

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

Applicant/Program: Kentucky Center for African-American Heritage Kin Killin' Kin *Art Exhibit*
Applicant Requested Amount: \$10,000
Appropriation Request Amount: \$10,000

Executive Summary of Request
This visually powerful and thought-provoking traveling exhibition focuses on youth and gun violence in our communities. The KY Center for African American Heritage will host this exhibit of original works by James Pate from his highly acclaimed KKK, September - November 2018. This series speaks to the need of engaging our youth in finding positive alternatives and solutions to the violence and negative behaviors.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

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

5 District # *Cheri B Hamilton* Primary Sponsor Signature \$10,000 Amount 5-31-18 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
Final Appropriations Amount: _____

Applicant/Program:

Kentucky Center for African American Heritage Kin Killin' Kin Exhibit

Additional Disclosure and Signatures

Additional Council Office 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.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Kentucky Center for African American Heritage Kin Killin' Kin Exhibit

Additional Disclosure and Signatures

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District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Kentucky Center for African American Heritage	
Program Name and Request Amount Kin Killin' Kin Exhibit \$10,000	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Prepared by: Myra Friend Ellis	Date: 5-31-18

Proposal for the Kin Killin' Kin Exhibit at the Kentucky Center for African American Heritage

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- 1. Kin Killin' Kin Brochure**
- 2. IRS 501c3 Determination Letter**
- 3. Current Year Projected Budget**
- 4. 2016 990**
- 5. Current Financial Statement**
- 6. W9**
- 7. Articles of Incorporation**
- 8. Audit*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: Kentucky Center for African American Heritage			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1701 West Muhammad Ali Blvd			
Website: www.kcaah.org			
Applicant Contact:	Aukram Burton	Title:	Executive Director
Phone:	502-583-4855	Email:	aukram@kcaah.org
Financial Contact:	Hosea Mitchell	Title:	Chief Financial Officer
Phone:	502-583-4100	Email:	hosea.mitchell@kcaah.org
Organization's Representative who attended NDF Training: <i>Hosea Mitchell</i>			
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): 1701 West Muhammad Ali Blvd			
Council District(s): 4		Zip Code(s): 40203	
PROGRAM/PROJECT NAME: Kin Killing Kin <i>ART Exhibit (operating exp)</i>			
Total Request: (\$) 10,000.00		Total Metro Award (this program) in previous year: (\$) 0.00	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	<i>Metro General Fund</i>	Amount: (\$)	<i>\$ 200,000</i>
Source:	<i>EAF</i>	Amount: (\$)	<i>\$ 10,000</i>
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No IN PROGRESS			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Kentucky Center for African American Heritage works to enhance the public's knowledge about the history, heritage and cultural contributions of African-Americans in Kentucky. In addition to its commitment to preserving the traditions and accomplishments of the past, the Center is a vital, contemporary institution, providing space for performances of all types, ranging from stage plays and community festivals to art exhibits of all mediums.

In each event we host, we welcome the community to explore relevant, current social issues and express their reactions and solutions in creative, constructive ways. We are passionate about gun violence prevention, and as members of the Mayor's Violence Prevention Task Force since 2011, we have contributed our space and programming to support arts as a vehicle for discussion and problem-solving. Recently we hosted a reading of "Zooman and the Sign", which focuses on the community's fear to reveal a killer despite the victim's family's attempts for justice, and we are currently hosting the I.M.A.G.I.N.E. Peace Now exhibit, featuring decommissioned guns transformed into art objects to explore artistic expressions of peace. We are looking forward to hosting "Kin Killing Kin" Traveling Exhibit this fall to continue raising awareness and highlighting all perspectives of the violence epidemic.

Three Highest Paid Staff Names	Annual Salary
Aukram Burton	24,600
Hosea Mitchell	\$37,800
Patrice Taylor	\$19,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE	
A: Describe the program/project start and end dates, with regards to specific client population the program will address (attach related flyers, planning minutes, designs, permits, proposals for services/goods, etc.):	DIRECTORS AND BOARD STAFF Name, Title, End Date
<p>Bernard Minnis</p> <p>Marshall Bradley</p> <p>In September 2018-November 2018, we are planning to invite the “Kin Killing Kin” Traveling Art Exhibit curated by James Pate. It is a visual, thought-provoking exhibit, focused on youth and gun violence in the community. Gun assaults are portrayed with the offenders and victims dressed in pointed hoods to compare the 4,742 recorded lynchings between 1882-1968 to the 4,412 black male gun homicides in the years 2010-2017. In addition to the 8-week showing, we will host 4-6 discussion groups and workshops with the curator for youth groups to express their concerns about gun violence, the various causes, and brainstorm workable solutions that they can take back to their neighborhoods, families, and friends. We will focus our marketing and recruitment to youth in the Russell, California, and Shawnee neighborhoods and ensure that conversations are impactful and motivate and equip participants to make changes in their circles of influence. KCAAH will collaborate with the Jefferson County Public Schools’ Diversity, Equity, & Poverty Programs Division to assist with recruiting teachers for in-service programs and students for hands-on workshops.</p>	<p>Neville Blakemore</p> <p>Jeana Dunlap</p> <p>John Johnson</p> <p>Kevin Simpson</p>
<p>From James Pate Artist Statement: “The concept of comparing Black-on-Black terrorism to Ku Klux Klan terrorism came directly from conversation among us in the Black community. It is often said that we (African Americans), in a strange fruit kind of way, are doing the business of the KKK with our Black-on-Black violence. Every piece that I complete is also my way of accepting responsibility as a member and team player in my community.”</p>	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Please view the attached brochure for visuals.

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

We are requesting \$10,000 for the following:

\$3,300 Exhibition Costs for an 8-week display

We will display 13 high quality photographs of all "Kin Killin Kin" images, mounted on 2 free-standing Plexiglas panels.

12 photos images of drawings

1 photo image of oil painting

13 labels for Art Work

Sponsor listing

Quotes from gallery visitors

Supporting Material (props depicting a crime scene)

- Police tape for wall below images
- Bullet casings for floor placement

\$600 Shipping Costs

\$6,100 Artist Engagement fee

- Public presentation by James Pate
- Hands-on art workshops for Youth/Community
- Travel
- Lodging

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

- Per-diem

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

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Our goals are:

- to increase awareness of the impact of inter-community gun violence among visitors/participants
- to equip youth and young adults ages 13-24 with tools to impact their peers
- to ensure that 75% of visitors and workshop participants are youth/young adults 13-24 residing in the Russell, California, and Shawnee neighborhoods.

We will measure these goals by:

- using demographic sign-in forms
- using visitor surveys at the exhibit location which include open-ended questions examining the themes highlighted in the portraits.
- graphically recording discussion group outcomes

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.

We will work with the following organizations in August and September to recruit youth and young adults to the discussion groups and workshops held during the exhibit:

Shawnee High School and Central High School are located in the neighborhoods from which we would like the highest attendance. We will work with the assistant principals, counselors and FRYSCs to recruit 15-20 students.

Youth Build, Job Corp, and Kentuckiana Works work with young people ages 18-24 that may have had experiences with law enforcement officials. We will work with representatives to recruit several participants.

Local barber shops and neighborhood corner stores are often frequented by youth ages 13-24. We will connect with these local shops on advertising.

