

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

**Applicant/Program:** Historic Homes Foundation, Inc. dba Whitehall

**Executive Summary of Request:**

Grant to purchase 72 white resin folding chairs with padded seats for events held at Whitehall; including public meeting, lectures, fund-raisers and rental function.

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

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

<u>9</u>		<u>\$2,228.00</u>	<u>8/11/16</u>
District #	Council Member Signature	Amount	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:**

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

**Clerk's Office Only:**

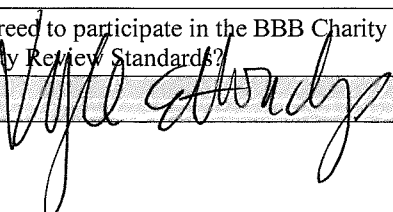
Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

**Legal Name of Applicant Organization:** Historic Homes Foundation, Inc dba Whitehall

**Program Name and Request Amount:** Purchase of replacement folding chairs for events

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

Prepared by:  Date: 08/11/16



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Historic Homes Foundation, Inc. dba Whitehall <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 3110 Lexington Road, Louisville, KY 40206			
<b>Website:</b> www.historichomes.org or www.historicwhitehall.org			
<b>Applicant Contact:</b>	Ms. Merrill Simmons	<b>Title:</b>	Executive Director, Whitehall
<b>Phone:</b>	(502) 897-2944	<b>Email:</b>	whitehall@historichomes.org
<b>Financial Contact:</b>	Ms. Merrill Simmons	<b>Title:</b>	Executive Director, Whitehall
<b>Phone:</b>	(502) 897-2944	<b>Email:</b>	whitehall@historichomes.org
<b>Organization's Representative who attended NDF Training:</b> Mike Hayman			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Whitehall, 3110 Lexington Road, Louisville, KY		
<b>Council District(s):</b>	9	<b>Zip Code(s):</b>	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Whitehall Chair Upgrade			
<b>Total Request: (\$)</b>	\$2,228.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$5,000
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<b>For the current fiscal year ending June 30,</b> list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

It is the mission of Whitehall to educate, preserve and present the historic Whitehall mansion as a Victorian interpretation of a southern plantation and to maintain and develop the gardens as a greenspace for future generations. Whitehall's historic mansion is open to the public for guided tours Monday through Friday. While many historic homes approach their mission as recreating the time period in which the house or its owners were most historically significant, Whitehall takes a multi-era approach to highlighting the different architectural and decorative touches left by individual owners. Over the period of its life as a private residence, Whitehall was home to at least 6 different families, including those of a U.S. Congressional Representative, the Chief Justice of the Kentucky Court of Appeals, and the owners of one of the world's largest conveyor companies, each stamping their own indelible mark on the property. This historical eclecticism is mirrored in Whitehall's furnishings, a collection that allows visitors a scope of interest beyond what other homes may offer. Adding to this unique experience is a rare level of intimate access to the home, a principle of look and touch that represents a special opportunity to interact with a piece of history.

At just under ten acres, Whitehall's grounds and gardens are the primary focus of its educational outreach, offering unique opportunities for both the amateur and the professional horticulturist. Throughout the year the public is invited to participate in workshops, lectures and tours - all inspired by Whitehall's collection of trees and plants. Whitehall is home to a demonstration garden that serves as an outdoor classroom for the Jefferson County Master Gardener Association, a cooperative extension of the University of Kentucky and Kentucky State University. An arboretum features over 200 trees, including a rare specimen collection that has become an important source of propagation for interesting species. Whitehall's woodland garden, a Victorian stumpery nestled in a woodland corner of the grounds, presents a regionally unprecedented collection of ferns and other woodland plants and is an official display garden of the national Hardy Fern Foundation organization. Also featured on the property is a specimen garden - the site of Whitehall's annual Peony Festival, boasting over 60 varieties of peonies - a formal Florentine garden, hydrangea garden and nursery.

Whitehall welcomes just over 5,000 visitors to its mansion and grounds each year for guided tours, special events and self-exploration. Whitehall many of these visitors are from Louisville and the surrounding area, we also have become a destination for organized groups from as far away as Great Britain. Whitehall is pleased to welcome all visitors and to serve as an ambassador for those who may be visiting Louisville for the very first time.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

This request will support the Whitehall Chair Upgrade project.

For over twenty years, Whitehall has maintained a set of 72 white wooden folding chairs with padded seats. These chairs have been important to Whitehall as they have been used over and over again for many different kinds of events, including public meetings, lectures, fund-raisers and rental functions.

In recent years, the chairs have required multiple repairs to keep them safe and functional, as well as to maintain their appearance for public events. Unfortunately, it has finally become evident that they should be replaced. The chairs have become rickety and unstable; many of them are now unrepairable.

This project will allow Whitehall to purchase 72 white resin folding chairs with padded seats. The resin material will be easier to clean and maintain and should last for many years. The lightweight material will also ensure the chairs are easier for staff to setup and take-down for events. The chairs would be purchased and put into use during fall 2016.

