Print Form

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

Applicant/Program: Historic Homes Foundation, Inc. d.b.a. Whitehall House & Gardens / Woodland Garden Pond
Applicant Requested Amount: $1,500
Appropriation Request Amount: $1,500

Executive Summary of Request

Funds will be used to construct a pond in the low-lying area of the Woodland Garden. The pond will help to manage the water runoff from heavy rains. It will also serve as a water feature in the garden. This will allow a new visual element to the garden, prevent the area from flooding and provide new educational experiences at Whitehall. Total anticipated cost of project is $6,455. Project is slated for completion in Spring 2020.

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.

[redacted]	Bill Holland	$1,500	9/27/19
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure

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

Approved by:

____

Appropriations Committee Chairman Date

Final Appropriations Amount: ______

NDF 101619HHF

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Historic Homes Foundation, Inc. d.b.a Whitehall House & Gardens

Program Name and Request Amount Woodland Garden Pond - $1,500

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

Prepared by: [signature] **Date:** 9/27/19

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records*	Historic Homes Foundation, Inc. dba Whitehall		
Main Office Street & Mailing Address:	3110 Lexington Road, Louisville, KY 40206		
Website:	www.historicwhitehall.org		
Applicant Contact:	Kristen Lutes	**Title:**	Executive Director
Phone:	502-897-2944	**Email:**	whitehall@historichomes.org
Financial Contact:	Kristen Lutes	**Title:**	Executive Director
Phone:	502-897-2944	**Email:**	whitehall@historichomes.org
Organization's Representative who attended NDF Training:	Kristen Lutes		
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Whitehall, 3110 Lexington Road		
Council District(s):	9th	**Zip Code(s):**	40206

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:	Woodland Garden Pond		
Total Request: ($)	1,500	**Total Metro Award (this program) in previous year: ($)**	0

Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☐ Programming/services/events for direct benefit to community or qualified individuals
- ☒ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- ■ IRS Exempt Status Determination Letter
- ■ Current year projected budget
- ■ Current financial statement
- ■ Most recent IRS Form 990 or 1120-H
- ■ Articles of Incorporation (current & signed)
- ■ Cost estimates from proposed vendor if request is for capital expense
- Signed lease if rent costs are being requested
- ■ IRS Form W9
- Evaluation forms if used in the proposed program
- Annual audit (if required by organization)
- Faith Based Organization Certification Form, if applicable

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:		Amount: ($)	
Source:		Amount: ($)	
Source:		Amount: ($)	

Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☒ No

Has the applicant met the BBB Charity Review Standards? ~~☒~~ Yes ☑ No

Applicant's Initials KL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of Whitehall House & Gardens is to preserve, educate and present the house as a Victorian interpretation of a southern plantation and to maintain and develop the grounds and gardens as a green space for future generations. At just under ten acres, the grounds and gardens are a rich resource for both the amateur and professional horticultural enthusiast. We are especially proud of our arboretum, which contains over 200 trees, including rare specimens like a red stripe bark maple, European contorted beech, and a Sutnerii London Planetree. Our specimen flower garden features over 60 varieties of peonies; the formal Florentine garden bursts with color in the summer thanks to our collection of re-blooming hydrangeas; and the addition of two beehives in the spring of 2017 is ensuring that our flowers thrive. These are just a few examples of our gardens and ever-growing collection of wonderful trees and plants, an important component of Whitehall's educational outreach. In addition to programmatic opportunities, we also strive to share these resources as a source for propagation of interesting species.

We are constantly seeking new ways to share Whitehall's trees and gardens with our visitors, whether they are experts, novices, or visitors who just appreciate the beauty of the grounds. Gardening clubs from as far away as Tennessee, Michigan, Colorado, and Utah have visited Whitehall for garden tours. Whitehall also makes every effort to be a good neighbor and community member, and to that end, has embarked on a number of collaborations with other civic groups. We worked with the Metro Louisville Community Forestry Department, the Beals Branch Neighborhood Association, and the Lexington Road Preservation Area to remove invasive pear trees and to plant Ginkgoes in traffic islands in the Beals Branch neighborhood; we partnered with Councilman Bill Hollander's office and Brightside to replace dead trees in the Lexington Road traffic island in the last several years, and arranged planting of 5 Persian Parrotia and 3 Pink Pom Pom Redbuds; and we have worked with the Lexington Road Preservation Area over multiple years to plant canopy trees to build Lexington Road itself into a Garden District in both directions from Whitehall.