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES. We will also work with Louisville Metro Housing Authority community liaisons to recruit young residents in

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	NonMetro Funds	Total Funds
A: Personnel Costs Including Benefits		5500.00	5500.00
B: Rent/Utilities		8000.00	8000.00
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	10000.00		10000.00
*TOTAL PROGRAM/PROJECT FUNDS	10000.00	13500.00	23,500
	43%	57%	100%

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

- Other State, Federal or Local Government
- United Way
- Private Contributions (do not include individual donor names)
- Fees Collected from Program Participants
- Other (please specify)

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Total of Column 1 MUST match "Total Request on Page 1, Section 2"*
***Must equal or exceed total in column 2.*

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Exhibition Cost (outlined above)	\$3,300		\$3,300
Artist Engagement Fee (outlined above) - Artist fee - Travel - Lodging - Per-diem	\$6,100		\$6,100
Shipping Costs	\$600		\$600
Total	\$10,000		\$10,000

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

*** 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:

One-third of our budget is determined by Louisville Metro Council each year. These funds cover a portion of operating and maintenance costs. We anticipate a 30% decrease in this allocation, but it will not affect our overall budget.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

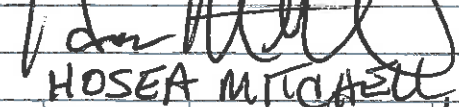
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	May 25, 2018
Legal Signatory: (please print):	HOSEA MITCHELL	Title:	CHIEF OPERATIVE
Phone:	(502) 583-4100	Extension:	
		Email:	HOSEA.MITCHELL@KCAAH.ORG

Applicant's Initials **AB**

Kin Killin' Kin Brochure

**JAMES
PATE'S
KKK
SERIES**

KIN KILLIN' KIN



**TRAVELING
ART EXHIBIT**

AVAILABLE 2013 & 2014 • ORGANIZED BY

SHANGO: Center for the Study of African American Art and Culture, Inc.

AND EbonNia Gallery



Professor Karen Brame El-Amin
 Central State University, Dayton Campus
 Sinclair Community College
 Educational Consultant to the Exhibit

University of Dayton,
 Bachelor of Arts
 Psychology and Criminal Justice
 University of Michigan,
 Masters in Education
 Columbia University,
 Masters in African American Studies

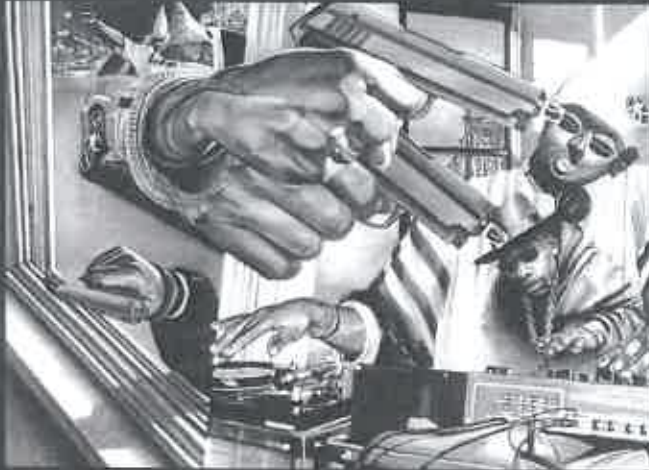


Exhibit Concept

As a community-based art studio and gallery, we are conscious of some of the diverse roles that the arts can serve in efforts to reflect the beauty, vitality and abundance of creative energy in the community.

We also realize that the arts can focus on some of the critical problems that face our community today. One of those critical problems in the community and the nation, is the rapidly rising youth and gun violence that has reached an epidemic level and has threatened the very core of the African American community.

The KKK Series: Kin Killin' Kin is offered as a visual experience in hopes of engaging our youth and community in acknowledging the harsh reality of gun violence, and to dialogue positive alternatives and solutions to the violence and negative behavior.

Willis Bing Davis, Director
 Founder and Director,
 SHANGO, Center for the Study of
 African American Art and Culture, Inc.

Director,
 Ebonika Gallery



12 Charcoal Drawings: 40" X 30"
 1 Oil Painting: 60" X 36"

“Urban youth are concerned about gun violence in the community.”

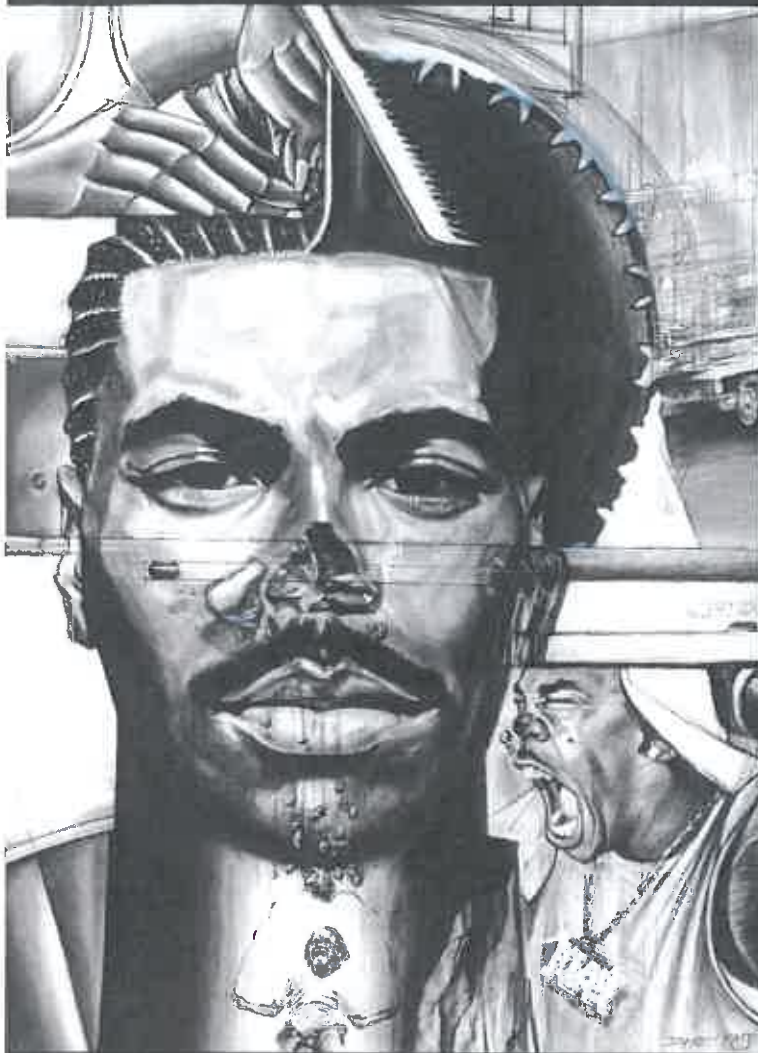
— Willis Bird Davis, Curator



Youths and community groups interact with the KKK Exhibit Series. [L-R]

1. Wall of Shame: A poignant display of news articles on gun violence in the Dayton community.
2. Youth Leadership Program, students from various urban and suburban high schools.
3. Dayton Early College Academy High School, University of Dayton.
4. Grief-To-Grace support group. A mother anguished by the lost of her child to gun violence.
5. Honored Guests: Youth from the Precious Blood Center, Ministry To Incarcerated Youth, Chicago, Illinois.
6. Grief-To-Grace support group. Each of these parents lost a child to violence.
7. Fairview Elementary School girls session; Students, teachers and parents dialogue.
8. Recording causes, recording solutions; A concentrated study of gun violence in the Dayton community.
9. Academic approach to the impact of gun violence in the Dayton community.
10. Pictured below is a circle session with the artist James Pate. Students were encouraged to discuss forms of violence and explore individual and collective solutions to violence in their communities.