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

The 72 white resin folding chairs with padded seats would be purchased from the Palmer Snyder Company at a cost of \$30.95/chair. The total cost of the purchase would be \$2,228.40.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**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:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

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

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

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



## 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:**  
This project will improve visitor experience by providing a more comfortable and safe chair for use at both public and private events held at Whitehall.

**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.**

Whitehall is proud to contribute to green improvements to the community surrounding the Whitehall gardens. In addition to having served as a pass-through to help neighbors apply for NDF grants, Whitehall has also collaborated with neighbors on landscaping plans and have helped identify and acquire healthy and cost-effective plants.

In recent years, Whitehall has collaborated with the following organizations: Lexington road Beautification Project, Lexington Road Preservation Area, Danes Hall, Beals Branch and Broad Fields neighborhoods.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>	\$2,228.40	\$0	\$2,228.40
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>			
<b>% of Program Budget</b>	100 %	0 %	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)	
Total Revenue for Columns 2 Expenses **	\$0

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

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





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

Agency Fiscal Year Start Date:

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

If YES, please explain:



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications

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

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

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>	<i>Merrill S. Simmons</i>	<b>Date:</b>	8-1-16
<b>Legal Signatory: (please print):</b>	Merrill S. Simmons	<b>Title:</b>	Executive Director, Whitehall
<b>Phone:</b>	(502) 897-2944	<b>Extension:</b>	n/a
<b>Email:</b>	whitehall@historichomes.org		

**Internal Revenue Service**

**Date:** June 7, 2007

HISTORIC HOMES FOUNDATION INC  
3110 LEXINGTON RD  
LOUISVILLE KY 40206-3002 102

**Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201**

**Person to Contact:**

David Harry ID# 31-08704  
Customer Service Representative

**Toll Free Telephone Number:**  
877-829-5500

**Federal Identification Number:**  
[REDACTED]

Dear Sir or Madam:

This is in response to your request of June 7, 2007, regarding your organization's tax-exempt status.

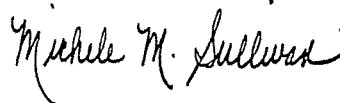
In March 1959 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations 1

**Whitehall Operating Budget FY 16****REVENUES**

		<b>Budget</b>
		<b>FY 2016</b>
3000	Membership	\$ -
3010	Board Obligations	\$ 2,600.00
3100	Gifts	\$ 5,000.00
3120	Appeal Letter	\$ 5,000.00
3200	Grants	\$ 15,000.00
3300	Admission Fees	\$ 3,200.00
3310	Rentals	\$ 150,000.00
3320	Facility Fee	\$ 17,000.00
3402	Tea Party	\$ 11,000.00
3412	Wedding Show	\$ 15,962.00
3413	John Michael Carter	\$ 4,500.00
3424	Valentine's Dinner	\$ 6,880.00
3428	Wreath Sales	\$ -
3429	Summer Celebration	\$ 85,000.00
3460	Garden Sales	\$ 7,500.00
3461	WH Fern Festival	\$ -
3462	Peony Festival	\$ 5,500.00
	<b>Total Income</b>	<b>\$334,142.00</b>

**EXPENSES**

5010	Employee Compensation	\$ 121,114.74
5020	Payroll Taxes	\$ 9,265.00
5030	Insurance Benefits	\$ 15,000.00
5040	Automated Payroll Fee	\$ 1,090.00
5041	Sect 125 Admin Fee	\$ 110.00
5046	Contract Labor	\$ 100.00
6000	Office Supplies	\$ 3,700.00
6005	Bank and credit card charges	\$ 5,500.00
6010	Postage	\$ 600.00
6015	Computer and IT Support	\$ 1,500.00
6030	Printing and Stationery	\$ 1,000.00
6040	Telephone	\$ 1,700.00
6042	Internet	\$ 520.00
6050	Utilities - Gas and Electric	\$ 9,700.00
6055	Water & Sewer	\$ 5,800.00
6070	Equipment Purchased	\$ 1,500.00
6100	Maintenance & Repairs - Equipment	\$ 1,500.00
6105	Maintenance & Repairs - Museum	\$ 8,000.00
6110	Maintenance & Repairs - Collection	\$ 2,500.00
6115	Cleaning	\$ 11,000.00
6120	Grounds Maintenance	\$ 14,000.00
6125	Garden Sales Expense	\$ 3,500.00
6130	Garden Maintenance	\$ 200.00
6135	Flowers/Gifts	\$ 250.00
6150	Carriage House Expense	\$ 600.00

## Helton, Jessamyn

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**From:** Ethridge, Kyle  
**Sent:** Tuesday, August 30, 2016 2:50 PM  
**To:** Stenberg, Beth  
**Cc:** MetroCouncilClerk  
**Subject:** FW: NDF - Info Needed  
**Attachments:** FY 2016 Whitehall Board of Regents.pdf

Beth,

Here is the information missing from our NDF. Can you please add to record?

Thanks,  
Kyle



**Ms. Kyle Ethridge** | Legislative Assistant  
Office of Councilman Bill Hollander  
601 W. Jefferson Street | Louisville, KY 40202  
d: (502) 574-3908 o: (502) 574-1109

Click [here](#) to sign up for the District 9 weekly eNews!

