


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

**Applicant/Program:** Historic Homes Foundation, dba Whitehall  
**Applicant Requested Amount:** \$2,000  
**Appropriation Request Amount:** \$2,000

**Executive Summary of Request**  
Repair for capital improvement project at Whitehall House & Gardens. Includes replacement of two smaller columns on the Whitehall front porch (involves removing capitals, creating rubber mold, and re-installation).

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

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

9 District #       Primary Sponsor Signature      \$2,000 Amount      9/4/18 Date

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

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Historic Homes Foundation dba Whitehall House & Gardens  
**Program Name and Request Amount** Capital Improvement Project - replacement of columns \$2,000

|  | Yes/No/NA                        |
|--|----------------------------------|
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?  | <input type="text" value="Yes"/> |
| Is the funding proposed by Council Member(s) less than or equal to the request amount?   | <input type="text" value="Yes"/> |
| Is the proposed public purpose of the program viable and well-documented?  | <input type="text" value="Yes"/> |
| Will all of the funding go to programs specific to Louisville/Jefferson County?  | <input type="text" value="Yes"/> |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?  | <input type="text" value="Yes"/> |
| Has prior Metro Funds committed/granted been disclosed?  | <input type="text" value="Yes"/> |
| Is the application properly signed and dated by authorized signatory?  | <input type="text" value="Yes"/> |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?  | <input type="text" value="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="text" value="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="text" value="Yes"/> |
| Is the current Fiscal Year Budget included?  | <input type="text" value="Yes"/> |
| Is the entity's board member list (with term length/term limits) included?   | <input type="text" value="Yes"/> |
| Is recommended funding less than 33% of total agency operating budget?   | <input type="text" value="N/A"/> |
| Does the application budget reflect only the revenue and expenses of the project/program?  | <input type="text" value="Yes"/> |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?   | <input type="text" value="Yes"/> |
| Is the most recent annual audit (if required by organization) included?  | <input type="text" value="N/A"/> |
| Is a copy of Signed Lease (if rent costs are requested) included?  | <input type="text" value="N/A"/> |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?   | <input type="text" value="N/A"/> |
| Are the Articles of Incorporation of the Agency included?  | <input type="text" value="Yes"/> |
| Is the IRS Form W-9 included?  | <input type="text" value="Yes"/> |
| Is the IRS Form 990 included?  | <input type="text" value="Yes"/> |
| Are the evaluation forms (if program participants are given evaluation forms) included?  | <input type="text" value="N/A"/> |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?  | <input type="text" value="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="text" value="No"/>  |
| Prepared by: <i>Wyle G. Budge</i>  | Date: <i>09/04/18</i>            |

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION   |               |   |                             |
|---|---------------|---|-----------------------------|
| <b>Legal Name of Applicant Organization:</b> Historic Homes Foundation, dba Whitehall<br><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, 40206   |               |   |                             |
| <b>Website:</b> www.historicwhitehall.org   |               |   |                             |
| <b>Applicant Contact:</b>   | Kristen Lutes | <b>Title:</b>   | Executive Director          |
| <b>Phone:</b>   | 502-897-2944  | <b>Email:</b>   | whitehall@historichomes.org |
| <b>Financial Contact:</b>   | Kristen Lutes | <b>Title:</b>   | Executive Director          |
| <b>Phone:</b>   | 502-897-2944  | <b>Email:</b>   | whitehall@historichomes.org |
| <b>Organization's Representative who attended NDF Training:</b> Kristen Lutes   |               |   |                             |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED  |               |   |                             |
| <b>Program Facility Location(s):</b>  | Whitehall     |   |                             |
| <b>Council District(s):</b>   | 9             | <b>Zip Code(s):</b>   | 40206                       |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION   |               |   |                             |
| <b>PROGRAM/PROJECT NAME:</b> Column Capital Repair  |               |   |                             |
| <b>Total Request: (\$)</b>  | 2,000         | <b>Total Metro Award (this program) in previous year: (\$)</b>  |                             |
| <b>Purpose of Request (check all that apply):</b><br><input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)<br><input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals<br><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<br><input checked="" type="checkbox"/> Current year projected budget<br><input checked="" type="checkbox"/> Current financial statement<br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br><input checked="" type="checkbox"/> Articles of Incorporation (current & signed)<br><input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense |               | Signed lease if rent costs are being requested<br><input checked="" type="checkbox"/> IRS Form W9<br>Evaluation forms if used in the proposed program<br>Annual audit (if required by organization)<br>Faith Based Organization Certification Form, if applicable |                             |
| <b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>   |               |   |                             |
| <b>Source:</b>  | n/a           | <b>Amount: (\$)</b>   |                             |
| <b>Source:</b>  |               | <b>Amount: (\$)</b>   |                             |
| <b>Source:</b>  |               | <b>Amount: (\$)</b>   |                             |
| Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |               |   |                             |
| Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input 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. While 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 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member       | Term End Date |
|--------------------|---------------|
| Laura Weir         | August 2018   |
| Ann Showalter      | August 2019   |
| Amelia Logan       | August 2019   |
| Mike Hayman        | August 2018   |
| Kit Carter-Weilage | August 2018   |
| Michael Jones      | August 2020   |
| Carole McMurry     | August 2020   |
| Gorden T. McMurry  | August 2020   |
| Gray Middleton     | August 2020   |
| Kristie Phillips   | August 2019   |
| Patti Rollins      | August 2020   |
| Dave Thompson      | August 2020   |
| Whitney Watt       | August 2020   |
|                    |               |
|                    |               |
|                    |               |
|                    |               |