Aside from these community projects, one of our best opportunities for education outreach can be found in the Ralph Archer Woodland Garden, a Victorian stumpery nestled in a wooded corner of the grounds, and home to more than 150 species, sub-species or named fern cultivars. The Woodland Garden has been visited and admired by such noted pteridologists as Sue Olsen, author of the Encyclopedia of Garden Ferns; Dr. Michael Dirr, prolific author and an expert on woody plants; and the International Plant Propagation Society. This garden has also become a popular tour destination for regional garden clubs and other horticultural groups. A small but dedicated group of volunteers from the Jefferson County Master Gardeners' Association carefully tends to this garden. The Master Gardeners have also used this garden for a class on shade gardening as part of their "In the Garden" series, which is free and open to the public. Whitehall has offered a Woodland Garden Tour to the public to highlight conservation issues; this very popular event sold out several times. Horticulturalist (and president of the Hardy Fern Foundation) Richie Steffen traveled to Louisville to present a fern ID class at Whitehall in 2015 and again in 2018, drawing a devoted crowd of fern enthusiasts. The Woodland Garden offers a countless number of ways to share our love and knowledge of plants with the community.

Applicant's Initials KL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Patti Rollins, Regent	Aug 31, 2020
Kristie Phillips, Vice Regent	Aug 31, 2020
Ann Showalter, Treasurer	Aug 31, 2020
Whitney Frazier Watt, Secretary	Aug 31, 2020
Mike Hayman, Landscape Director	Aug 31, 2021
Kit Carter-Weilage	Aug 31, 2021
Michael Jones	Aug 31, 2020
Amelia Logan	Aug 31, 2021
Carole McMurry	Aug 31, 2020
Gorden T. McMurry, MD	Aug 31, 2020
Gray Middleton	Aug 31, 2020
David Thompson	Aug 31, 2020
Laura Weir	Aug 31, 2021
Kristen Lutes, Executive Director	
Carol Grisanti, Associate Director	
Elizabeth Nicholson, Estate Gardener	
Tyler Embry, Caretaker/Groundskeeper	

Describe the Board term limit policy:

Board members are elected to three-year terms, but they can be re-elected indefinitely.
Officers are elected to two-year terms, and may be re-elected once.

Three Highest Paid Staff Names	Annual Salary
Kristen Lutes	38,475
Carol Grisanti	41,514
Elizabeth Nicholson	27,714

Applicant's Initials KL

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.):

Whitehall's Landscape Director Mike Hayman, a noted arborist and community volunteer, has spent untold hours working to develop and improve the Woodland Garden. Although he did not start it (that credit goes to Ralph Archer), he has taken a special interest in this project as there is nothing else like it in the region. Sometimes called the fern garden or the stumpery, this garden separates Whitehall from many other sites that boast beautiful gardens. Working with very little funding, Mike and the other volunteers who care for this garden have continued to add new and rare plants every year, most of them native to the area. The mulched paths are wide and well-laid out and are now edged with fallen trees that were acquired by Whitehall over many years.

Recently, the gardening staff and volunteers have been focused on improving the infrastructure of the garden, mainly to manage the runoff from heavy rains. The ultimate goal is to direct the water into a low-lying area of the garden to create a permanent water feature. Whitehall is seeking funds to build a pond in the center of the Woodland Garden that would serve several purposes:

• to provide another visual element to the garden
• to prevent the area from flooding by catching rainwater that runs down the sloped land
• to allow Whitehall to offer new educational opportunities in the Woodland Garden

Whitehall is very proud of the programs we have offered to gardeners and other interested adults over the years, but

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

Funds will be used to hire Branching Streams, LLC to construct a pond in the low-lying area of the Woodland Garden. The work will be supervised by Landscape Director Mike Hayman and Executive Director Kristen Lutes. Naturalists Dan Dourson and Julian Campbell will consult both during and after construction.

Applicant's Initials KL

Section 5: Program/Project Narrative Part A Continued

Whitehall is very proud of the programs we have offered to gardeners and other interested adults over the years, but we see a water feature as a great way to bring children to the site and get them interested in nature. In his book Last Child in the Woods, Richard Louv wrote, "Any natural place contains an infinite reservoir of information, and therefore the potential for inexhaustible new discoveries." Many children are deprived of spending time in nature, whether that is due to a lack of access, not enough unstructured playtime, or a reliance on electronic devices and entertainment. While we can't resolve this situation by ourselves, we can offer those opportunities for new discoveries that are so important to a child's mental, physical, and emotional health.