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**From:** Merrill Simmons [<mailto:Whitehall@historichomes.org>]  
**Sent:** Tuesday, August 30, 2016 2:33 PM  
**To:** Ethridge, Kyle  
**Subject:** RE: NDF - Info Needed

Hi Kyle,

Attached is our board list, with each member's term limit listed next to his/her name. Officers may serve two consecutive 3-year terms; regular members may serve unlimited consecutive 2-year terms.

The following are the salaries of our three highest paid employees:

Merrill Simmons, Executive Director, Whitehall - \$51,759  
Rafe Borders, Gardener, Whitehall - \$30,774  
Diane Young, Executive Director, Farmington - \$26,875

Just let me know if you need anything else!

Merrill

Merrill Simmons  
Executive Director

**Whitehall - Louisville's Estate Garden**  
3110 Lexington Road – Louisville, KY 40206  
502-897-2944 [www.historicwhitehall.org](http://www.historicwhitehall.org)

*Did you know Whitehall is owned by the Historic Homes Foundation? On September 15, HHF will be participating in Give Local Louisville, our community's biggest day of local giving. Please help us win prizes and earn bonus dollars by donating online at [www.givelocalloouisville.org](http://www.givelocalloouisville.org).*

**Whitehall House & Gardens – Board of Regents FY 2016**

**Whitehall Executive Committee**

**Regent**

Laura Weir

1<sup>st</sup> Term as Regent ends August 2016

**Treasurer**

Ann Showalter

1<sup>st</sup> Term as Treasurer ends August 2017

**Secretary**

Amelia Logan

1<sup>st</sup> Term as Secretary ends August 2017

**Landscape Director**

Michael Hayman

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**Whitehall Board of Regents**

Dr. Barbara Baker

Current term ends August 2017

Lydia Bailey Brown

Current terms ends August 2017

Kit Carter-Weilage

Current term ends August 2015

Michael A. Jones

Current term ends August 2017

Michael Judd

Current term ends August 2016

Catherine L. Keeley

Non-voting Member

Carole McMurry



Current term ends August 2017

Dr. Gordon T. McMurry



Current term ends August 2017

Gray Middleton



Current term ends August 2017

Patti Rollins



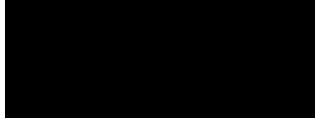
Current term ends August 2017

Jason Walters



Current term ends August 2017

Kristie Wetterer



Current terms ends August 2019



**Historic Homes Foundation**  
**Whitehall Operating Fund Income Statement**  
**For the Ten Months Ending June 30, 2016**

July 14, 2016

	<u>Current</u> <u>Month</u>	<u>FYTD</u>	<u>FY Budget</u>	<u>Prior FY</u>	<u>Prior FYTD</u>
<b>Revenues</b>					
3010-015 Board Obligations	\$ 0	\$ 2,200	\$ 2,600	\$ 0	\$ 2,400
3100-015 Gifts	277	2,097	5,000	4	3,528
3120-015 Appeal Letter	0	3,450	5,000	0	25
3200-015 Grants	0	31,600	15,000	0	25,000
3206-015 Grant/Horn Foundation	0	25,866	1,142	2,431	90,257
3300-015 Admission Fees	538	1,494	3,000	408	2,807
3310-015 Rentals	21,895	150,027	150,000	23,975	125,629
3315-015 WH -- Tenant income	1,200	6,600	3,600	0	0
3320-015 Facility Fee	1,847	13,246	17,000	2,551	12,995
3402-015 WH-Tea Party	0	12,747	11,000	0	11,472
3412-015 WH Bridal Show	0	22,346	15,962	0	16,003
3413-015 WH- John Michael Carter	3,000	4,150	4,500	0	4,910
3424-015 Valentine's dinner	0	7,198	6,880	0	6,700
3429-015 WH -- Summer Celebration	9,405	113,896	80,000	74,965	122,065
3460-015 WH -- Garden Sales	700	9,569	8,500	755	10,006
3461-015 WH Fern Festival	0	0	0	1,804	1,804
3462-015 WH - Peony Festival	0	6,082	5,500	0	3,930
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Revenues	38,862	412,568	334,684	106,893	439,531
<b>Expenses</b>					
5010-015 Employee Compensation	17,455	114,340	121,115	10,219	98,845
5020-015 Payroll Taxes	1,311	8,493	9,265	762	7,375
5030-015 Insurance Benefits	1,434	13,468	19,936	1,142	10,880
5040-015 Automated Payroll Fee	138	968	1,090	116	880
5041-015 Sect 125 Admin Fee	0	113	110	0	107
5046-015 Contract Labor - WH	0	0	100	0	50
6000-015 Office Supplies	873	5,063	3,700	663	3,237
6005-015 Bank and credit card charges	1,167	4,489	5,500	1,118	3,100
6010-015 Postage	45	868	600	109	537
6015-015 Computer and IT support	0	1,043	1,500	0	2,964
6030-015 Printing and Stationery	212	789	1,000	140	140
6040-015 Telephone	135	1,619	1,700	143	1,396
6042-015 Internet	50	479	520	0	398
6050-015 Utilities Gas and Electric	459	6,069	9,700	698	7,683
6055-015 Water & Sewer	965	5,158	5,800	0	4,507
6070-015 Equipment Purchased	0	0	1,500	0	505
6100-015 Maintenance and Repairs	636	1,282	1,500	0	812
6105-015 Maintenance and Repairs-Museu	1,901	13,622	8,000	884	6,661
6110-015 Maintenance and Repairs-Collec	74	2,224	2,500	0	3,458
6115-015 Cleaning	1,815	10,124	11,000	0	7,915
6120-015 Grounds Maintenance	219	10,939	14,000	863	13,184
6125-015 Garden Sales Expense	0	4,422	3,500	0	9,211
6130-015 Garden Maintenance	0	255	200	0	223
6135-015 Flowers/Gifts	92	525	250	38	257
6150-015 Carriage House Expense	0	133	600	169	151
6190-015 Security	3,013	15,930	16,500	3,034	12,538
6200-015 Insurance	169	13,993	15,481	5,122	17,318
6206-015 Horn Found Grant Expenses	0	26,743	0	16,639	62,143
6210-015 Dues and Subscriptions	425	860	750	0	990
6220-015 Advertising and Marketing	2	7,521	5,000	0	4,932
6230-015 Travel and Related Expense	0	135	500	243	449
6299-015 Grant Expense	0	0	15,000	0	0
6402-015 WH - Tea Party	0	652	620	0	713
6412-015 WH - Bridal Show	0	9,227	8,029	0	8,204
6413-015 WH - John Michael Carter wksh	2,351	2,413	2,355	2,084	2,538
6424-015 Valentine's dinner	0	3,831	3,440	0	3,438