**Describe the Board term limit policy:**

Board members are elected for a three-year term, and can be re-elected an unlimited number of times. Officers are elected to two-year terms, and may be re-elected once.

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| Kristen Lutes                  | 37,925        |
| Carol Grisanti                 | 35,875        |
| Elizabeth Smith                | 24,640        |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

In the last several months, two of the smaller columns on the Whitehall front porch have crumbled at the top, leaving a mess of plaster, paint chips, and binding materials. Unfortunately there is no way to put them back together, so they must be completely replaced. This involves removing one of the existing capitals, using it to create a rubber mold, and re-installing that one as well as the two that were demolished.

Whitehall strives to keep this historic building as accurate to its time period as possible. These sections of the mansion were built around 1910, so it is important we employ a highly skilled contractor to perform the work. We have received an estimate from Julius Schnurr & Sons, Inc. We are hoping to have the work performed this fall after wedding season has concluded but before cold weather sets in, so our target date is early November.

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

Per the estimate provided to us by Julius Schnurr & Sons, Inc., the contractor will supply labor, material and scaffolding to: erect scaffolding, remove an existing column capital; repair the capital and produce a mold, shell and castings. He will seal the castings with shellac, then install three castings ready for paint. The painting will be done at a later date and the funds for the painting will be taken from our operating budget.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

n/a

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

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

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

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

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This project will improve visitor experience by ensuring that the mansion is in the best possible condition and appearance. The preservation of Whitehall mansion benefits the Louisville community as a whole and the Lexington Road area specifically by showing visitors a glimpse of the past. We also offer a green space that is free and open to the public, including our nationally renowned fern garden. Whitehall records daily tour attendance as well as the attendance for rental events. All who visit Whitehall will benefit from its improved appearance.

**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.

Whitehall also offers a number of free or greatly reduced rentals for local nonprofits, including Anchal, Norton Children's Hospital Auxiliary, Trees Louisville, Cherokee Gardens, Jefferson County Master Gardeners, and many others. We are happy to share our space with other groups working to improve the Louisville area, especially those whose mission includes environmental causes.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

| Program/Project Expenses                                      | Column 1             | Column 2        | Column (1+2)=3 |
|---|----------------------|-----------------|----------------|
|   | Proposed Metro Funds | Non-Metro Funds | Total Funds    |
| A: Personnel Costs Including Benefits                         |                      |                 |                |
| B: Rent/Utilities   |                      |                 |                |
| C: Office Supplies  |                      |                 |                |
| D: Telephone  |                      |                 |                |
| E: In-town Travel   |                      |                 |                |
| F: Client Assistance (See Detailed List on Page 8)            |                      |                 |                |
| G: Professional Service Contracts                             |                      |                 |                |
| H: Program Materials  |                      |                 |                |
| I: Community Events & Festivals (See Detailed List on Page 8) |                      |                 |                |
| J: Machinery & Equipment                                      |                      |                 |                |
| K: Capital Project  | 2,000                | 2,660           | 4,660          |
| L: Other Expenses (See Detailed List on Page 8)               |                      |                 |                |
| <b>*TOTAL PROGRAM/PROJECT FUNDS</b>                           | 2,000                | 2,660           | 4,660          |
|   | 43 %                 | 57 %            | 100%           |

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

|   |                                 |
|---|---------------------------------|
| Other State, Federal or Local Government                      |                                 |
| United Way  |                                 |
| Private Contributions (do not include individual donor names) | Private family grant foundation |
| Fees Collected from Program Participants                      |                                 |
| Other (please specify)  |                                 |
| Total Request for Column 2 Expenses **                        | \$2,660                         |