JAMES PATE'S KKK SERIES
KIN KILLIN' KIN
TRAVELING ART EXHIBIT



ORGANIZED BY



SHANGO
 CENTER FOR THE STUDY OF
 AFRICAN AMERICAN ART AND CULTURE

Contact Information:

Willis Bing Davis, Director
 SHANGO, Center for the Study of
 African American Art and Culture
 EbonNia Gallery
 1135 West Dr. Martin Luther King, Jr. Way
 Dayton, Ohio 45402 USA

Phone: 937.223.2290

Fax: 937.223.2293

Email: bing@WBDavesArt.com

Website: BingDavis.com

Organizational Sponsors:

- Dayton Power & Light Foundation
- Iddings Foundation
- Wright State University,
Friends Of The Libraries
- Cox Media Group, Dayton, Ohio
- John and Juanita Peard Family Trust
- Optimists Club of Dayton
- National Association for the
Advancement of Colored People,
Dayton Unit
- Jack & Jill of America, Dayton Chapter
- Macedonia Baptist Church

Individual Sponsors:

- Crystal Elaine
- Karen Garmon
- John and Donna Gibson
- Shalim's Parent of
Chaminade, Jullienne High School
- Mary Morgan
- James and Jess Little
- Bill Phaul
- Zeva Schub
- Shirley Northcreek
- Fred and Kathryn Ungerman
- Charles and Mary Halliman
- Rupert H. Barthelmy
- John Wyndell

In-Kind Service:

- Andy Snow Photography
- Central State University, Dayton Campus,
Professor Karen Brame El-Amin
- University of Dayton Art Department,
Professor Joanne Philipp and students
Professor Judith Huzbaja and students

Photographers:

- Andy Snow
- Robert Patrick III
- Willis Bing Davis

Catalog, Flyer & Postcard Designer:

- William L. Pittsford III

JAMES PATE'S KKK SERIES TRAVELING ART EXHIBIT

KIN KILLIN' KIN



James Pate's Kin Killin' Kin Traveling Art Exhibit opened in a city where school systems had to cancel field trips due to budget restraints; yet, ninety-one organizations found ways to bring youth to experience the exhibit.

After viewing the art exhibit, youth engaged in impromptu discussion groups that turned into "healing circles" where youth expressed their high interest and passionate concern to discuss

some of the diverse causes and workable solutions to the growing epidemic of youth and gun violence in the Dayton community.

The Kin Killin' Kin series is a visually powerful and thought-provoking exhibit that focuses on youth and gun violence in the community.

This art exhibit is available for rental 2013 and 2014.

Exhibit Concept

As a community-based art studio and gallery, we are conscious of some of the diverse roles that the arts can serve in efforts to reflect the beauty, vitality and abundance of creative energy in the community.

We also realize that the arts can focus on some of the critical problems that face our community today. One of those critical problems in the community and the nation, is the rapidly rising youth and gun violence that has reached an epidemic level and has threatened the very core of the African-American community.

James Pate's KKK Series: Kin Killin' Kin Traveling Art Exhibit is offered as a visual experience in hopes of engaging our youth and community in acknowledging the harsh reality of gun violence, and to dialogue positive alternatives and solutions to the violence and negative behavior.

Willis Bing Davis, Curator
Director, EbonNia Gallery



Professor Karen Brame El-Amin,
Educational Consultant to the Exhibit

Kin Killin' Kin Traveling Art Exhibit

James Pate's KKK Series: Kin Killin' Kin traveling art exhibit is being offered in two formats.

Host Venues Will Receive

Format One: 13 Original Works of Art will be available to museums, galleries and cultural institutions that can provide traditional exhibition standards relative to space, security, insurance, lighting, and programming.

Length of Display: 4 to 7 weeks
Cost: \$6000 plus shipping

Original Works Of Art

- 12 Charcoal Drawings 40" x 30"
- 1 Oil Painting 60" x 36"
- 13 Labels for Art Work

Wall Text Panels [Quantity 2]

Panel One

- Exhibit Title
- Concept Statement
- Curator's Statement
- Sponsors of Traveling Exhibit

Panel Two

- Artist's statement with photo of artist
- Educational Consultant - statement with photo
- Selected quotes from gallery visitors

Supporting Material

[Props depicting crime scene]

- Police tape for wall below images
- Bullet casings for floor placement
- Copies of newspapers articles

Host Venues Will Receive

Format Two: 13 Photos of Images on Plexiglas Panels

This exhibit consists of high quality photographs of all thirteen Kin Killin' Kin Images, mounted on free-standing Plexiglas panels.

This durable format is ideal for schools, community centers, churches, and synagogues.

Length of Display: 4 to 7 weeks
Cost: \$3000 plus shipping

Photo of Images on Plexiglas panels

- 12 Photo Images of Drawings
- 1 Photo Image of Oil Painting
- 13 Labels for Art Work

Panel One

- Exhibit Title
- Concept Statement
- Curator's Statement
- Sponsors' Listing

Panel Two

- Artist's statement with photo of artist
- Educational Consultant - statement with photo
- Selected quotes from gallery visitors

Supporting Material

[Props depicting crime scene]

- Police tape for wall below images
- Bullet casings for floor placement
- Copies of newspapers articles

Note: Presentations and workshops are custom designed to meet goals and objectives of sponsoring organizations.

Other Available Services

At Additional Cost:

1. Guest Curator, Willis Bing Davis
2. Public Presentations:
 - Curator, Willis Bing Davis
 - Artist, James Pate
 - Education Consultant, Professor Karen Brame El-Amin
 - Docent Training
3. Hands-on Art Workshops:
 - Teacher In-service
 - Youth/Community
 - Emerging Artists

Quotes from Visitors to the Exhibit

"Speechless and amazed at the KKK Series. When an artist is anointed, it's obvious! Thanks for sharing your gift."
S. Grace, Atlanta, Georgia

"It is amazing, edgy and relevant. I was saddened, enlightened and then inspired by the dialogue that followed. I only can compare it to my feelings after leaving the Holocaust Museum in Washington, D.C. Anyone or any organization who promotes non-violence should see this exhibit..."
M. Roediger, Dayton, Ohio

"Mr. Pate has a wonderful vision of what is going on today and not only that, you can feel, see it, and understand what he is really saying. Thanks."
T. Jimel, Dayton, Ohio

"Hell, we 'bout to put the Klan out of business. We killin' each other."
Man on the street, Dayton, Ohio

Contact Information:

Willis Bing Davis, Founder & Director
SHANGO: Center for the Study of African American Art and Culture, Inc.
1135 West Dr. Martin Luther King, Jr. Way
Dayton, Ohio 45402 USA

Willis Bing Davis Art Studio
EbonNia Gallery
Phone: 937.223.2290
Fax: 937.223.2293
Email: Bing@WBDavisArt.com
Website: BingDavis.com

Sponsors:

- Dayton Power & Light Foundation
- Iddings Foundation
- Wright State University, Friends Of The Libraries
- Cox Media Group, Dayton, Ohio

- William and Juanita Pearl Family Trust
- Optimist Club of Dayton
- N.A.A.C.P., Dayton Unit
- Jack & Jill of America, Dayton Chapter
- Macedonia Baptist Church
- Members of the Community



James Pate's KKK Series
Kin Killin' Kin Traveling Art Exhibit
Artist's Statement

I started working on the Kin Killin' Kin series in the year 2000, in the middle of producing the first piece. I decided that as a personal protest, I would continue to compose a rendering as long as these insidious acts continue. The concept of comparing Black-on-Black terrorism to Ku Klux Klan terrorism came directly from observations among us in the Black community. It is often said that we [African Americans], in a strange but kind of way, are doing the business of the KKK with our Black-on-Black violence.

So, I was moved to narrate as a means to illustrate this sentiment, complete with brothers in pointed hoods in the "hood." Every piece that I complete is also my way of accepting responsibility as a member and team player in my community.

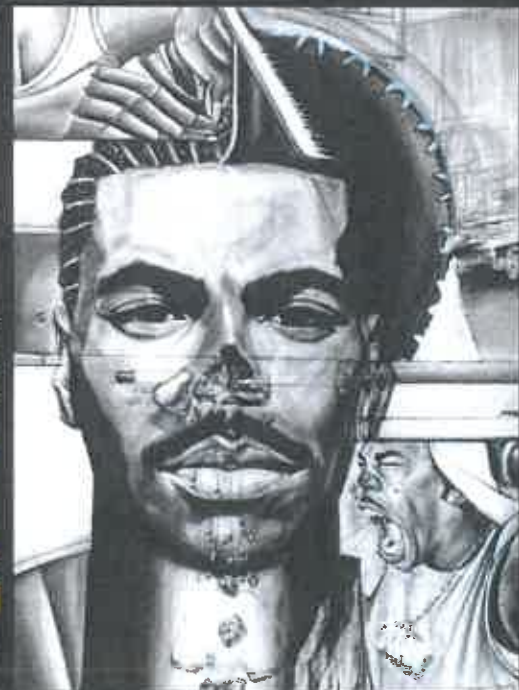
Every piece is a moment of silence and dedication to all the people who have to deal directly with our issues.