For Management Purposes Only



**Historic Homes Foundation**  
**Whitehall Operating Fund Income Statement**  
**For the Ten Months Ending June 30, 2016**

July 14, 2016

	<u>Current Month</u>	<u>FYTD</u>	<u>FY Budget</u>	<u>Prior FY</u>	<u>Prior FYTD</u>
6429-015 WH -- Summer Celebration	65	44,963	26,373	23,417	36,934
6450-015 Annual Appeal - Whitehall	0	420	600	0	0
6461-015 WH Fern Festival	0	0	0	1,212	1,212
6462-015 WH - Peony Festival	0	1,282	2,000	24	828
6620-015 Hospitality	509	2,242	2,500	248	2,027
6700-015 Professional Services	50	568	500	0	0
6710-015 Bookkeeping Services	720	7,560	9,000	720	7,605
	<u>36,285</u>	<u>344,825</u>	<u>333,334</u>	<u>69,807</u>	<u>346,345</u>
Total Expenses					
	<u>36,285</u>	<u>344,825</u>	<u>333,334</u>	<u>69,807</u>	<u>346,345</u>
Net Operating Income	<u>2,577</u>	<u>67,743</u>	<u>1,350</u>	<u>37,086</u>	<u>93,186</u>
<b>Other Income/Expense</b>					
3801-015 WH -- interest checking	(9)	(51)	0	(5)	(31)
3802-015 Interest - Charitable Gaming	0	(1)	0	0	(1)
6990-015 Miscellaneous	250	280	0	(31)	22
8000-015 Capital Add-Furnishings	0	0	0	0	1,949
	<u>241</u>	<u>228</u>	<u>0</u>	<u>(36)</u>	<u>1,939</u>
Total Other Income/Expense					
	<u>241</u>	<u>228</u>	<u>0</u>	<u>(36)</u>	<u>1,939</u>
Net Income	<u>\$ 2,336</u>	<u>\$ 67,515</u>	<u>\$ 1,350</u>	<u>\$ 37,122</u>	<u>\$ 91,247</u>

**Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**  
Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **09/01/13**, and ending **08/31/14**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**HISTORIC HOMES FOUNDATION, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3110 LEXINGTON ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**LOUISVILLE KY 40206**

**D** Employer identification number  
[REDACTED]  
**502-899-5079**

**E** **502-899-5079**

**F** Name and address of principal officer:  
**BUTCH SHAW**  
**3110 LEXINGTON ROAD**  
**LOUISVILLE KY 40206**

**G** Gross receipts \$ **714,980**

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

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  501(c)(1)  501(c)(29)

**J** Website: **WWW.HISTORICHOMES.ORG**

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

**L** Year of formation: **1957**

**M** State of legal domicile: **KY**

COPY

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PURCHASE, DISPLAY AND PRESERVE HISTORIC BUILDINGS AND THEIR INHERENT TRADITIONS.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	108,910	130,168
	9	Program service revenue (Part VIII, line 2g)	465,595	471,534
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,524	19,900
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-786	-4,446
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	596,243	617,156
Expenses	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)	184,012	208,142
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>24,398</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	368,109	396,005
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	552,121	604,147	
19	Revenue less expenses. Subtract line 18 from line 12	44,122	13,009	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,819,862	4,880,545
	21	Total liabilities (Part X, line 26)	86,782	88,299
22	Net assets or fund balances. Subtract line 21 from line 20	4,733,080	4,792,246	

