**Officers**

**Rosie Scott, President, Member-at-Large**

**Jennifer Burleson, Member-at-Large**

**Janine Linder, CHCC**

2nd Term: Jan 2014-Dec 2016

Term: Jan 2014-Dec 2016

Term: \*Sept 2013  
Jan 2014-Dec 2016

**Tony Kamber, V-P, Member-at-Large**

**Josh Davis, CHCC**

Term: Jan 2013-Dec 2015

Term: Feb 2014-Dec 2016

**Victoria Moll, Member-at-Large**

Term: \*July 2013  
Jan 2014-Dec 2016

**Melissa Mershon, Secretary, CHCC**

**Len Dunman, Member-at-Large**

Term: Jan 2013-Dec 2015

2nd Term: Jan 2014-Dec 2016

**Jane Rose-Zupetz, Member-at-Large**

Term: Jan 2012-Dec 2014

**Mike DaRif, Treasurer, Member-at-Large**

**Judy Gogan, Member-at-Large**

Term: \*Aug 2013  
Jan 2014-Dec 2016

2nd Term: Jan 2014-Dec 2016

**Rita Simmons, Member-at-Large**

Term: \*Aug 2013  
Jan 2014-Dec 2016

**Board Members**

**Tim Allen, Member-at-Large**

**Frances Hammers, Member-at-Large**

2nd Term: Jan 2013-Dec 2015

**Greg Smith, CHCC**

Term: \*Oct 2013  
Jan 2014-Dec 2016

**Richard Humke, Member-at-Large**

Term: Feb 2014-Dec 2016

**Christie Bertram, Member-at-Large**

Term: Jan 2012-Dec 2014

**PDH Caretaker  
Rich Gering, Caretaker**

2nd Term: Jan 2014-Dec 2016

\*Filled unexpired term

The PDHF Board meeting is held at 6:30 pm on the fourth Wednesday of each month, except November and December

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

**Peterson-Dumesnil House Foundation  
Board of Directors  
(Updated August, 2014)**

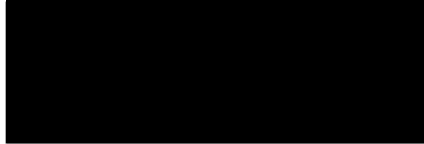
**Officers**

**Rosie Scott, President, Member-at-Large  
(Retired)**



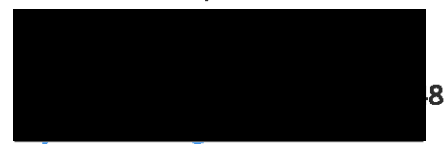
2nd Term: Jan 2014-Dec 2016  
Start date: Jan 2011-Dec 2013

**Jennifer Burleson, Member-at-Large**



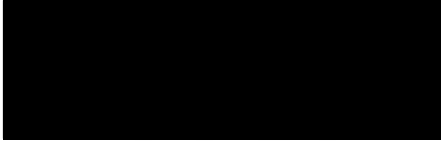
Start date: Jan 2014-Dec 2016

**Janine Linder, CHCC**



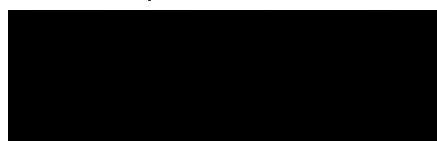
Jan 2014-Dec 2016  
Start date: \*Sept 2013

**Tony Kamber, V-P, Member-at-Large**



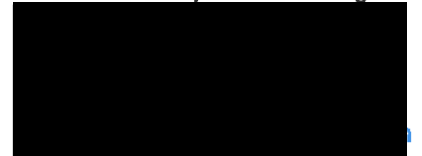
Start date: Jan 2013-Dec 2015

**Josh Davis, CHCC**



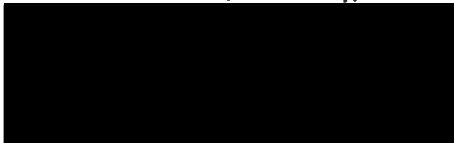
Start date: Feb 2014-Dec 2016

**Victoria Moll, Member-at-Large**



Jan 2014-Dec 2016  
Start date: \*July 2013

**Melissa Mershon, Secretary, CHCC**



Start date: Jan 2013-Dec 2015

**Len Dunman, Member-at-Large**



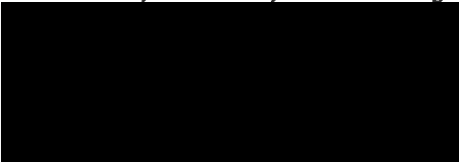
2nd Term: Jan 2014-Dec 2016  
Start date: Jan 2011-2013