In the book, *Without Sanctuary*, historian Leon F. Litwack writes that "between 1892-1968, an estimated 4,742 Blacks met their death at the hands of lynch mobs."

According to the Bureau of Justice statistics, from 1976 to 2000, 40% of Black homicide victims in America were killed by other Blacks.

The Centers for Disease Control and Prevention cited homicide as the leading cause of death for Black males between the age of 15 and 34, with 4,412 such victims in 2000 alone. The number of Blacks killed by other Blacks since reconstruction far exceeds those lynched by Whites. Sadly, this pattern continued year after year, leading up to this present day.

— James Pate



IRS 501c3 Determination Letter

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: 0830 8 339

AFRICAN AMERICAN HERITAGE
FOUNDATION INC
C/O KENTUCKY HOME LIFE BLDG
239 S FIFTH ST STE 1119
LOUISVILLE, KY 40202

Employer Identification Number:

DLN:

17053240713009

Contact Person:

ERIK FILIAULT

ID# 31303

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

June 1995

Addendum Applies:

No

Dear Applicant:

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

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. 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 Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

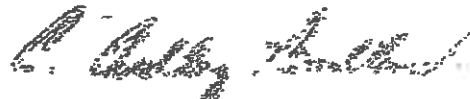
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

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,



District Director

Letter 1050 (DO/CG)



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0338367.09 amcray
ASN
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/1/2016 11:09 AM
Fee Receipt: \$20.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN
---	---

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):
- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input checked="" type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of KENTUCKY

6. The mailing address is:
1701 West Muhammad Ali Boulevard Louisville Kentucky 40203
Street Address or Post Office Box Numbers City State Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.
[Signature] Hosea Mitchell Chief Operating Officer February 22, 2016
Authorized Party Signature Printed Name Title Date

Current Year Projected Budget

Kentucky Center for African American Heritage
PROJECTED FY OPERATING BUDGET (July 1, 2018-June 30, 2019)

Revenue

Corporate/Private Support	
KCAAH Board Contributions	10,000
Corporate Contributions	20,000
Individual Contributions	20,000
Total Corporate/Private Support:	50,000
Grants	
Louisville Metro - Operating Grant	200,000
KY Tourism, Arts & Heritage -	
Other External Grant(s)	25,000
Total Grants:	225,000
Fundraising Events	
Commemorative Bricks & Blocks Campaign	5,000
2018 Griot Annual Appeal	7,500
Holiday Bazaar	1,500
Pioneer Award Luncheon	
Isaac Murphy Image Awards	
Total Fundraising Events:	14,000
Exhibit Income	
Exhibit Income	
Facility Rental Income	
Event/Meeting Rental Income	180,000
F & B Catering Income	35,000
Décor Income	2,500
Audio/Visual Income	2,500
Rental Insurance Income	
Total Facility Rentals:	220,000
Tenant Rental Income	
Building C (Craftsman Training Program)	86,391
Total Rental Income	86,391
Total Revenue	595,391

Expenses

Operating Expenses	
Accounting Service Fees	12,000
Advertising	1,500
Awards & Recognitions	500
Bank Service Charges	1,500
Board Expenses	2,500
Dues & Subscriptions	1,000

African American Heritage Trail Project	
KY African American Heritage Symposia	
Exhibit Expenses	6,000
Insurance - Business and D&O	40,000
License & Permits	1,000
Office Supplies	2,500
Postage	2,000
Printing	3,500
Public Relations	10,000
Professional Fees	1,000
Repairs & Maintenance - Campus (HVAC, Elevators, Painting, etc)	30,000
Repairs & Maintenance - Computers	600
Repairs & Maintenance - Copier	500
Security (Tyco Intergra SimplexGrinnell	15,000
Telephone & Internet	9,600
Utilities	101,371
Website Expense	2,000
Total Operating Expenses:	244,071

Payroll & Benefits

Payroll/Benefit Expense	320,020
Payroll Tax Expense	31,300
Total Payroll & Benefits:	351,320

Total Expenses: 595,391

Net Income From Operations:

Other Income and Expense

Net Income (Loss): 0

2016 990

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2015
 Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization: AFRICAN AMERICAN HERITAGE FOUNDATION INC
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1701 W MUHAMMAD ALI BLVD
 City or town, state or province, country, and ZIP or foreign postal code: LOUISVILLE, KY 40203

D Employer identification number: [REDACTED]

E Telephone number: (502) 583-4100

F Name and address of principal officer: HOSEA MITCHELL, 1701 W MUHAMMAD ALI BLVD, LOUISVILLE, KY 40203

G Gross receipts \$ 399,088

H(a) Is this a group return for subordinates? No Yes
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: ▶ WWW.KCAAH.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation 2001 **M** State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE WILL ENHANCE THE PUBLIC'S KNOWLEDGE ABOUT THE HISTORY, HERITAGE AND CULTURAL CONTRIBUTIONS OF AFRICAN AMERICAN'S IN KENTUCKY

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	187,815	152,388
9 Program service revenue (Part VIII, line 2g)	165,895	159,979
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		86,721
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	353,710	399,088
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,004	139,608
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	608,500	662,377
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	723,504	801,985
19 Revenue less expenses Subtract line 18 from line 12	-369,794	-402,897

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	13,328,614	12,952,481
21 Total liabilities (Part X, line 26)	2,861,693	2,888,457
22 Net assets or fund balances Subtract line 21 from line 20	10,466,921	10,064,024

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: HOSEA MITCHELL COO
 Date: 2017-05-16

Paid Preparer Use Only

Print/Type preparer's name: ALBERT H KLEIN II
 Preparer's signature: ALBERT H KLEIN II
 Date: 2017-05-16
 Check self-employed
 Firm's name: AMICK & COMPANY
 Firm's EIN: [REDACTED]
 Firm's address: 410 W CHESTNUT ST STE 237
 Phone no: (502) 583-9381
 LOUISVILLE, KY 402022323

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
THE KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE WILL ENHANCE THE PUBLIC'S KNOWLEDGE ABOUT THE HISTORY, HERITAGE AND CULTURAL CONTRIBUTIONS OF AFRICAN AMERICAN'S IN KENTUCKY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 682,279 including grants of \$) (Revenue \$ 159,979)
THE GOAL OF THE KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE IS TO CREATE A COMMUNITY FOCAL POINT FOR CULTURAL, SOCIAL AND EDUCATIONAL PROGRAMS, AS WELL AS RETAIL SPACE IN A COMPLEX THAT IS ARCHITECTURALLY AND HISTORICALLY SIGNIFICANT

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 ▶ 682,279

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>	Yes	
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>		No
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>		No
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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>		No
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>		No
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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
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> (see instructions)		No
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>		No
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>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No boxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. HOSEA MITCHELL 1701 W MUHAMMAD ALI BLVD 1701 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203 (502) 583-4100