We envision cultivating wildlife in the pond by introducing salamanders and tadpoles, which will help to keep the mosquito population in check. Tadpoles will help to keep our pond clean by eating algae. Eventually the mosquitoes will attract bats, giving us the option to build bat houses. We look forward to inviting children (and adults) to public programs that will allow them to see close-up the benefits of the ecosystem surrounding the pond and, in turn, the Woodland Garden. Imagine a group of children wearing headlamps while walking the paths surrounding the pond at night, seeing the reflective eyes of thousands of spiders, or the millipedes that populate the garden but are out of sight in the daytime, while bats swoop down to feast on mosquitoes. Perhaps this experience with "creepy-crawlies" will spark a child's interest in Kentucky's ecosystem.

These ideas were inspired by a recent visit from Dan Dourson, wildlife biologist and author; Judy Dourson, a retired educator and field researcher; and Dr. Julian Campbell, the pre-eminent naturalist in Kentucky. These experts will consult with us during the construction of the pond by Branching Streams, LLC of Louisville, at a total cost of $6,455. We hope to see the pond completed by spring 2020 so that we can begin offering programs in Summer 2020.

JL

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.

Applicant's Initials KC

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:

Whitehall welcomes just over 5,000 visitors a year. The grounds are free and open to the public from dusk until dawn. Whitehall's visitors come from as near as our back yard (we have 27 neighbors who share our property line) and as far away as Asia. We serve all ages and demographics, and all will be welcome to visit the Woodland Garden and view the pond. We intend to provide programming focused around the pond and Woodland Garden for children and adults alike, and will track both their numbers and general ages.

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.

Applicant's Initials KC

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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 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	$1,500	$4955	$6455
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	1,500 –	4,955 –	6,455 –
Total Program Budget	23 %	77 %	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)	Pending $4,955
Fees Collected from Program Participants	
Other (please specify)	Pending (private grant foundatio
Total Revenue for Column 2 Expenses **	$4,955 –

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

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

Applicant's Initials KC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Applicant's Initials KC

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
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)		

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

Agency Fiscal Year Start Date: 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:

Applicant's Initials KL

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:	Kristen Lutes			**Date:**	Sep 24, 2019
Legal Signatory: (please print):	Kristen Lutes			**Title:**	Executive Director
Phone:	502-897-2944	**Extension:**		**Email:**	whitehall@historichomes.org

Applicant's Initials KL

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:
61-0549274

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

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

Whitehall

Louisville's Estate Garden

September 24, 2019

Ms. Kyle Ethridge
Office of Councilman Bill Hollander
601 W. Jefferson Street
Louisville, KY 40202

Dear Kyle,

Thank you so much for facilitating funds for our Woodland Garden Pond project! I have attached the application form as well as all the required attachments. Please note that the budget and current financial statement are both from our 2018-19 fiscal year, concluded August 31. Our Board of Regents has not yet met to approve the new budget, but I will be happy to send that via email after our October board meeting if necessary.

I appreciate your help and look forward to working with you and Councilman Hollander on this project!