**Jane Rose Zupetz, Member-at-Large**



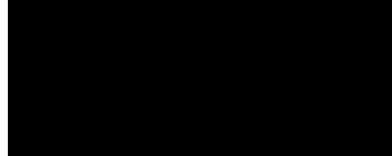
Start date: Jan 2012-Dec 2014

**Mike DaRif, Treasurer, Member-at-Large**



Jan 2014-Dec 2016  
Start date: \*Aug 2013

**Judy Gogan, Member-at-Large**



2nd Term: Jan 2014-Dec 2016  
Start date: Jan 2011-Dec 2013

**Rita Simmons, Member-at-Large**



Jan 2014-Dec 2016  
Start date: \*Aug 2013

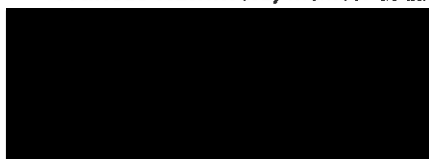
**Board Members**

**Tim Allen, Member-at-Large  
(Physician, Self-employed)**



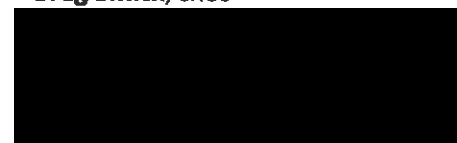
Jan 2014-Dec 2016  
Start date: \*Oct 2013

**Frances Hammers, Member-at-Large**



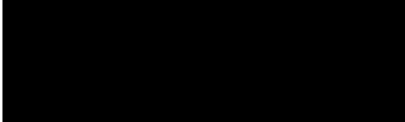
2nd Term: Jan 2013-2015  
Start date: Jan 2010-2012

**Greg Smith, CHCC**



Start date: Feb 2014-dec 2016

**Christie Bertram, Member-at-Large  
(Retired)**



2nd Term: Jan 2014-2016  
Start date: Jan 2011-2013

**Richard Humke, Member-at-Large**



Start date: Jan 2012-Dec 2014

\*Filled unexpired term

# PETERSON-DUMESNIL HOUSE FOUNDATION

## P&L As Of July 23, 2014

	<u>2014</u> <u>Actual</u>	<u>2014</u> <u>Budget</u>	<u>2013</u> <u>Actual</u>
<b>Revenue</b>			
Dividend Income	1,093	2,400	2,479
Interest Income	393	600	596
Realized Gain/(Loss)	(227)	500	553
Sub-Total	1,259	3,500	3,628
Revenue - House Rental	16,625	30,000	47,800
Revenue - Catering Share	2,299	10,000	10,077
Revenue - Friends of PDHF	2,680	4,500	4,515
Revenue - Donations	25,200	500	1,128
Revenue - Grants	7,437	10,000	6,200
Revenue - Silent Auction	940	3,500	3,665
Revenue - Yard Sale	940	1,000	651
Sub-Total	55,181	59,500	74,036
<b>Total Revenue</b>	<b>56,440</b>	<b>63,000</b>	<b>77,664</b>
<b>Expense</b>			
Advertising	1,034	2,000	3,143
Bristol Management Fee	3,000	6,000	6,000
Carriage House Gas & Electric	1,346	1,908	
Carriage House Maintenance	3,945	7,940	22,249
Carriage House Water	313	624	
Computer/Office Supplies	50	500	1,497
Donations		400	425
Friends of PDHF Thank You Gifts		150	125
House Cleaning		500	766
House Décor/Improvements	3,380	3,800	3,177
House Gas & Electric	3,764	5,900	5,118
House Grounds Maintenance	5,406	3,300	8,691
House Insurance Expense	5,171	5,040	4,845
House Maintenance	3,402	14,000	14,728
House Supplies	162	1,000	318
House Telephone	629	1,147	1,147
House Waste Disposal	812	1,153	1,109
House Water	922	2,732	2,627
Insurance - Liability, D and O	575	628	604
Investment Fees / Expenses	692	700	1,592
Legal			719
Marketing	123		
Memberships		100	100
Tax Return / Regulatory Fees	1,000	800	890
Training		500	99
Travel/Meetings/Awards		200	710
Web Site Expense	1,175	1,025	1,025
<b>Total Expense</b>	<b>36,901</b>	<b>62,047</b>	<b>81,704</b>
<b>Net Income</b>	<b>19,539</b>	<b>953</b>	<b>(4,040)</b>