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) W KENNEDY SIMPSON COUNSEL	2 00 2 00	X						0	0	0
(2) LORA A BRADSHAW CHAIRMAN EMI	X						0	0	0
(3) ROGER MC CLENDON BOARD MEMBER	2 00	X						0	0	0
(4) RODNEY CARTER BOARD MEMBER	2 00	X						0	0	0
(5) ROGER MCCLENDON BOARD MEMBER	2 00	X						0	0	0
(6) GREG NEWBERN BOARD MEMBER	2 00	X						0	0	0
(7) BERNARD MINNIS BOARD MEMBER	2 00	X						0	0	0
(8) JOHN JOHNSON BOARD MEMBER	2 00	X						0	0	0
(9) NZINGHA SWEENEY-SHEPPARD BOARD MEMBER	2 00	X						0	0	0
(10) WALTER HUTCHINS BOARD MEMBER	2 00	X						0	0	0
(11) NEVILLE BLACKMORE BOARD MEMBER	2 00	X						0	0	0
(12) HOSEA MITCHELL COO	40 00			X				0	0	0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	137,000				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	15,388				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶	152,388				
	Program Service Revenue	2a FACILITY RENTALS	Business Code 531120	130,287	130,287	
b CATERING INCOME		722320	29,032	29,032		
c OTHER EVENTS		713990	660	660		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f ▶			159,979			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶				
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	86,721			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	86,721			
	d Net rental income or (loss) ▶		86,721	86,721		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶		399,088	246,700			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	125,023	76,083	48,940	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,585	14,585		
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	15,748		15,748	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,625		5,625	
12	Advertising and promotion				
13	Office expenses	21,531	1,846	19,685	
14	Information technology	728		728	
15	Royalties				
16	Occupancy	93,633	93,633		
17	Travel	24	24		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	16,446	4,429	12,017	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	387,591	387,591		
23	Insurance	40,627	32,251	8,376	
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	CONTRACT LABOR	45,941	45,941		
b	REPAIR AND MAINTENANCE	14,953	14,953		
c	OTHER EXPENSES RP	10,304	10,304		
d	OTHER SMALL EXP ACCOUNTS	5,874		5,874	
e	All other expenses	3,352	639	2,713	
25	Total functional expenses. Add lines 1 through 24e	801,985	682,279	119,706	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	-5,711	1	30,928
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26,180	4	6,872
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,007	9	6,134
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 15,401,888		
	b Less accumulated depreciation	10b 2,493,341	13,296,138	10c 12,908,547
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		13,328,614	16	12,952,481
Liabilities	17 Accounts payable and accrued expenses	89,653	17	93,149
	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	1,811,208	23	1,807,436
	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	960,832	25	987,872
	26 Total liabilities. Add lines 17 through 25	2,861,693	26	2,888,457
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,466,921	27	10,064,024
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,466,921	33	10,064,024	
34 Total liabilities and net assets/fund balances	13,328,614	34	12,952,481	

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)	399,088
2	Total expenses (must equal Part IX, column (A), line 25)	801,985
3	Revenue less expenses Subtract line 2 from line 1	-402,897
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	10,466,921
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10,064,024

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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
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		No
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		No
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?		
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		

**SCHEDULE A
(Form 990 or
990EZ)**

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization
AFRICAN AMERICAN HERITAGE
FOUNDATION INC

Employer identification number

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	194,476	168,845	131,305	187,815	152,388	834,829
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	194,476	168,845	131,305	187,815	152,388	834,829
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						834,829

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	194,476	168,845	131,305	187,815	152,388	834,829
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	56,069	19,120	3,549		86,721	165,459
11 Total support. Add lines 7 through 10						1,000,288
12 Gross receipts from related activities, etc (see instructions)					12	246,700
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	83 460 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	84 810 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
 - a** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test	

Return Reference	Explanation
PART II, LINE 10	165,459

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
AFRICAN AMERICAN HERITAGE
FOUNDATION INC

Employer identification number

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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? Yes No

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

1 Purpose(s) of conservation easements held by the 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 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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Temporarily restricted endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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)	Accumulated (c) depreciation	(d) Book value
1a Land				
1b Buildings		15,387,352	2,482,361	12,904,991
1c Leasehold improvements				
1d Equipment		14,536	10,980	3,556
1e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 12,908,547

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

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

Return Reference	Explanation

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ 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.

Department of the Treasury
Internal Revenue Service

2015

Open to Public Inspection

Name of the organization
AFRICAN AMERICAN HERITAGE FOUNDATION INC

Employer identification number

61-1279400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY THE DIRECTOR / PRESIDENT AT A CONFERENCE WITH ORGANIZATION'S ACCOUNTING FIRM AND ITS REPRESENTATIVE THE FORM 990 IS PRESENTED AT THE NEXT BOARD MEETING FOLLOWING THE REVIEW
FORM 990, PAGE 6, PART VI, LINE 12C	MEMBERS OF THE BOARD ARE REQUIRED TO SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS THEY ARE ALSO REQUIRED TO REPORT ANY INSTANCES OF CONFLICT OF INTEREST THAT MAY ARISE DURING THE YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE AT ITS OFFICE UPON RECEIVING A WRITTEN REQUEST FOR SUCH DOCUMENTS

Current Financial Statement

Kentucky Center for African American Heritage
STATEMENT OF ACTIVITIES
For the Period Ending August 31, 2017

	Year to Date					Annual Budget	Month to Date						
	Actual YTD 8/31/17	Budget YTD 8/31/17	Favorable (Unfavorable) Variance	Prior Year YTD 8/31/16	Favorable (Unfavorable) Variance		Actual YTD 8/31/2017	Budget YTD 8/31/17	Favorable (Unfavorable) Variance	Prior Month MTD 7/31/17	Favorable (Unfavorable) Variance	Prior Year MTD 8/31/16	Favorable (Unfavorable) Variance
Income													
Corporate/Private Support	\$ 1,088	\$ 10,000	\$ (8,912)	\$ 2,830	\$ (1,742)	\$ 60,000	\$ 10	\$ 5,000	\$ (4,990)	\$ 1,078	\$ (1,068)	\$ 220	\$ (210)
Grants	\$ 29,531	\$ 35,333	\$ (5,802)	\$ 35,883	\$ (6,352)	\$ 212,000	\$ 16,987	\$ 17,687	\$ (1,000)	\$ 12,865	\$ 3,902	\$ 18,217	\$ (1,550)
Fundraising Events	\$ 5,000	\$ 2,333	\$ 2,667	\$ -	\$ 5,000	\$ 14,000	\$ -	\$ 1,167	\$ (1,167)	\$ 5,000	\$ (5,000)	\$ -	\$ -
Exhibit Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Rentals	\$ 41,402	\$ 36,867	\$ 4,736	\$ 8,850	\$ 32,552	\$ 220,000	\$ 28,575	\$ 18,333	\$ 10,241	\$ 12,828	\$ 15,747	\$ 4,884	\$ 23,891
Tenant Income	\$ 14,399	\$ 14,389	\$ 1	\$ 13,745	\$ 655	\$ 88,391	\$ 7,200	\$ 7,199	\$ 0	\$ 7,200	\$ -	\$ 6,872	\$ 327
In Kind Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 91,421	\$ 96,732	\$ (7,311)	\$ 61,308	\$ 30,113	\$ 592,391	\$ 52,451	\$ 49,366	\$ 3,085	\$ 38,970	\$ 13,480.56	\$ 30,193	\$ 22,258
Interest Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Income	\$ 91,421	\$ 96,732	\$ (7,311)	\$ 61,308	\$ 30,113	\$ 592,391	\$ 52,451	\$ 49,366	\$ 3,085	\$ 38,970	\$ 13,481	\$ 30,193	\$ 22,258
Expenses													
Operating Expense	\$ 79,302	\$ 40,178	\$ (39,124)	\$ 45,898	\$ (33,404)	\$ (241,071)	\$ 33,216	\$ 20,089	\$ (13,126)	\$ 46,096	\$ 12,871	\$ 19,515	\$ 13,700
Payroll & Benefits	\$ 26,282	\$ 58,563	\$ 32,271	\$ 21,217	\$ (5,065)	\$ (351,320)	\$ 13,299	\$ 28,277	\$ 16,038	\$ 13,043	\$ (196)	\$ 12,810	\$ 329
In Kind Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Interest Expense	\$ 499	\$ -	\$ (499)	\$ 518	\$ 18	\$ -	\$ 249	\$ -	\$ (249)	\$ 250	\$ 1	\$ 258	\$ (9)
Penalty Expense	\$ 2,427	\$ -	\$ (2,427)	\$ -	\$ (2,427)	\$ -	\$ 1,213	\$ -	\$ (1,213)	\$ 1,213	\$ -	\$ -	\$ 1,213
Change in Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Extraordinary Expenses	\$ -	\$ -	\$ -	\$ 452	\$ 452	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenses	\$ 108,510	\$ 98,732	\$ (9,778)	\$ 68,084	\$ (40,426)	\$ (592,391)	\$ 47,917	\$ 49,366	\$ 1,449	\$ 60,593	\$ 12,676	\$ 32,684	\$ 15,233
Change in Net Assets	\$ (17,089)	\$ 0	\$ (17,089)	\$ (6,776)	\$ (10,313)	\$ -	\$ 4,534	\$ 0	\$ 4,534	\$ (21,623)	\$ 805	\$ (2,491)	\$ 7,325