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

| Donor*/Type of Contribution   | Value of Contribution | Method of Valuation |
|---|-----------------------|---------------------|
|   |                       |                     |
|   |                       |                     |
|   |                       |                     |
|   |                       |                     |
| <p align="center"><i>Total Value of In-Kind</i><br/>                     (to match Program Budget Line Item.<br/>                     Volunteer Contribution &amp; Other In Kind)</p> |                       |                     |

\* 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: September 1

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

If YES, please explain:

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 7 – CERTIFICATIONS & ASSURANCES

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

### Standard Assurances

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

### Standard Certifications

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

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

## SECTION 8 – CERTIFICATIONS & ASSURANCES

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

|                                  |                             |            |                    |
|----------------------------------|-----------------------------|------------|--------------------|
| Signature of Legal Signatory:    | <i>Kristen Lutes</i>        | Date:      | 8-27-18            |
| Legal Signatory: (please print): | Kristen Lutes               | Title:     | Executive Director |
| Phone:                           | 502-897-2944                | Extension: |                    |
| Email:                           | 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.

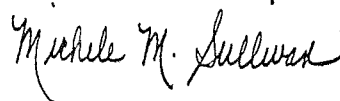
In March 1959 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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 18**

|                     |                           | Budget           | Actual           | Actual           |
|---------------------|---------------------------|------------------|------------------|------------------|
| REVENUES            |                           | FY 2018          | FY 2017          | FY 2016          |
| 3010                | Board Obligations         | \$ 2,400         | \$ 2,200         | \$ 2,200         |
| 3100                | Gifts                     | \$ 4,500         | \$ 2,143         | \$ 2,672         |
| 3120                | Appeal Letter             | \$ 4,000         | \$ 4,480         | \$ 3,775         |
| 3200                | Grants                    | \$ 2,500         | \$ 2,228         | \$ 31,600        |
| 3206                | Grant/Horn Foundation     | \$ 3,000         | \$ 3,000         | \$ 25,866        |
| 3300                | Admission Fees            | \$ 3,000         | \$ 3,488         | \$ 2,031         |
| 3308                | WH-Derby Breakfast Alloc. | \$ -             | \$ 3,333         | \$ -             |
| 3310                | Rentals                   | \$ 145,000       | \$ 166,007       | \$ 171,590       |
| 3315                | Tenant Income             | \$ 14,400        | \$ 14,400        | \$ 9,000         |
| 3320                | Facility Fee              | \$ 18,000        | \$ 16,821        | \$ 18,575        |
| 3402                | Tea Party                 | \$ 10,000        | \$ 14,753        | \$ 12,747        |
| 3403                | Yoga                      | \$ -             | \$ 87            |                  |
| 3404                | Autumn at Whitehall       | \$ -             | \$ 1,753         |                  |
| 3405                | Candlelight Tour          | \$ 1,000         |                  | \$ -             |
| 3412                | Wedding Show              | \$ 21,500        | \$ 21,570        | \$ 22,346        |
| 3413                | John Michael Carter       | \$ -             | \$ 1,950         | \$ 4,150         |
| 3424                | Valentine's Dinner        | \$ 6,140         | \$ 4,364         | \$ 7,198         |
| 3429                | Summer Celebration        | \$ 81,000        | \$ 165,644       | \$ 115,946       |
| 3460                | Garden Sales              | \$ 6,000         | \$ 6,232         | \$ 11,264        |
| 3462                | Peony Festival            | \$ 4,000         | \$ 4,324         | \$ 6,082         |
| <b>Total Income</b> |                           | <b>\$326,440</b> | <b>\$438,777</b> | <b>\$447,042</b> |