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial 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  
 (502) 584-9793

**F** Name and address of principal officer: **MICHAEL DARIF**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **82,267.**

**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)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

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

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO MAINTAIN THE PETERSON-DUMESNIL HOUSE, A FEDERAL, STATE AND LOCAL LANDMARK, AND TO</b>		
	2 Check this box <input type="checkbox"/> 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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	14
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,540.	13,021.
	9 Program service revenue (Part VIII, line 2g)	36,855.	61,301.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,373.	3,629.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	4,316.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,768.	82,267.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,390.	81,629.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,390.	81,629.	
19 Revenue less expenses. Subtract line 18 from line 12	6,378.	638.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,158,573.	End of Year 1,158,704.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,158,573.	1,158,704.

**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, TREASURER**  
 Date: \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: **BARBARA A. LASKY**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed  PTIN: **P00015280**  
 Firm's name: **ANDERSON, BRYANT, LASKY & WINSLOW, PSC** Firm's EIN: **61-1227965**  
 Firm's address: **943 SOUTH FIRST 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

X

1 Briefly describe the 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.

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 X

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

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 \$ 76,662. including grants of \$ ) (Revenue \$ 61,301.) 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 76,662.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		



**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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) and 501(c)(4) 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 so, 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, Part 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?	X	

Note. All Form 990 filers are required to complete Schedule O

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 number, question text, sub-column (e.g., 1a, 1b), and Yes/No columns. Contains questions 1 through 14b regarding IRS filings and tax compliance.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7, or 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1 4</b> 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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1 4</b>		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	<b>a</b> The governing body? .....	X	
<b>8b</b>	<b>b</b> Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>10b</b>	<b>b</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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....		X
<b>12a</b>	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....		X
<b>12b</b>	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		
<b>12c</b>	<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....		
<b>13</b>	Did the organization have a written whistleblower policy? .....		X
<b>14</b>	Did the organization have a written document retention and destruction policy? .....		X
<b>15</b>	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?		
<b>15a</b>	<b>a</b> The organization's CEO, Executive Director, or top management official .....		X
<b>15b</b>	<b>b</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).		
<b>16a</b>	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>16b</b>	<b>b</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? .....		

**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, physical address, and telephone number of the person who possesses the books and records of the organization: **►**  
**MICHAEL DARIF - 502-500-4157**  
**301 SOUTH PETERSON AVENUE, LOUISVILLE, KY 40206**

**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 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) ROSEMARY SCOTT PRESIDENT	1.00	X		X				0.	0.	0.
(2) TONY KAMBER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) MELISSA MERSHON SECRETARY	1.00	X		X				0.	0.	0.
(4) MICHAEL DARIF TREASURER	1.00	X		X				0.	0.	0.
(5) TIM ALLEN DIRECTOR	1.00	X						0.	0.	0.
(6) CHRISTIE BERTRAM DIRECTOR	1.00	X						0.	0.	0.
(7) LEN DUNMAN DIRECTOR	1.00	X						0.	0.	0.
(8) JUDY GOGAN DIRECTOR	1.00	X						0.	0.	0.
(9) FRANCES HAMMERS DIRECTOR	1.00	X						0.	0.	0.
(10) RICHARD HUMKE DIRECTOR	1.00	X						0.	0.	0.
(11) JANINE LINDER DIRECTOR	1.00	X						0.	0.	0.
(12) VICTORIA MOLL DIRECTOR	1.00	X						0.	0.	0.
(13) JANE ROSE-ZUPETZ DIRECTOR	1.00	X						0.	0.	0.
(14) RITA SIMMONS DIRECTOR	1.00	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 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			
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							0.	0.	0.	