Kentucky Center for African American Heritage
STATEMENT OF FINANCIAL POSITION
For the Period Ending August 31, 2017

	Current Month 8/31/17	Prior Month 7/31/17	Favorable (Unfavorable) Variance	Prior Year 8/31/16	Favorable (Unfavorable) Variance
ASSETS					
Cash & equivalents	\$ 25,746	\$ 31,696	\$ (5,950)	\$ 11,410	\$ 14,337
Accounts Receivable	\$ -	\$ -	\$ -	\$ -	\$ -
Other Current Assets	\$ 8,195	\$ 8,143	\$ 52	\$ 6,367	\$ 1,828
Fixed Assets	\$ 12,910,935	\$ 12,910,935	\$ -	\$ 12,908,547	\$ 2,388
Construction in Progress	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL ASSETS	\$ 12,944,876	\$ 12,950,774	\$ (5,898)	\$ 12,926,324	\$ 18,553
LIABILITIES & NET ASSETS					
Current Liabilities	\$ 88,020	\$ 100,795	\$ (12,775)	\$ 101,289	\$ (13,269)
Retainage Payable	\$ 672,061	\$ 672,061	\$ -	\$ 672,061	\$ -
Accrued Expense	\$ 7,113	\$ 4,519	\$ 2,594	\$ -	\$ 7,113
Long-Term Liabilities	\$ 2,092,766	\$ 2,093,016	\$ (251)	\$ 2,095,724	\$ (2,959)
Net Assets	\$ 10,084,916	\$ 10,080,383	\$ 4,534	\$ 10,057,249	\$ 27,667
TOTAL LIABILITIES & NET ASSETS	\$ 12,944,876	\$ 12,950,774	\$ (5,898)	\$ 12,926,324	\$ 18,553

No CPA provides any assurance on these financial statements.

W9

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. African American Heritage Foundation, Inc.	
2 Business name/disregarded entity name, if different from above Kentucky Center for African American Heritage	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 1701 West Muhammad Ali Boulevard	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, Kentucky 40203	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
Employer identification number												

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ May 25, 2018
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General Instructions 1099-DIV (dividends, including those from stocks or mutual funds)

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Articles of Incorporation

338367

Ch. 1600
RECORDED & FILED

RESTATED ARTICLES OF INCORPORATION

OF

SEP 13 10 05 AM '98

**AFRICAN AMERICAN HERITAGE FOUNDATION, INC.
F/K/A LOUISVILLE & JEFFERSON COUNTY AFRICAN-AMERICAN
HERITAGE COMMITTEE, INC.**



THE UNDERSIGNED, duly elected Secretary of the Louisville & Jefferson County African-American Heritage Committee, Inc., hereby certifies that said corporation is a non-stock, nonprofit corporation incorporated on November 14, 1994, under the laws of the Commonwealth of Kentucky, and Chapter 273 of the Kentucky Revised Statutes more particularly.

I further certify that Articles I., III., IV., VIII. and IX all incorporate new amendments to the Articles of Incorporation as heretofore amended, and that except for these new amendments, these Restated Articles of Incorporation set forth without change the corresponding provisions of the Articles of Incorporation, and that they supersede said Articles of Incorporation.

I further certify that the following Restated Articles of Incorporation were adopted at a special meeting of the Board of Directors of the corporation held on July 27, 1998, that a quorum was present, and that said Articles received a vote of a majority of the Directors in office.

ARTICLE I

NAME

The name of the Corporation shall be changed to AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

ARTICLE II

DURATION

The duration of the Corporation shall be perpetual.

ARTICLE III

ADDRESS

The principal address of the corporation will be located at 3014 Petty Jay Road, Louisville, Kentucky 40220.

The name of the initial registered agent for service of process, located at such address is *Carolyn K. Balleisen*, 1400 One Riverfront Plaza, Louisville, Kentucky 40202.

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

PURPOSES

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organizational exempt under said Section 501(c)(3).

The purposes of the Corporation more specifically shall be to: preserve and disseminate the cultural traditions and accomplishments of the African American community of Louisville, Jefferson County and Kentucky.

ARTICLE V

NONPROFIT STATUS

The Corporation shall be irrevocably dedicated to and operated exclusively for nonprofit purposes. NO part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officer, 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 IV hereof.

ARTICLE VI
POWERS AND LIMITATIONS

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute) except as follows and as otherwise stated in these Articles:

a) 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.

b) Notwithstanding any other provisions of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any later Federal tax laws; or

2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

c) If and so long as the Corporation is determined to be a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures, as defined in Section 4945(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

ARTICLE VII **INCORPORATOR**

The name and address of the incorporator is Carolyn K. Balleisen of Tilford, Dobbins, Alexander, Buckaway & Black located at 1400 One Riverfront Plaza, Louisville, Kentucky 40202.

ARTICLE VIII **DIRECTORS**

The Board of Directors shall consist of fifteen (15) Directors.

ARTICLE IX **BY-LAWS**

The Corporation shall be governed by the By-Laws. Any director may be removed for cause pursuant to the By-Law's provisions regarding grounds and procedures for such removal.

ARTICLE X **LIMITATION OF LIABILITY**

a) The directors, officers and employees of this Corporation shall not be held personally liable for any debt or obligation of the corporation solely because of their position in the Corporation.

b) Any person serving on the Board of Directors of this corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or beach:

- 1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the corporation;
- 2) was not in good-faith or involved or involves intentional misconduct on the part of the director;
- 3) was known by the director to be a violation of law; or
- 4) resulted in an improper personal benefit to the director.

ARTICLE XI

DISTRIBUTION OF ASSETS ON DISSOLUTION

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or education purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XII

AMENDMENTS

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provisions of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Secretary of this Corporation, this 19th day of August, 1998.

Amelia Pegram
Amelia Pegram, Secretary

State of Kentucky)
) ss:
County of Jefferson)

The foregoing Restated Articles of Incorporation were acknowledged before me this 19th
day of August, 1998.

Witness my signature and seal of office this 19th day of August, 1998.