**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: **BUTCH SHAW** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **RICHARD N. ROBINSON, CPA** Preparer's signature: **RICHARD N. ROBINSON, CPA** Date: **07/07/15** Check  self-employed  PTIN: [REDACTED]

Firm's name: **RODEFER MOSS & CO, PLLC** Firm's EIN: [REDACTED]

Firm's address: **301 E. ELM STREET** Phone no: **812-945-5236**  
**NEW ALBANY, IN 47150**

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

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations. Enter:</b>		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations. Enter:</b>		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

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

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

Check this box if neither the organization nor any related organizations 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) MERRILL SIMMONS EXEC DIR-WHITEHALL	40.00 0.00	X						49,476	0	0
(2) DIANE YOUNG EXEC DIR-FARMINGTON	40.00 0.00	X						33,750	0	0
(3) BUTCH SHAW PRESIDENT	2.00 0.00	X		X				0	0	0
(4) JOHN STOUGH TRUSTEE	0.80 0.00	X						0	0	0
(5) CHRIS HARTLEY SECRETARY	2.00 0.00	X		X				0	0	0
(6) BARBARA BAKER BROWN WHITEHALL REGENT	2.00 0.00	X						0	0	0
(7) DAVID NICHOLS TRUSTEE	0.80 0.00	X						0	0	0
(8) DEAN WILKINSON VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(9) WILLIAM PAYNTER TREASURER	2.00 0.00	X		X				0	0	0
(10) JESSICA KESSINGER THOMAS EDISON REGENT	2.00 0.00	X						0	0	0
(11) SARA BROWN MEEHAN FARMINGTON REGENT	2.00 0.00	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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	130,168			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>130,168</b>			
Program Service Revenue	2a SPECIAL EVENTS	Busn. Code	251,139	251,139		
	b CARRIAGE HOUSE & RENT INCOME		209,387	209,387		
	c ADMISSION FEES		11,008	11,008		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		471,534			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,720	8,720	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less: rental exps.				
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.		40,972		
		c Gain or (loss)		11,180		
d Net gain or (loss)			11,180	11,180		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a		50,787		
		b Less: direct expenses		56,473		
		c Net income or (loss) from fundraising events		-5,686		
9a Gross income from gaming activities. See Part IV, line 19		a				
		b Less: direct expenses				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a		1,134			
	b Less: cost of goods sold		379			
	c Net income or (loss) from sales of inventory		755	755		
Miscellaneous Revenue		Busn. Code				
11a MEMBERSHIP CAMPAIGN			318	318		
b MISCELLANEOUS INCOME			167	167		
c						
d All other revenue						
e Total. Add lines 11a-11d			485			
<b>12 Total revenue. See instructions.</b>			<b>617,156</b>	<b>492,674</b>	<b>0</b>	

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	401,994	1	348,860
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17	4	175
	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	120	8	120
	9 Prepaid expenses and deferred charges	7,499	9	10,662
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,138,084		
	b Less: accumulated depreciation	10b 154,029		
		3,924,241	10c	3,984,055
	11 Investments—publicly traded securities	471,236	11	517,248
	12 Investments—other securities. See Part IV, line 11	14,755	12	16,925
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15	2,500	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,819,862	16	4,880,545	
Liabilities	17 Accounts payable and accrued expenses	28,272	17	18,781
	18 Grants payable		18	
	19 Deferred revenue		19	1,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	58,510	25	68,018
	26 Total liabilities. Add lines 17 through 25	86,782	26	88,299
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	143,100	27	85,134
	28 Temporarily restricted net assets	545,638	28	601,924
	29 Permanently restricted net assets	4,044,342	29	4,105,188
	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	4,733,080	33	4,792,246	
34 Total liabilities and net assets/fund balances	4,819,862	34	4,880,545	

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization

**HISTORIC HOMES FOUNDATION, INC.**

per

**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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	150,366	153,601	272,522	108,910	130,168	815,567
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	451,123	420,470	456,737	543,142	532,660	2,404,132
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	601,489	574,071	729,259	652,052	662,828	3,219,699
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	30,530	44,018	195,666			270,214
c Add lines 7a and 7b	30,530	44,018	195,666			270,214
8 Public support (Subtract line 7c from line 6.)						2,949,485

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	601,489	574,071	729,259	652,052	662,828	3,219,699
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,166	12,852	6,571	8,447	8,720	50,756
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,166	12,852	6,571	8,447	8,720	50,756
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 IV.)	3,751	264	7,507	-536	-4,446	6,540
13 Total support. (Add lines 9, 10c, 11, and 12.)	619,406	587,187	743,337	659,963	667,102	3,276,995

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 2013 (line 8, column (f) divided by line 13, column (f))	15	90.01%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	82.95%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	2%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	2%

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

# 2013

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

**HISTORIC HOMES FOUNDATION, INC.**

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization  
**HISTORIC HOMES FOUNDATION, INC.**