**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
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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**

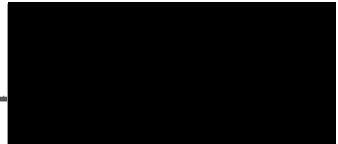
**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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	1 a Federated campaigns	1a				
	b Membership dues	1b	5,693.			
	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	7,328.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		13,021.			
Program Service Revenue	2 a HISTORIC HOUSE EVENTS	Business Code 531390	61,301.	61,301.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		61,301.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,076.		3,076.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	553.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	553.			
	d Net gain or (loss)		553.		553.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	4,316.			
		b Less: direct expenses	0.			
c Net income or (loss) from fundraising events			4,316.		4,316.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a 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		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		82,267.	61,301.	0.	7,945.	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	719.	719.		
c Accounting	890.	890.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,592.		1,592.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,143.	3,143.		
13 Office expenses	1,419.		1,419.	
14 Information technology	1,025.	1,025.		
15 Royalties				
16 Occupancy				
17 Travel	350.		350.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	360.		360.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,450.	5,450.		
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 MAINT'E	48,846.	48,846.		
b UTILITIES	8,855.	8,855.		
c TELEPHONE	1,147.		1,147.	
d JANITORIAL	766.	766.		
e All other expenses	1,067.	968.	99.	
25 Total functional expenses. Add lines 1 through 24e	81,629.	76,662.	4,967.	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  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	
<b>Assets</b>	1	Cash - non-interest-bearing	37,156.	1	34,312.
	2	Savings and temporary cash investments	215,962.	2	218,937.
	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 instr). Complete Part II of Sch 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	905,455.		
	b	Less: accumulated depreciation		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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,158,573.	16	1,158,704.	
<b>Liabilities</b>	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	<b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.	
<b>Net Assets or Fund Balances</b>	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	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	1,158,573.	32	1,158,704.
33	<b>Total net assets or fund balances</b>	1,158,573.	33	1,158,704.	
34	<b>Total liabilities and net assets/fund balances</b>	1,158,573.	34	1,158,704.	



**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	82,267.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,629.
3	Revenue less expenses. Subtract line 2 from line 1	3	638.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,158,573.
5	Net unrealized gains (losses) on investments	5	-507.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,158,704.

**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
2b	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
2c	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
3b	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		

Form 990 (2013)



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	181.	6,034.	5,672.	3,540.	5,693.	21,120.
<b>2</b> 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 .....	35,034.	48,220.	53,470.	40,228.	75,073.	252,025.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....					1,575.	1,575.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....	35,215.	54,254.	59,142.	43,768.	82,341.	274,720.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8</b> Public support (Subtract line 7c from line 6.) .....						274,720.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....	35,215.	54,254.	59,142.	43,768.	82,341.	274,720.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	5,389.	3,475.	3,320.	3,373.	3,629.	19,186.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	5,389.	3,475.	3,320.	3,373.	3,629.	19,186.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) .....	40,604.	57,729.	62,462.	47,141.	85,970.	293,906.

**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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	93.47	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	16		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	6.53	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18		%

**19a** 33 1/3% support tests - 2013. 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 - 2012. 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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

PETERSON-DUMESNIL HOUSE FOUNDATION, INC.

Employer identification number

3

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

- 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

- 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) Revenues included in 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 Revenues included in 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**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant part of the organization's collection (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" to 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?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 in 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:

	Yes	No
(I) unrelated organizations	3a(I)	
(II) related organizations	3a(II)	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b	

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" to 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 10(c).)  905,455.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

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.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

PETERSON-DUMESNIL HOUSE FOUNDATION, INC.

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS

OPERATE IT BY LEASING IT TO COMMUNITY PERSONS OR INSTITUT

PURPOSE OF RAISING FUNDS TO PRESERVE THE HISTORIC HOME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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, SECTION A, LINE 4:

EXPLANATION: NEW LANGUAGE WAS ADDED TO ADDRESS WHAT HAPPENS WHEN AN OFFICER POSITION (PRESIDENT, VICE PRESIDENT, SECRETARY OR TREASURER) IS VACATED (VICE PRESIDENT BECOMES PRESIDENT IF PRESIDENT VACATES, NOMINATING COMMITTEE RECOMMENDS A BOARD MEMBER TO REPLACE VICE PRESIDENT, SECRETARY OR TREASURER, WITH APPROVAL BY A SIMPLE MAJORITY OF BOARD MEMBERS PRESENT).