**EXPENSES**

|      |                                    |            |            |            |
|------|------------------------------------|------------|------------|------------|
| 5010 | Employee Compensation              | \$ 126,286 | \$ 135,480 | \$ 132,878 |
| 5020 | Payroll Taxes                      | \$ 9,326   | \$ 10,219  | \$ 9,863   |
| 5021 | Unemployment Benefits              | \$ -       | \$ 7,708   | \$ -       |
| 5030 | Insurance Benefits                 | \$ 8,548   | \$ 11,810  | \$ 16,337  |
| 5040 | Automated Payroll Fee              | \$ 486     | \$ 1,256   | \$ 1,166   |
| 5041 | Sect 125 Admin Fee                 | \$ 113     | \$ 113     | \$ 113     |
| 5046 | Contract Labor                     | \$ 100     | \$ 100     | \$ -       |
| 6000 | Office Supplies                    | \$ 4,500   | \$ 4,589   | \$ 5,702   |
| 6005 | Bank and credit card charges       | \$ 5,500   | \$ 5,839   | \$ 5,708   |
| 6010 | Postage                            | \$ 300     | \$ 221     | \$ 948     |
| 6015 | Computer and IT Support            | \$ 500     | \$ 700     | \$ 1,043   |
| 6030 | Printing and Stationery            | \$ 500     | \$ 370     | \$ 864     |
| 6040 | Telephone                          | \$ 1,080   | \$ 1,893   | \$ 1,910   |
| 6042 | Internet                           | \$ 840     | \$ 653     | \$ 669     |
| 6050 | Utilities - Gas and Electric       | \$ 9,000   | \$ 8,871   | \$ 7,632   |
| 6055 | Water & Sewer                      | \$ 6,000   | \$ 5,946   | \$ 6,545   |
| 6070 | Equipment Purchased                | \$ 500     | \$ 364     | \$ 93      |
| 6100 | Maintenance & Repairs - Equipment  | \$ 1,500   | \$ 988     | \$ 1,282   |
| 6105 | Maintenance & Repairs - Museum     | \$ 10,000  | \$ 7,751   | \$ 14,102  |
| 6110 | Maintenance & Repairs - Collection | \$ 1,500   | \$ 1,165   | \$ 2,608   |
| 6115 | Cleaning                           | \$ 12,000  | \$ 12,390  | \$ 12,869  |
| 6120 | Grounds Maintenance                | \$ 18,000  | \$ 32,835  | \$ 12,447  |

**Historic Homes Foundation**  
**Whitehall Operating Fund Income Statement**  
**For the Eleven Months Ending July 31, 2018**

August 10, 2018

|   | <u>Current</u><br><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                           | \$ 2,400    | \$ 2,400         | \$ 0            | \$ 2,200          |
| 3100-015 Gifts                          | 1,400                          | 5,607       | 4,500            | 50              | 2,143             |
| 3120-015 WH -- Appeal Letter            | 0                              | 5,875       | 4,000            | 25              | 4,480             |
| 3200-015 Grants                         | 0                              | 3,486       | 2,500            | 0               | 2,228             |
| 3206-015 WH -- Grant/Horn Foundation    | 11,976                         | 23,046      | 3,000            | 0               | 0                 |
| 3300-015 Admission Fees                 | 377                            | 3,013       | 3,000            | 611             | 3,045             |
| 3310-015 Rentals                        | 9,970                          | 141,156     | 145,000          | 6,585           | 146,752           |
| 3315-015 WH -- Tenant income            | 1,200                          | 13,200      | 14,400           | 1,200           | 13,200            |
| 3320-015 Facility Fee                   | 378                            | 14,470      | 18,000           | 1,150           | 15,795            |
| 3402-015 WH-Tea Party                   | 0                              | 11,420      | 10,000           | 0               | 14,753            |
| 3403-015 WH -- Yoga                     | 0                              | 0           | 0                | 0               | 87                |
| 3404-015 WH -- Autumn at Whitehall      | 0                              | 0           | 0                | 0               | 1,753             |
| 3405-015 WH - Candlelight Tour          | 0                              | 1,554       | 1,000            | 0               | 0                 |
| 3412-015 WH Bridal Show                 | 0                              | 16,410      | 21,500           | 0               | 21,570            |
| 3413-015 WH- John Michael Carter        | 0                              | 0           | 0                | 0               | 1,950             |
| 3424-015 WH -- Valentine's dinner       | 0                              | 5,480       | 6,140            | 0               | 4,364             |
| 3429-015 WH -- Summer Celebration       | (1,403)                        | 87,041      | 81,000           | 12,550          | 162,906           |
| 3460-015 WH -- Garden Sales             | 0                              | 1,785       | 6,000            | 0               | 6,232             |
| 3462-015 WH - Peony Festival            | 0                              | 3,415       | 4,000            | 0               | 4,324             |
|   | <hr/>                          | <hr/>       | <hr/>            | <hr/>           | <hr/>             |
| Total Revenues                          | 23,898                         | 339,358     | 326,440          | 22,171          | 407,782           |
| <b>Expenses</b>                         |                                |             |                  |                 |                   |
| 5010-015 Employee Compensation          | 11,101                         | 110,280     | 126,286          | 8,270           | 118,075           |
| 5020-015 Payroll Taxes                  | 849                            | 8,560       | 9,326            | 621             | 8,905             |
| 5021-015 WH- Employee Unemploy Benef    | 0                              | 4,767       | 0                | 0               | 3,082             |
| 5030-015 Insurance Benefits             | 0                              | 3,585       | 8,548            | 672             | 11,214            |
| 5040-015 Automated Payroll Fee          | 84                             | 1,036       | 486              | 85              | 1,112             |
| 5041-015 Sect 125 Admin Fee             | 0                              | 75          | 113              | 0               | 113               |
| 5046-015 Contract Labor - WH            | 0                              | 50          | 100              | 0               | 100               |
| 6000-015 Office Supplies                | 186                            | 1,228       | 4,500            | 0               | 3,908             |
| 6005-015 Bank and credit card charges   | 1,229                          | 8,904       | 5,500            | 457             | 5,385             |
| 6010-015 Postage                        | 50                             | 363         | 300              | 22              | 221               |
| 6015-015 Computer and IT support        | 0                              | 209         | 500              | 60              | 380               |
| 6030-015 Printing and Stationery        | 0                              | 0           | 500              | 0               | 370               |
| 6040-015 Telephone                      | 100                            | 1,199       | 1,080            | 15              | 1,914             |
| 6042-015 Internet                       | 61                             | 565         | 840              | 0               | 653               |
| 6050-015 Utilities Gas and Electric     | 790                            | 8,747       | 9,000            | 732             | 8,011             |
| 6055-015 Water & Sewer                  | 0                              | 4,937       | 6,000            | 0               | 4,746             |
| 6070-015 Equipment Purchased            | 25                             | 2,778       | 500              | 0               | 364               |
| 6100-015 Maintenance and Repairs        | 109                            | 2,681       | 1,500            | 0               | 988               |
| 6105-015 Maintenance and Repairs-Museu  | 212                            | 4,865       | 10,000           | 909             | 5,217             |
| 6110-015 Maintenance and Repairs-Collec | 0                              | 0           | 1,500            | 0               | 921               |
| 6115-015 Cleaning                       | 585                            | 9,125       | 12,000           | 780             | 10,970            |
| 6120-015 Grounds Maintenance            | 1,752                          | 19,476      | 18,000           | 12,765          | 29,035            |
| 6125-015 Garden Sales Expense           | 0                              | 0           | 350              | 0               | 378               |
| 6130-015 Garden Maintenance             | 66                             | 850         | 500              | 79              | 871               |
| 6135-015 Flowers/Gifts                  | 0                              | 502         | 500              | 0               | 592               |
| 6146-015 Fundraising                    | 0                              | 45          | 25               | 25              | 25                |
| 6150-015 Carriage House Expense         | 0                              | 2,429       | 1,000            | 0               | 2,420             |
| 6190-015 Security                       | 750                            | 8,345       | 18,000           | 725             | 14,795            |
| 6200-015 Insurance                      | 1,951                          | 14,269      | 14,897           | 159             | 12,835            |
| 6205-015 Grant expense                  | 0                              | 2,675       | 2,500            | 0               | 2,228             |
| 6206-015 WH-Horn Found Grant Expenses   | 1,461                          | 14,242      | 3,000            | 0               | 0                 |
| 6210-015 Dues and Subscriptions         | 0                              | 133         | 600              | 0               | 497               |
| 6220-015 Advertising and Marketing      | 2,017                          | 4,303       | 5,000            | 1,517           | 5,370             |
| 6230-015 Travel and Related Expense     | 0                              | 43          | 100              | 0               | 73                |