My Commission Expires: 7/22/02

Carol K. Balleisen
Notary Public, State at Large, Kentucky

This Document Prepared By:

Carol K. Balleisen
Carolyn K. Balleisen
Tilford, Dobbins, Alexander, Buckaway
& Black
1400 One Riverfront Plaza
Louisville, Kentucky 40202
(502) 589-6137

TILFORD, DOBBINS, ALEXANDER,
BUCKAWAY & BLACK

ATTORNEYS AT LAW

1400 ONE RIVERFRONT PLAZA
LOUISVILLE, KENTUCKY 40202

(502) 584-6137

STUART E. ALEXANDER, JR.
WILLIAM A. BUCKAWAY, JR.
CHARLES W. DOBBINS, JR.
TERRELL L. BLACK
JOHN M. NADER¹
MARK W. DOBBINS
STUART E. ALEXANDER, III
CAROLYN K. BALLEISEN^{2,3}
JOHN A. WILMES
SANDRA F. KEENE
THOMAS J. B. HURST
H. KEVIN EDDINS¹

RANDOLPH NOE¹
¹ Of Counsel

HENRY J. TILFORD (1880-1968)
CHARLES W. DOBBINS (1916-1992)
DONALD H. BALLEISEN (1924-1993)
LAWRENCE W. WETHERDY (1908-1994)

TELECOPIERS
(502) 584-2318
(502) 587-1806
¹ Also admitted in Indiana
² Also admitted in New York
³ Also admitted in District of Columbia
and Maryland

17
September 14, 1998

Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

Dear Sir/Madam:

I am resubmitting herewith the restated Articles of Incorporation of the Louisville and Jefferson County African-American Heritage Committee, Inc. with a filing fee in the amount of \$16.00 and a form showing the change of registered agents addressed from 1406 One Riverfront Plaza to 1400 One Riverfront Plaza, together with the filing fee of \$5.00.

Please note that the Louisville and Jefferson County African-American Heritage Committee, Inc. has filed its annual report and paid the \$4.00 filing fee on September 11, 1998. I would appreciate your processing the enclosed as soon as possible and returning them to me and, for your convenience, I am enclosing a self-addressed stamped envelope. Thank you for your consideration.

Sincerely,



Carolyn K. Balleisen

AFRICAN AMERICAN HERITAGE FOUNDATION

ANNUAL REPORT

JUNE 30, 2013



Chestnut Centre
410 West Chestnut Street STE. 237
Louisville, KY 40202-2342

(502) 583-5381
(800) 456-7531
FAX (502) 582-2516

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
African American Heritage Foundation, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of African American Heritage Foundation, Inc. (a nonprofit organization) which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such

AFRICAN AMERICAN HERITAGE FOUNDATION

Statements of Financial Position

June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
CURRENT ASSETS		
Cash	\$ -	\$ 43,494
Prepaid expenses	7,766	6,435
Total Current Assets	<u>7,766</u>	<u>49,929</u>
PROPERTY AND EQUIPMENT		
Building	15,387,352	15,387,352
Furniture and fixtures	14,536	4,836
Less accumulated depreciation	<u>(1,330,569)</u>	<u>(944,110)</u>
Total Property, Plant and Equipment	<u>14,071,319</u>	<u>14,448,078</u>
TOTAL ASSETS	<u>\$ 14,079,085</u>	<u>\$ 14,498,007</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 67,977	\$ 14,426
Cash overdraft	2,382	-
Accrued expenses	19,706	2,025
Retainage payable	672,061	705,742
Notes payable	<u>2,065,547</u>	<u>2,008,552</u>
Total Current Liabilities	<u>2,827,673</u>	<u>2,730,745</u>
NET ASSETS		
Unrestricted	<u>11,251,412</u>	<u>11,767,262</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 14,079,085</u>	<u>\$ 14,498,007</u>

The accompanying notes are an integral part of these financial statements.

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

Statements of Cash Flows

For the Years Ended June 30, 2013 and 2012

INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (515,850)	\$ (430,966)
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	386,459	385,168
(Increase) decrease in operating assets		
Prepaid insurance	(1,331)	4,754
Increase (decrease) in operating liabilities		
Accounts payable	53,551	(33,954)
Accrued expenses	17,681	-
Accrued interest	56,995	61,679
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	<u>(2,495)</u>	<u>(13,319)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of equipment	<u>(9,700)</u>	<u>(4,835)</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	<u>(9,700)</u>	<u>(4,835)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Increase (decrease) in notes payable	-	(13,689)
Increase (decrease) in loss contingency	<u>(33,681)</u>	<u>-</u>
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	<u>(33,681)</u>	<u>(13,689)</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(45,876)	(31,843)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	<u>43,494</u>	<u>75,337</u>
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$ (2,382)</u>	<u>\$ 43,494</u>

The accompanying notes are an integral part of these financial statements.

AFRICAN AMERICAN HERITAGE FOUNDATION

Notes to Financial Statements (Continued)

NOTE 1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Contributions

The organization has adopted SFAS No. 116, "Accounting for Contributions Received and Contributions Made." In accordance with SFAS No. 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions. Under SFAS No. 116, such contributions are required to be reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the time restriction.

Income Taxes

The Foundation is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. It is not classified as a private foundation.

Cash and Cash Equivalents

For the purpose of the statements of cash flows, the Foundation considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Property and Equipment

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire the property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Foundation reports expirations of donor restriction when the donated or acquired assets are placed in service as

AFRICAN AMERICAN HERITAGE FOUNDATION

Notes to Financial Statements (Continued)

NOTE 3. LINE OF CREDIT

The Foundation has a demand bank line of credit with PNC Bank totaling \$100,000 under which the Foundation may borrow on an unsecured basis at the Bank's prime rate. The amount outstanding under this line of credit at June 30, 2013 and 2012 was \$89,333 and \$85,994, respectively. The credit agreement requires compliance with certain financial covenants and is a revolving line of credit.

The Foundation has a construction loan with Fifth Third Bank totaling \$1,725,293. The note is currently in default. Fifth Third Bank is not pursuing any action against the Foundation at this time. Interest continues to accrue monthly. The total accrued interest as of June 30, 2013 and 2012 is \$250,922 and \$194,071, respectively. The note is secured by all business assets of the Foundation.

Interest expense for the years ended June 30, 2013 and 2012 was \$60,610 and \$64,911, respectively.

NOTE 4. FUTURE FUNDING

Some grants, bequests and gifts require the fulfillment of certain conditions as set forth in the terms of the agreement. Failure to fulfill the conditions could result in the return of funds to the donors. The Board deems this possibility to be remote, since by accepting such gifts, the Foundation has agreed to abide by the provisions set forth.

NOTE 5. CONCENTRATION OF CREDIT RISK

The Foundation maintains its cash balances in various financial institutions. At times some balances may exceed Federal Deposit Insurance Corporation limits. The Foundation has not experienced any losses in these accounts, and management believes the Foundation is not exposed to any significant risks on these bank deposits.

AFRICAN AMERICAN HERITAGE FOUNDATION

Notes to Financial Statements (Continued)

NOTE 6. UNCERTAINTIES, CONTINGENCIES AND RISK

Contingencies (Continued)

Since before the lawsuit was filed, the African American Heritage Museum acknowledged that \$705,742 in retainage is owed to TMG and, in fact, attempted to secure a loan to facilitate payment of this debt. The African American Heritage Entities has disputed that interest or other damages are owed. The claimed damages are not covered by insurance.

On March 11, 2013, TMG was granted a judgment against the Foundation in the amount of \$705,742.49 plus 8% interest from July 13, 2007 to May 9, 2012 and 12% interest thereafter. The total balance as of January 31, 2013 was \$1,113,014.17 plus costs and fees. An Order of Garnishment was issued and on March 27, 2013 \$33,861.61 was taken from the checking accounts of the Foundation.

NOTE 7. SUBSEQUENT EVENTS

Contingencies

This lawsuit was settled on March 25, 2014. However, as part of the settlement TMG reserved the right to make claims against the African American Heritage Entities related to *J & B Management and Electrical Supply Co., and Rexell Southland Electrical Supply v. T.E.M. Group, Inc. and The Mardian Group, Inc.* et al, Jefferson Circuit Court Civil Action No. 07-CI-07975, a collection action resulting from an August 30, 2004 purchase order. Louisville/Jefferson County Metro Government has agreed to assist in the defense and resolution of any claims against the African American Heritage Entities relating to the collection action so that the African American Heritage Entities and the Kentucky Center for African American Heritage are not financially or otherwise obligated,

Other

Subsequent events for the Organization have been considered through the date of the Independent Auditors' Report which represents the date which the consolidated financial statements were available to be issued.