Name of the organization

PETERSON-DUMESNIL HOUSE FOUNDATION, INC.

THE DEFINITION OF A "MAJORITY" WAS CHANGED (OLD DEFINITION REQUIRED THAT A MINIMUM OF 10 BOARD MEMBERS BE PRESENT, NEW DEFINITION REQUIRES A SIMPLE MAJORITY OF THOSE BOARD MEMBERS PRESENT).

THE PROCEDURE FOR REMOVING A BOARD MEMBER FOR CAUSE WAS CHANGED (OLD PROCEDURE REQUIRED A MAJORITY WITH AT LEAST 10 BOARD MEMBERS PRESENT, NEW PROCEDURE REQUIRES A 2/3 MAJORITY OF THE BOARD).

THE REQUIREMENT FOR A QUORUM WAS CHANGED (OLD REQUIREMENT WAS THAT AT LEAST 10 BOARD MEMBERS BE PRESENT, NEW REQUIREMENT IS A SIMPLE MAJORITY OF THE BOARD).

NEW LANGUAGE WAS ADDED TO ADD AN EXECUTIVE COMMITTEE (COMPRISED OF THE FOUR OFFICERS AND THE IMMEDIATE OUTGOING PRESIDENT) AND TO GIVE THE EXECUTIVE COMMITTEE RESPONSIBILITIES INCLUDING AUTHORIZING ELECTRONIC VOTING IN EXTRAORDINARY CIRCUMSTANCES AND RECOMMENDING TO THE FULL BOARD REMOVAL OF ANY BOARD MEMBER FOR CAUSE.

THE PROCEDURE FOR AMENDING OR RESTATING THE BYLAWS WAS CHANGED (OLD PROCEDURE ALLOWED CHANGES ONLY AT AN ANNUAL OR SPECIALLY-CALLED MEETING AND REQUIRED THAT A MINIMUM OF 10 BOARD MEMBERS BE PRESENT, NEW PROCEDURE ALLOWS CHANGES AT ANY CALLED BOARD MEETING).

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATION FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

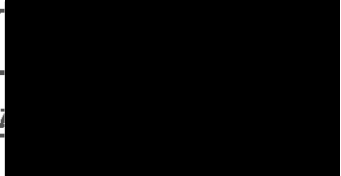
FORM 990, PART VI, SECTION C, LINE 19:

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

PETERSON-DUMESNIL HOUSE FOUNDATION, INC.



EXPLANATION: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE

PUBLIC UPON REQUEST.

Lined area for providing an explanation of the financial statements.

FILED IN OFFICE

A 19531

APR 30 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.

*James J. Hill*  
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 273 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.

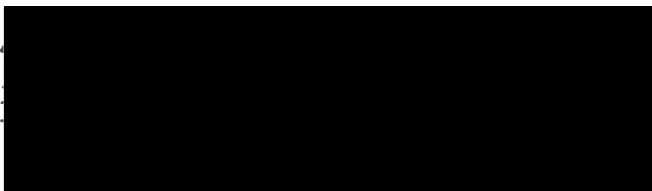
#### ARTICLE VII

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 273.400 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  
Stephen Imhoff  
Clough Venable



The offices of the corporation shall consist of a President, Vice-President, Secretary and a Treasurer, and any other offices that the ByLaws proscribe; 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 proscribed 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.

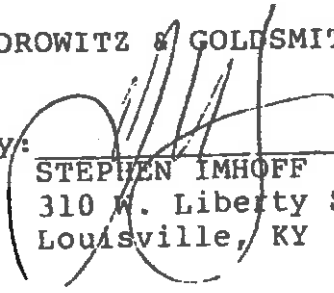
My commission expires: Sept. 24, 1984.

Mary Coleman  
NOTARY PUBLIC, STATE-AT-LARGE, KY.