Employer identification number  
XXXXXXXXXX

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MOLLY ROWAN 1515 SELLERS MILL RD  VERSAILLES KY 40383	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JEAN FRAZIER 4810 CHERRY VALLEY  PROSPECT KY 40059	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE GHEENS FOUNDATION 401 W MAIN ST STE 705  LOUISVILLE KY 40202	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ ..	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ ..	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ ..	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	167,318	160,445	238,670	264,700	343,217
b Contributions					
c Net investment earnings, gains, and losses	5,117	7,572	-1,718	42,031	14,311
d Grants or scholarships					
e Other expenditures for facilities and programs	613	699	76,507	68,061	92,828
f Administrative expenses					
g End of year balance	171,822	167,318	160,445	238,670	264,700

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

- a Board designated or quasi-endowment ▶ 21.50 %
- b Permanent endowment ▶ 78.50 %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

b If "Yes" to 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)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,031,602	53,955	3,977,647
c Leasehold improvements				
d Equipment		106,482	100,074	6,408
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,984,055

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

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

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 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" to 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.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

**HISTORIC HOMES FOUNDATION, INC.**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer     Employee     Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2013**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No **179**

Name(s) shown on return

**HISTORIC HOMES FOUNDATION, INC.**

Identifying number

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	19,437

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	19,437
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)



CBK 96 - Op 448

ARTICLES OF INCORPORATION

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, hereby associate ourselves together for the purpose of forming a charitable and educational corporation under the provisions of KRS 273.010 to 273.160, inclusive, whose Articles of Incorporation are as follows:

I

The name of the corporation shall be the HISTORIC HOMES FOUNDATION, INC., and its principal office and place of business shall be in Louisville, Kentucky, and the name and address of the person upon whom process may be served is Eli H. Brown, III, 420 South Fifth Street, Louisville, Kentucky.

II

The object and purpose of this corporation shall be the advancement of education, culture and the arts in the State of Kentucky, by all methods calculated to achieve such end, and particularly, without limiting the generality of the foregoing, through the acquisition, restoration, and maintenance of historic sites, and the charging of an admission fee for the privilege of entering and viewing said historic sites, with profit from such operation, if any, to be used for the furtherance of the purposes of this corporation through the acquisition, restoration, and maintenance of other historic sites, or for the benefit of some one or more charitable or educational institutions located in the State of Kentucky, to be selected by the Board of Trustees.

III

The corporation shall have power to accept, receive, hold, and dispose of real and personal property of every kind and

description which may be given to it, or in any way by it acquired and shall have full and complete powers over the management, control and disposition thereof. It shall have the right to mortgage any property which it may acquire to secure indebtedness which it may incur, and shall generally have full power to contract and be contracted with, to sue and be sued, and all other general corporate powers which inure to corporations formed under laws of the Commonwealth of Kentucky.

IV

The corporation shall have no capital stock, and no member of the Board of Trustees shall derive any private pecuniary profit from it.

V

The corporation shall have perpetual existence unless sooner terminated in accordance with law, by action of its Board of Trustees.

VI

The name and address of each incorporator is as follows:

<u>Anne Bruce Haldeman</u>	<u>Glenview, Ky.</u>
<u>Barbara Anderson</u>	<u>2350 Valetta Rd., Lou., Ky.</u>
<u>James C. Courtenay</u>	<u>449 Swing Lane, Lou., Ky.</u>
<u>Virginia P. Speed</u>	<u>2828 Lexington Rd., Lou., Ky.</u>
<u>Elizabeth E. Seiler</u>	<u>5123 Dunvegan Rd., Lou., Ky.</u>
<u>Margaret H. Davidson</u>	<u>Crestwood, Ky.</u>
<u>Harriet C. Collis</u>	<u>Upper River Rd., Lou., Ky.</u>
<u>John B. Speed</u>	<u>1174 Castle vale Dr., Lou., Ky.</u>
<u>_____</u>	<u>_____</u>

VII

The affairs of the corporation shall be conducted by

**Merrill Simmons**

*This is still a current quote.*

**From:** Tyler Clarke <tclarke@psfurniture.com>  
**Sent:** Friday, January 31, 2014 1:51 PM  
**To:** whitehall@historichomes.org  
**Subject:** FW: Historic Homes Foundation - Request For Quote

Hi Merrill,

My name is Tyler Clarke-- First, thanks for your inquiry for tables, chairs, and carts from Palmer Snyder. I am somewhat familiar with Whitehall; I live in Lexington so I am not too far away from you all. I will tell you a little bit about each of the products you were interested in and pricing below:

(72) C450 White Resin Chairs

- Considered the brightest white resin chair on the market and will not yellow overtime
- Extremely easy to clean
- Only 10#
- Made in USA (NC)
- \$30.95/ea or \$2,228.40 plus shipping

(1) HD-RTC

- Heavy duty steel frame that is black powder coated
- High quality casters for greater longevity
- Edge Stack 9 Tables
- Made in USA
- \$375/ea plus shipping

(1) PCC-100

- Heavy duty steel frame that is black powder coated
- High quality casters for greater longevity
- Holds 25 resin chairs
- \$175/ea plus shipping

(6) HO1872 200 Series Plywood Tables

- Hospitality Grade Plywood Table
- 5/8" Plywood top with attractive walnut sealer stain and UV polycoat which protects against warping, moisture damage, and scratches
- One piece, hardwood runners give the table its strength (soft woods or jointed runners make for somewhat weak tables)
- Gravity lock leg-- easy to operate and has a metal ring which automatically slides in place, "locking" the table legs in place. Reduces any chance of collapse even if improperly set up
- Aluminum edging for increased protection from drops, busted corners, and rough handling
- \$125/ea or \$750 plus shipping