For Management Purposes Only

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2016 calendar year, or tax year beginning **09/01/16**, and ending **08/31/17**

- B Check if applicable:
- Address change
- Name change
- Initial return
- Final 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)  
**3110 LEXINGTON ROAD**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
**LOUISVILLE KY 40206**

**D** Employer identification number

**E** Telephone number  
**502-899-5079**

**G** Gross receipts \$ **730,455**

**F** Name and address of principal officer:  
**DEAN WILKINSON**  
**3110 LEXINGTON ROAD**  
**LOUISVILLE KY 40206**

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

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

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

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

**H(c)** Group exemption number

**L** Year of formation: **1957** **M** State of legal domicile: **KY**

## Part I Summary

|   |  |   |                  |                |
|---|--|---|------------------|----------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>TO PURCHASE, DISPLAY AND PRESERVE HISTORIC BUILDINGS AND THEIR INHERENT TRADITIONS.</b> |   |                  |                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                   |   |                  |                |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>  | <b>12</b>        |                |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>  | <b>12</b>        |                |
|   | <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | <b>5</b>  | <b>8</b>         |                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>  | <b>0</b>         |                |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>   | <b>0</b>         |                |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>  | <b>0</b>  |                  |                |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year  | Current Year     |                |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>532,558</b>  | <b>130,961</b>   |                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>393,979</b>  | <b>350,660</b>   |                |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>28,948</b>   | <b>29,742</b>    |                |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>1,058,656</b>  | <b>92,613</b>    |                |
|   | Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  |                  | <b>0</b>       |
|   |  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |                  | <b>0</b>       |
|   |  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <b>223,939</b>   | <b>232,561</b> |
|   |  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |                  | <b>0</b>       |
|   |  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                          | <b>24,622</b>    | <b>0</b>       |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)              |  | <b>396,135</b>  | <b>345,098</b>   |                |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) |  | <b>620,074</b>  | <b>577,659</b>   |                |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      |  | <b>438,582</b>  | <b>26,317</b>    |                |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year   | End of Year      |                |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>5,399,022</b>  | <b>5,532,167</b> |                |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>95,699</b>   | <b>129,986</b>   |                |
| <b>Part II Signature Block</b>  |  | <b>5,303,323</b>  | <b>5,402,181</b> |                |