THIS INSTRUMENT PREPARED BY:

BOROWITZ & GOLDSMITH

By:

  
\_\_\_\_\_  
STEPHEN IMHOFF  
310 W. Liberty Street  
Louisville, KY 40202

1645B  
4/27/82  
0064B

**ALBERT STEINROCK**  
**ROOFING, INC.**  
 3 Generation of Roofing, Metal Fabrication  
 And Guttering  
 1509 Flat Rock Road / Louisville, Kentucky 40245  
 PHONE 245-5307

Proposal  
**INVOICE**

PETERSON - DUMESNIL HOUSE  
301 S. PETERSON AVE.  
COO., KY. 40206  
807-9283 895-3558 FAX

DATE 1-18-14

DESCRIPTION	AMOUNT
CARRIAGE HOUSE :	
① POWER WASH GUTTERS INSIDE	
APPLY RUBBER LINER	
REPAIR GUTTER AND DOWNSPOUTS	
FABRICATE/INSTALL 206 FT. EDGING OVER	
BACK OF GUTTER	
	① 2168.75
② POWER WASH ROOF, CHIMNEYS	
MAKE MINOR REPAIRS TO ROOF	
CAULK AND SEAL ③ CHIMNEYS	
REPAIR FRONT PORCH FLASHING	
FILL LARGE CRACKS IN CONCRETE WALLS	
	② 2168.75
③ SCRAPE AND PAINT TIN ROOF (ONE COAT)	
	③ 2602.50
TOTAL	\$6940.00

Thank You  
 PLEASE PAY FROM THIS INVOICE

**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.

Name  
**PETERSON - DUMESNIL HOUSE FOUNDATION, INC.**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

Address (number, street, and apt. or suite no.)  
**301 S. PETERSON AVE.**

City, state, and ZIP code  
**LOUISVILLE, KY 40206**

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. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 2. 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 2.

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

**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).
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all income, and I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**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 2.)

Sign Here      Signature of U.S. person **M. D. J. [Signature]**      Date **7/22/2014**

TREASURER

**Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II Instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate instructions for the Requester of Form W-9.

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

**PETERSON-DUMESNIL HOUSE FOUNDATION, INC.****General Information**

<b>Organization Number</b>	0166433
<b>Name</b>	PETERSON-DUMESNIL HOUSE FOUNDATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	4/29/1982
<b>Organization Date</b>	4/29/1982
<b>Last Annual Report</b>	4/4/2014
<b>Principal Office</b>	301 S. PETERSON AVE. LOUISVILLE, KY 40206
<b>Registered Agent</b>	STEPHEN IMHOFF 429 W. MUHAMMAD ALI BLVD. STE 502 LOUISVILLE, KY 402022345

**Current Officers**

<b>President</b>	<u>ROSIE SCOTT</u>
<b>Vice President</b>	<u>TONY KAMBER</u>
<b>Secretary</b>	<u>MELISSA MERSHON</u>
<b>Treasurer</b>	<u>MICHAEL DARIF</u>
<b>Director</b>	<u>TIM ALLEN</u>
<b>Director</b>	<u>CHRISTIE BERTRAM</u>
<b>Director</b>	<u>JENNIFER BURLESON</u>
<b>Director</b>	<u>JOSH DAVIS</u>
<b>Director</b>	<u>LEN DUNMAN</u>
<b>Director</b>	<u>JUDY GOGAN</u>
<b>Director</b>	<u>FRANCES HAMMERS</u>
<b>Director</b>	<u>RICHARD HUMKE</u>
<b>Director</b>	<u>IANINE LINDER</u>
<b>Director</b>	<u>VICTORIA MOLL</u>
<b>Director</b>	<u>IANE ROSE-ZUPETZ</u>
<b>Director</b>	<u>RITA SIMMONS</u>
<b>Director</b>	<u>GREG SMITH</u>
<b>Director</b>	<u>NELL TINGLE</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>DOT HAGAN</u>
<b>Director</b>	<u>STEPHEN IMHOFF</u>

**Director**  
**Incorporator**

CLOUGH VENABLE  
STEPHEN IMHOFF

## 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>	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>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	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	4/27/2012	

	3:58:29 PM	
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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