I have attached literature pieces on our tables, chairs, and carts for you to review. I will be more than happy to get an official quote with a freight estimate if you would like. Please give me a call or email me with any questions you might have;

Thanks again,

Tyler Clarke  
Account Manager, Palmer Snyder Furniture Company  
M: 859-963-6874  
O: 800-762-0415 Extension 216  
E: [tclarke@psfurniture.com](mailto:tclarke@psfurniture.com)  
1050 Chinoe Road Suite 106  
Lexington, Kentucky 40502

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**From:** Roger A. Clark  
**Sent:** Friday, January 31, 2014 8:53 AM  
**To:** Tyler Clarke  
**Cc:** Ann Dalton  
**Subject:** FW: Historic Homes Foundation - Request For Quote

Pls handle. Thank you!

Roger A. Clark  
President/CEO  
P 414.224.3098  
F 414.224.3099  
C 414.559.3017



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**From:** Palmer Snyder [<mailto:jziegler@psfurniture.com>]  
**Sent:** Wednesday, January 29, 2014 12:58 PM  
**To:** Roger A. Clark  
**Subject:** Historic Homes Foundation - Request For Quote

The following RFQ was placed:

Name: Merrill Simmons  
Title: Executive Director  
Company: Historic Homes Foundation  
Company Type: Other (Please Specify in Comments)  
City, State (Cntry): Louisville, KY 40206  
Contact Me Phone: By Phone  
Contact Me Email: By Email  
Email: [whitehall@historichomes.org](mailto:whitehall@historichomes.org)  
Phone: (502) 897-2944  
Questions: We are a non-profit historic site that can be rented for weddings, receptions and other special events.

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return) <b>Historic Homes Foundation, Inc.</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input 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) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-Profit Organization</b>	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) <b>3110 Lexington Road</b> City, state, and ZIP code <b>Louisville, Kentucky 40206</b> List account number(s) here (optional)	
Requester's name and address (optional)		

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 20%; text-align: center;">-</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		-	
		-		-		
<b>Employer identification number</b>						

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Merrill Summers</i>	Date ▶ <i>8-2-16</i>
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**General Instructions**

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

**Purpose of Form**

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

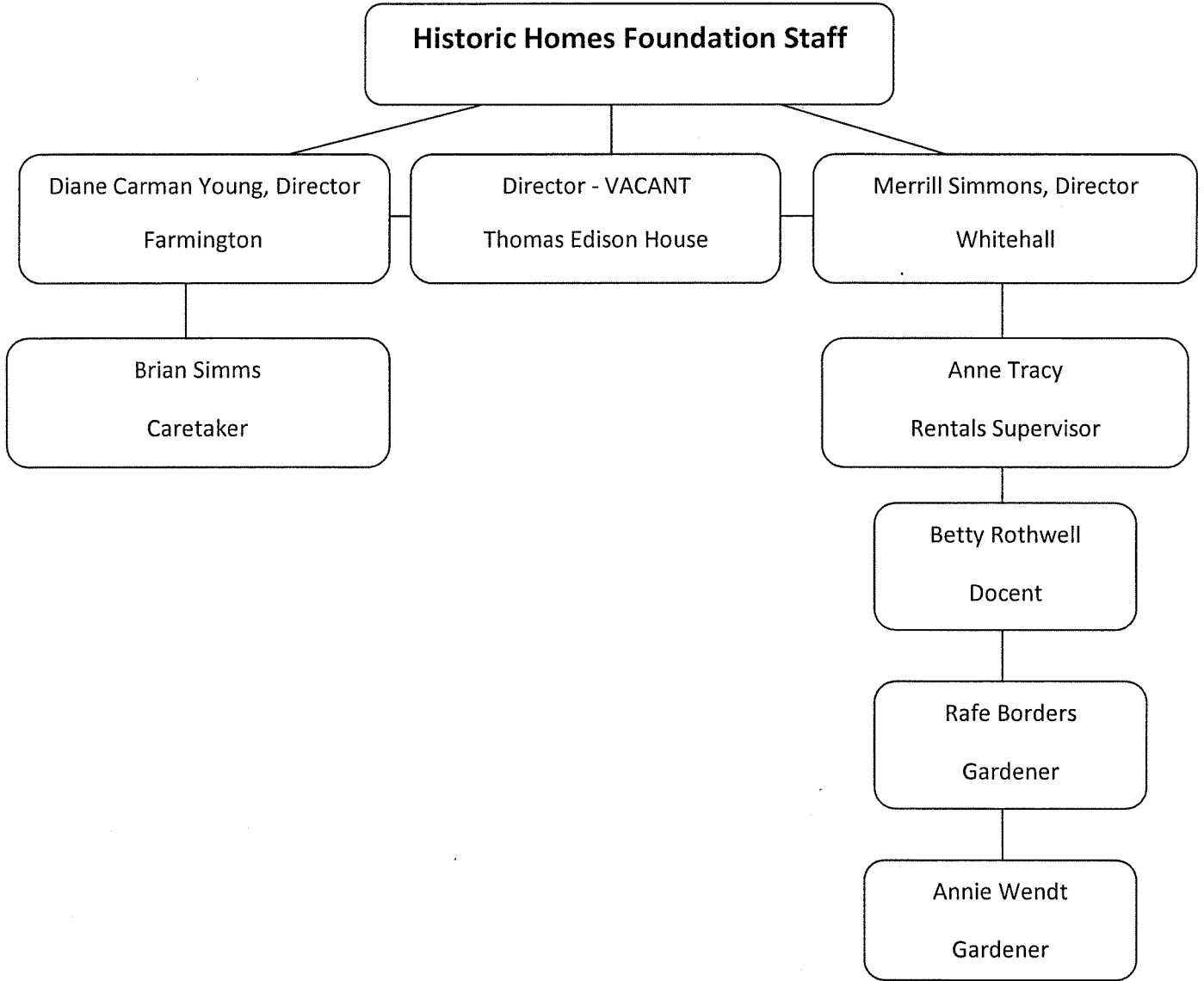
**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**Historic Homes Foundation Staff**