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: **DEAN WILKINSON** Date: \_\_\_\_\_  
Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **RICHARD N. ROBINSON, CPA** Preparer's Signature: *[Signature]* Date: **02/06/18** Check  if self-employed  if PTIN

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

Firm's address: **301 E. ELM STREET 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  |

**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   |     |    |
| 1a  | 20   |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| 1b  | 0  |     |    |
| c   | 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  |     |    |
| 2a  | 8  |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>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  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |     |    |
| 3b  |  |     |    |
| 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  |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| 5c  |  |     |    |
| 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  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| 6b  |  |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| a   | 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?  |     |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X   |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | X   |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     | X  |
| 7d  |  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| 7e  |  |     |    |
| 7f  |  |     |    |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     | X  |
| 7g  |  |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     | X  |
| 7h  |  |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</b>   |     |    |
| 8   |  |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| 9a  |  |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| 9b  |  |     |    |
| 10  | <b>Section 501(c)(7) organizations. Enter:</b>   |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| 11  | <b>Section 501(c)(12) organizations. Enter:</b>  |     |    |
| a   | Gross income from members or shareholders  | 11a |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</b>  | 12a |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br>Note. See the instructions for additional information the organization must report on Schedule O.  | 13a |    |
| b   | 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  | 13b |    |
| c   | Enter the amount of reserves on hand   | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |    |

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

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

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

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

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

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

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

| (A)<br>Name and Title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DEAN WILKINSON<br>PRESIDENT     | 2.00<br>0.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) BUTCH SHAW<br>TREASURER         | 2.00<br>0.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) CECILIA WEIHE<br>SECRETARY      | 2.00<br>0.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) JOHN STOUGH<br>TRUSTEE          | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) ELIZABETH LIKINS<br>TRUSTEE     | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) CHRISTIE LEE MUELLER<br>TRUSTEE | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) BILLY PAYNTER<br>TRUSTEE        | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) DAVID NICHOLS<br>TRUSTEE        | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) ROBERT BRAND<br>TRUSTEE         | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) LOGAN ORMEROD<br>TRUSTEE       | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) LAURA WEIR<br>TRUSTEE          | 0.80<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4  | Benefits paid to or for members  |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees   |                       |                                 |  |                             |
| 6  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7  | Other salaries and wages   | 193,578               | 160,884                         | 12,364                                 | 20,330                      |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9  | Other employee benefits  | 16,689                | 13,685                          | 1,335                                  | 1,669                       |
| 10   | Payroll taxes  | 22,294                | 20,103                          | 946                                    | 1,245                       |
| 11   | Fees for services (non-employees):   |                       |                                 |  |                             |
| a  | Management   |                       |                                 |  |                             |
| b  | Legal  |                       |                                 |  |                             |
| c  | Accounting   |                       |                                 |  |                             |
| d  | Lobbying   |                       |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f  | Investment management fees   |                       |                                 |  |                             |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 38,038                | 38,038                          |  |                             |
| 12   | Advertising and promotion  | 6,892                 | 6,892                           |  |                             |
| 13   | Office expenses  | 7,041                 | 6,488                           | 471                                    | 82                          |
| 14   | Information technology   | 3,184                 | 2,900                           | 242                                    | 42                          |
| 15   | Royalties  |                       |                                 |  |                             |
| 16   | Occupancy  | 77,456                | 77,456                          |  |                             |
| 17   | Travel   | 433                   | 433                             |  |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20   | Interest   | 1,120                 | 1,120                           |  |                             |
| 21   | Payments to affiliates   |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization  | 42,095                | 42,095                          |  |                             |
| 23   | Insurance  | 32,763                | 32,763                          |  |                             |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a  | SPECIAL EVENTS   | 34,086                | 34,086                          |  |                             |
| b  | REPAIRS & MAINTENANCE  | 33,776                | 33,776                          |  |                             |
| c  | SECURITY   | 20,905                | 20,905                          |  |                             |
| d  | CLEANING   | 18,475                | 18,475                          |  |                             |
| e  | All other expenses   | 28,834                | 26,458                          | 1,122                                  | 1,254                       |
| 25   | <b>Total functional expenses. Add lines 1 through 24e</b>  | <b>577,659</b>        | <b>536,557</b>                  | <b>16,480</b>                          | <b>24,622</b>               |
| 26   | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |           |
|----|--|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 603,976   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 577,659   |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 26,317    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 5,303,323 |
| 5  | Net unrealized gains (losses) on investments   | 5  | 72,541    |
| 6  | Donated services and use of facilities   | 6  |           |
| 7  | Investment expenses  | 7  |           |
| 8  | Prior period adjustments   | 8  |           |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  |           |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,402,181 |