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

General Information

Organization Number	0338367
Name	AFRICAN AMERICAN HERITAGE FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/14/1994
Organization Date	11/14/1994
Last Annual Report	6/12/2017
Principal Office	1701 W. MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40203
Registered Agent	W. KENNEDY SIMPSON THOMPSON MILLER & SIMPSON PLC 734 WEST MAIN STREET SUITE 400 LOUISVILLE, KY 40202-3352

Current Officers

Chairman	Bernard Minnis
Vice Chairman	Roger McClendon
Secretary	Nzingha Sweeney-Sheppard
Treasurer	Marshall Bradley, Jr.
Director	Lora Bradshaw
Director	W. Kennedy Simpson
Director	Roger McClendon
Director	Greg Newbern
Director	Rodney Carter
Director	Bernard Minnis
Director	John Johnson
Director	Nzingha Sweeney-Sheppard
Director	Neville Blakemore
Director	Walter Hutchins
Director	Marshall Bradley, Jr.
Director	Jeana E. Dunlap
COO	Hosea Mitchell
Executive	Aukram Burton

Individuals / Entities listed at time of formation

Director	CLEST LANIER
Director	LORA BRADSHAW
Director	HORACE BOND
Director	ANNA FREEMAN
Director	ANN REYNOLDS
Incorporator	CAROLYN K BALLEISEN

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.

Annual Report Amendment	10/5/2017	1 page	PDF	
Annual Report	6/12/2017	1 page	PDF	
Annual Report	7/15/2016	1 page	PDF	
Certificate of Assumed Name	3/1/2016	1 page	tiff	PDF
Annual Report	6/27/2015	1 page	PDF	
Annual Report	6/11/2014	1 page	PDF	
Renewal of Assumed Name Return	1/9/2014	2 pages	tiff	PDF
Registered Agent name/address change	7/1/2013 1:59:28 PM	1 page	PDF	
Annual Report	7/1/2013	1 page	PDF	
Annual Report	6/27/2012	1 page	PDF	
Annual Report	8/18/2011	1 page	PDF	
Principal Office Address Change	8/16/2010	1 page	tiff	PDF
Annual Report	8/2/2010	1 page	PDF	
Annual Report	6/29/2009	1 page	PDF	
Name Renewal	2/2/2009	1 page	tiff	PDF
Sixty Day Notice	11/14/2008	1 page	tiff	PDF
Registered Agent name/address change	11/13/2008	1 page	tiff	PDF
Agent Resignation	10/7/2008	1 page	tiff	PDF
Annual Report	2/4/2008	1 page	PDF	
Annual Report	6/30/2007	1 page	PDF	
Statement of Change	9/21/2006	1 page	tiff	PDF
Agent Resignation Return	7/18/2006	2 pages	tiff	PDF
Agent Resignation	7/11/2006	1 page	tiff	PDF
Agent Resignation	7/11/2006	1 page	tiff	PDF
Annual Report	5/22/2006	1 page	PDF	
Annual Report	6/4/2005	1 page	PDF	
Principal Office Address Change	7/25/2003	1 page	tiff	PDF
Principal Office Address Change	7/10/2003	1 page	tiff	PDF
Annual Report	5/29/2003	1 page	tiff	PDF
Annual Report	7/22/2002	1 page	tiff	PDF
Annual Report	5/16/2001	1 page	tiff	PDF
Amended and Restated Articles	4/6/2001	7 pages	tiff	PDF

Principal Office Address Change	4/2/2001	1 page	tiff	PDF
Annual Report	5/8/2000	1 page	tiff	PDF
Annual Report	7/20/1999	1 page	tiff	PDF
Certificate of Assumed Name	6/22/1999	2 pages	tiff	PDF
Annual Report	10/2/1998	2 pages	tiff	PDF
Statement of Change	9/18/1998	1 page	tiff	PDF
Restated Articles	9/18/1998	7 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Administrative Dissolution	11/1/1995	1 page	tiff	PDF
Annual Report	7/1/1995	3 pages	tiff	PDF
Articles of Incorporation	11/14/1994	8 pages	tiff	PDF

Assumed Names

KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE	Active
KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE	Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Amendment to annual report	10/5/2017 11:47:30 AM	10/5/2017 11:47:30 AM	
Annual report	6/12/2017 1:46:29 PM	6/12/2017 1:46:29 PM	
Annual report	7/15/2016 4:59:09 PM	7/15/2016 4:59:09 PM	
Added assumed name	3/1/2016 11:09:23 AM	3/1/2016	KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE
Annual report	6/27/2015 10:30:30 AM	6/27/2015 10:30:30 AM	
Annual report	6/11/2014 11:54:45 AM	6/11/2014 11:54:45 AM	
Registered agent address change	7/1/2013 1:59:28 PM	7/1/2013 1:59:28 PM	
Annual report	7/1/2013 10:48:31 AM	7/1/2013 10:48:31 AM	
Annual report	6/27/2012 4:09:43 PM	6/27/2012 4:09:43 PM	
Annual report	8/18/2011 2:51:07 PM	8/18/2011 2:51:07 PM	
Principal office change	8/16/2010 3:46:06 PM	8/16/2010	
Annual report	8/2/2010 10:45:22 AM	8/2/2010 10:45:22 AM	
Annual report	6/29/2009 1:40:02 PM	6/29/2009 1:40:02 PM	
Agent name / address removed	11/14/2008 8:06:19 AM	11/14/2008 8:06:19 AM	

Registered agent address change	11/13/2008 2:32:50 PM	11/13/2008
Agent resign date added	10/7/2008 11:22:29 AM	10/7/2008
Annual report	2/4/2008 3:02:11 PM	2/4/2008 3:02:11 PM
Annual report	6/30/2007 12:44:49 PM	6/30/2007 12:44:49 PM
Registered agent address change	9/21/2006 2:51:37 PM	9/21/2006
Agent name / address removed	8/15/2006 9:08:40 AM	8/15/2006 9:08:40 AM
Agent resign date added	7/11/2006 3:04:27 PM	7/11/2006
Annual report	5/22/2006 5:22:03 PM	5/22/2006 5:22:03 PM
Annual report	6/4/2005	6/4/2005
Annual report	1/15/2004	1/15/2004
Principal office change	7/25/2003 9:42:49 AM	7/25/2003
Principal office change	5/23/2002 11:38:48 AM	5/23/2002
Principal office change	4/13/2001 9:05:02 AM	4/13/2001
Amendment - Change purpose	4/6/2001 12:14:30 PM	4/6/2001
Amendment - Amended and restated articles / CLP	4/6/2001 12:14:30 PM	4/6/2001
Amendment - Miscellaneous amendments	4/6/2001 12:14:30 PM	4/6/2001
Principal office change	4/2/2001 10:55:00 AM	4/2/2001
Added assumed name	6/22/1999	6/22/1999
Amendment - Change name	9/18/1998	9/18/1998
Amendment - Amended and restated articles / CLP	9/18/1998	9/18/1998
Amendment - Miscellaneous amendments	9/18/1998	9/18/1998
Amendment - Change Principal Office	9/18/1998	9/18/1998

[KENTUCKY
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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	12/31/2004 2:06:18 PM	1 page
Principal Office Address Change	7/25/2003	1 page
Annual Report	5/29/2003	1 page
Annual Report	7/22/2002	1 page
Annual Report	5/16/2001	1 page
Amended and Restated Articles	4/6/2001	6 pages
Principal Office Address Change	4/2/2001	1 page
Annual Report	5/8/2000	1 page
Annual Report	7/20/1999	1 page
Certificate of Assumed Name	6/22/1999	1 page
Annual Report	10/2/1998	2 pages
Restated Articles	9/18/1998	6 pages
Statement of Change	9/18/1998	1 page