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## HISTORIC HOMES FOUNDATION, INC.

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### General Information

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<b>Organization Number</b>	0023330
<b>Name</b>	HISTORIC HOMES FOUNDATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>Organization Date</b>	1/10/1957
<b>Last Annual Report</b>	6/15/2016
<b>Principal Office</b>	3110 LEXINGTON RD. LOUISVILLE, KY 40206
<b>Registered Agent</b>	BEN JOHNSON TALBOTT, JR. 501 S. 2ND. ST. LOUISVILLE, KY 40202

### Current Officers

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<b>President</b>	<u>Dean Wilkinson</u>
<b>Vice President</b>	<u>William Paynter</u>
<b>Treasurer</b>	<u>Butch Shaw</u>
<b>Director</b>	<u>John Stough</u>
<b>Director</b>	<u>Robert Brand</u>
<b>Director</b>	<u>Laura Weir</u>
<b>Director</b>	<u>Christie Leigh Wells</u>
<b>Director</b>	<u>Elizabeth Likins</u>
<b>Director</b>	<u>Cecilia White</u>
<b>Director</b>	<u>David Nichols</u>

### Individuals / Entities listed at time of formation

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<b>Director</b>	.
<b>Director</b>	.
<b>Director</b>	.
<b>Incorporator</b>	<u>ANNE BRUCE HALDEMAN</u>
<b>Incorporator</b>	<u>BARBARA ANDERSON</u>
<b>Incorporator</b>	<u>IAS C COURTENAY</u>
<b>Incorporator</b>	<u>VIRGINIA P SPEED</u>
<b>Incorporator</b>	<u>ELIZABETH E SEILER</u>

### Images available online

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

<u>Annual Report</u>	6/15/2016	1 page	<u>PDF</u>	
<u>Annual Report Amendment</u>	12/10/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/25/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/27/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/17/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/15/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/8/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/19/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/15/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/2/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/17/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/10/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/25/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/13/2004	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/15/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/11/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/1/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/22/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/25/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1988	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/11/1987	1 page	<u>tiff</u>	<u>PDF</u>

## Assumed Names

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## Activity History

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Filing	File Date	Effective Date	Org. Referenced
Annual report	6/15/2016 1:51:41 PM	6/15/2016 1:51:41 PM	
Amendment to annual report	12/10/2015 9:44:47 AM	12/10/2015 9:44:47 AM	
Annual report	6/25/2015 10:11:30 AM	6/25/2015 10:11:30 AM	
Annual report	6/27/2014 9:50:38 AM	6/27/2014 9:50:38 AM	
Annual report	2/17/2013 1:41:10 PM	2/17/2013 1:41:10 PM	
Annual report	3/15/2012 1:41:21 PM	3/15/2012	
Annual report	6/8/2011 3:14:26 PM	6/8/2011	
	5/19/2010	5/19/2010	



Annual report	2:21:35 PM	2:21:35 PM
Annual report	5/15/2009 3:36:27 PM	5/15/2009 3:36:27 PM
Annual report	7/2/2008 3:06:31 PM	7/2/2008 3:06:31 PM
Annual report	4/17/2007 11:22:18 AM	4/17/2007
Annual report	7/10/2006 10:20:20 AM	7/10/2006

## Microfilmed Images

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**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	9/27/2004	1 page
Annual Report	8/15/2003	1 page
Annual Report	7/1/2002	1 page
Annual Report	9/11/2001	1 page
Annual Report	8/1/2000	1 page
Annual Report	6/22/1999	1 page
Annual Report	8/25/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	3 pages
Annual Report	7/1/1995	4 pages
Annual Report	7/1/1994	3 pages
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Annual Report	7/1/1992	2 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	3 pages
Annual Report	7/1/1988	1 page
Statement of Change	6/11/1987	1 page
Statement of Change	1/4/1978	2 pages
Annual Report	5/22/1957	23 pages
Articles of Incorporation	1/10/1957	5 pages