**Part XII Financial Statements and Reporting**

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4  |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |                          |
| 11 Total support. Add lines 7 through 10   |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       |                          |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |                          |   |
|--|--------------------------|---|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  | 14                       | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14  | 15                       | % |
| 16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   | <input type="checkbox"/> |   |
| b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | <input type="checkbox"/> |   |
| 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    | <input type="checkbox"/> |   |
| b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> |   |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | <input type="checkbox"/> |   |

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.   |     |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |





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

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

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

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

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1.  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |





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

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME \$ 1,358

Name of organization: HISTORIC HOMES FOUNDATION, INC. Employer identification number: [REDACTED]

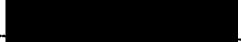
**Part I** Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | HORN FOUNDATION<br>2028 SOUTH HIGHWAY<br>LAGRANGE KY 40031                     | \$ 21,620                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | BROWN FORMAN<br>850 DIXIE HWY<br>LOUISVILLE KY 40210                           | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | GUY MONTGOMERY<br>[REDACTED]   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | YUM FOUNDATION<br>1900 COLONEL SANDERS LANE<br>LOUISVILLE KY 40213             | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | STERLING THOMPSON<br>[REDACTED]  | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | KENTUCKY SELECTS PROPERTIES<br>2000 WARRINGTON WAY #140<br>LOUISVILLE KY 40222 | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

HISTORIC HOMES FOUNDATION, INC.

Employer identification number



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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 13         | ANONYMOUS - GIVE LOCAL LOUISVILLE                                 | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | NORTON FOUNDATION<br>333 E MAIN ST STE 400<br>LOUISVILLE KY 40202 | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

- 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 166,119          | 169,116        | 171,822            | 167,318              | 160,445             |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 15,804           | 2,612          | 2,872              | 5,117                | 7,572               |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 12,726           | 5,609          | 5,578              | 613                  | 699                 |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 169,197          | 166,119        | 169,116            | 171,822              | 167,318             |

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

- a Board designated or quasi-endowment  20.20 %
- b Permanent endowment  79.80 %
- c Temporarily restricted endowment  %

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

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

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

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      | 4,350,240                       | 150,812                      | 4,199,428      |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      | 120,065                         | 108,942                      | 11,123         |
| e Other   |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 4,210,551      |

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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).

Name of the organization

**HISTORIC HOMES FOUNDATION, INC.**

Employer identification number

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 10 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    |   |               |  |    |                                   |   |   |
| Total |   |               |  |    |                                   |   |   |

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 conduct 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 conducted in:
 

|   |                             |                          |     |                          |    |
|---|-----------------------------|--------------------------|-----|--------------------------|----|
| a | The organization's facility | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b | An outside facility         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

|     |  |   |
|-----|--|---|
| 13a |  | % |
| 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 provide any additional information. See instructions

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

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



450  
a Board of Trustees consisting of not less than three (3) nor more than thirty (30) persons. A majority of those qualified and acting shall constitute a quorum. All vacancies on the Board of Trustees caused by death, resignation, or otherwise, shall be filled by the Board. A member of the Board may be removed by the affirmative vote of two-thirds of the then qualified and acting members of the Board, with the approval of the Incorporators of this corporation shall be and constitute the first Board of Trustees, with full power to elect other persons to the Board up to the maximum number.

BR 76- Pg 450 The Board of Trustees shall meet annually and at such other times as it may deem proper. At its annual meeting it shall elect a President, one or more Vice Presidents, a Secretary, and a Treasurer, whose duties shall be defined by the By-Laws to be adopted by the Board at its first meeting and who need not be members of the Board. Said By-Laws thereafter may be amended from time to time at the pleasure of the Board. Any two offices may be held by one person.

#### VIII

The corporation shall not contract any indebtedness in excess of 250,000 dollars.

#### IX

Private property of the officers and members of the Board of Trustees shall not be subject to the debts of the corporation.

WHEREFORE witness our signatures this 8th day of January, 1957.

Oliver Bruce Waldman  
Paula Anderson  
James O. Conroy  
JAN 10 1957



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                |   |   |   |   |
|----------------|---|---|---|---|
| Print or type. | 1 | Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Historic Homes Foundation Inc. dba Whitehall</b>  |   |   |
|                | 2 | Business name/disregarded entity name, if different from above  |   |   |
| 3              | 3 | Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small><br><br><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-profit organization</b> | 4                                       | Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><small>Applies to accounts maintained outside the U.S.</small> |
| 5              | 5 | Address (number, street, and apt. or suite no.) See instructions.<br><b>3110 Lexington Road</b>   | Requester's name and address (optional) |   |
| 6              | 6 | City, state, and ZIP code<br><b>Louisville, KY 40206</b>  |   |   |
| 7              | 7 | List account number(s) here (optional)  |   |   |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Part</b>   | <b>Taxpayer Identification Number (TIN)</b>  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.<br><br>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter. |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Social security number<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table> or<br>Employer identification number<br><div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div> |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |                      |
|--|----------------------|
| <b>Part</b>  | <b>Certification</b> |
| Under penalties of perjury, I certify that:  |                      |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and<br>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and<br>3. I am a U.S. citizen or other U.S. person (defined below); and<br>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. |                      |
| <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.                                 |                      |

|                  |  |                      |
|------------------|--|----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <i>Kristen L. [Signature]</i> | Date ▶ <i>7-5-18</i> |
|------------------|--|----------------------|

## General Instructions

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

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

### Purpose of Form

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

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

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

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

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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>   | 4/24/2018   |
| <b>Principal Office</b>     | 3110 LEXINGTON RD.<br>LOUISVILLE, KY 40206                          |
| <b>Registered Agent</b>     | BEN JOHNSON TALBOTT, JR.<br>501 S. 2ND. ST.<br>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>JAS 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.

|   |            |         |                      |                     |
|---|------------|---------|----------------------|---------------------|
| <a href="#">Annual Report</a>           | 4/24/2018  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 4/18/2017  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 6/15/2016  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report Amendment</a> | 12/10/2015 | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 6/25/2015  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 6/27/2014  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 2/17/2013  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 3/15/2012  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 6/8/2011   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 5/19/2010  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 5/15/2009  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 7/2/2008   | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>           | 4/17/2007  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/10/2006  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/25/2005  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/13/2004  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 8/15/2003  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/2002   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 9/11/2001  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 8/1/2000   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 6/22/1999  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 8/25/1998  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1997   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1996   | 3 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1995   | 4 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1994   | 3 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1992   | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1991   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1989   | 3 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>           | 7/1/1988   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Statement of Change</a>     | 6/11/1987  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |

## Assumed Names

## Activity History

| Filing                     | File Date                | Effective Date           | Org. Referenced |
|----------------------------|--------------------------|--------------------------|-----------------|
| Annual report              | 4/24/2018<br>12:27:28 PM | 4/24/2018<br>12:27:28 PM |                 |
| Annual report              | 4/18/2017<br>5:34:16 PM  | 4/18/2017<br>5:34:16 PM  |                 |
| Annual report              | 6/15/2016<br>1:51:41 PM  | 6/15/2016<br>1:51:41 PM  |                 |
| Amendment to annual report | 12/10/2015<br>9:44:47 AM | 12/10/2015<br>9:44:47 AM |                 |
| Annual report              | 6/25/2015<br>10:11:30 AM | 6/25/2015<br>10:11:30 AM |                 |
| Annual report              | 6/27/2014<br>9:50:38 AM  | 6/27/2014<br>9:50:38 AM  |                 |
| Annual report              | 2/17/2013                | 2/17/2013                |                 |

|               |                          |                         |
|---------------|--------------------------|-------------------------|
|               | 1:41:10 PM               | 1:41:10 PM              |
| Annual report | 3/15/2012<br>1:41:21 PM  | 3/15/2012               |
| Annual report | 6/8/2011 3:14:26<br>PM   | 6/8/2011                |
| Annual report | 5/19/2010<br>2:21:35 PM  | 5/19/2010<br>2:21:35 PM |
| Annual report | 5/15/2009<br>3:36:27 PM  | 5/15/2009<br>3:36:27 PM |
| Annual report | 7/2/2008 3:06:31<br>PM   | 7/2/2008 3:06:31<br>PM  |
| Annual report | 4/17/2007<br>11:22:18 AM | 4/17/2007               |
| Annual report | 7/10/2006<br>10:20:20 AM | 7/10/2006               |

## Microfilmed Images

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

|                           |           |          |
|---------------------------|-----------|----------|
| Annual Report             | 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  |
| Annual Report             | 7/1/1993  | 3 pages  |
| 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  |