Sincerely,

Kristen Lutes

Kristen Lutes
Executive Director

Whitehall Operating Budget FY 19		Budget	Actual	Actual
REVENUES		**FY 2019**	**FY 2018**	**FY 2017**
3010	Board Obligations	$ 2,400	$ 2,400	$ 2,200
3100	Gifts	$ 3,600	$ 5,732	$ 2,143
3114	Insurance Proceeds	$ -	$ 11,000	$ -
3120	Appeal Letter	$ 4,000	$ 5,875	$ 4,480
3200	Grants	$ 2,000	$ 3,486	$ 2,228
3206	Grant/Horn Foundation	$ 10,500	$ 23,346	$ 3,000
3300	Admission Fees	$ 3,000	$ 3,689	$ 3,488
3308	WH-Derby Breakfast Alloc.	$ -	$ -	$ 3,333
3310	Rentals	$ 150,000	$ 142,816	$ 166,007
3315	Tenant Income	$ 14,400	$ 14,400	$ 14,400
3320	Facility Fee	$ 16,000	$ 17,664	$ 16,821
3402	Tea Party	$ 10,000	$ 11,420	$ 14,753
3403	Yoga	$ -	$ -	$ 87
3404	Autumn at Whitehall	$ -	$ -	$ 1,753
3405	Candlelight Tour	$ 1,000	$ 1,554	
3412	Wedding Show	$ 21,150	$ 16,410	$ 21,570
3413	John Michael Carter	$ -	$ -	$ 1,950
3424	Valentine's Dinner	$ 6,040	$ 5,480	$ 4,364
3429	Summer Celebration	$ 81,000	$ 91,697	$ 165,644
3460	Garden Sales	$ 3,000	$ 3,510	$ 6,232
3462	Peony Festival	$ 4,500	$3,415	$ 4,324
	Total Income	**$332,590**	**$363,894**	**$438,777**
EXPENSES				
5010	Employee Compensation	$ 123,064	$ 129,943	$ 135,480
5020	Payroll Taxes	$ 9,230	$ 10,064	$ 10,219
5021	Unemployment Benefits	$ -	$ 4,767	$ 7,708
5030	Insurance Benefits	$ 300	$ 3,585	$ 11,810
5040	Automated Payroll Fee	$ 925	$ 1,147	$ 1,256
5041	Sect 125 Admin Fee	$ 113	$ 75	$ 113
5046	Contract Labor	$ 100	$ 50	$ 100
6000	Office Supplies	$ 3,500	$ 1,448	$ 4,589
6005	Bank and credit card charges	$ 7,500	$ 8,868	$ 5,839
6010	Postage	$ 350	$ 363	$ 221
6015	Computer and IT Support	$ 500	$ 209	$ 700
6030	Printing and Stationery	$ 350	$ -	$ 370
6040	Telephone	$ 1,200	$ 1,299	$ 1,893
6042	Internet	$ 732	$ 626	$ 653
6050	Utilities - Gas and Electric	$ 9,500	$ 9,678	$ 8,871
6055	Water & Sewer	$ 6,000	$ 6,213	$ 5,946
6070	Equipment Purchased	$ 3,000	$ 2,778	$ 364
6100	Maintenance & Repairs - Equipment	$ 2,500	$ 3,030	$ 988
6105	Maintenance & Repairs - Museum	$ 9,600	$ 4,865	$ 7,751
6110	Maintenance & Repairs - Collection	$ 1,500	$ -	$ 1,165
6115	Cleaning	$ 10,000	$ 9,320	$ 12,390

6120	Grounds Maintenance	$	18,000	$	20,506	$	32,835
6125	Garden Sales Expense	$	500	$	-	$	378
6130	Garden Maintenance	$	2,000	$	1,174	$	871
6135	Flowers/Gifts	$	600	$	708	$	592
6146	Fundraising	$	-	$	45		
6150	Outbuildings	$	5,000	$	3,498	$	2,420
6190	Security	$	16,000	$	8,510	$	16,310
6200	Insurance	$	14,687	$	15,400	$	13,557
6206	Horn Foundation Grant Expense	$	10,500	$	14,837		
6210	Dues and Subscriptions	$	600	$	133	$	547
6220	Advertising and Marketing	$	5,000	$	4,303	$	5,795
6230	Travel and Related Expense	$	100	$	43	$	102
6299	Grant Expense	$	2,000	$	2,675	$	2,228
6402	Tea Party	$	600	$	532	$	1,353
6405	Candlelight Tour	$	250	$	496	$	-
6410	Professional Development	$	400	$	197		
6412	Wedding Show	$	5,066	$	4,882	$	6,847
6413	JMC Workshop			$	-	$	1,420
6424	Valentine's Dinner	$	3,129	$	2,965	$	3,303
6429	Summer Celebration	$	35,835	$	42,924	$	62,605
6450	Annual Appeal - WH	$	500	$	493	$	500
6462	Peony Festival	$	2,190	$	1,724	$	1,651
6620	Hospitality	$	2,400	$	2,430	$	1,529
6690	Legal Settlement	$	-	$	7,000	$	-
6700	Professional Services	$	660	$	2,842	$	1,326
6710	Bookkeeping Services	$	9,888	$	9,260	$	9,000
	Total Expenses		**$325,869**		**$345,905**		**$383,595**
	Net Operating Income		**$6,721**		**$17,989**		**$55,182**

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Eleven Months Ending July 31, 2019

August 13, 2019

		Current Month	FYTD	FY Budget	Prior FY	Prior FYTD
Revenues						
3010-015	WH -- Board Obligations	$ 0	$ 2,400	$ 2,400	$ 0	$ 2,400
3100-015	Gifts	0	13,984	3,600	1,400	5,607
3110-015	Corporate Gifts	10,000	18,000	0	0	0
3120-015	WH -- Appeal Letter	0	5,850	4,000	0	5,875
3200-015	Grants	0	2,000	2,000	0	3,486
3206-015	WH -- Grant/Horn Foundation	0	23,947	10,500	11,976	23,046
3300-015	WH -- Admission Fees	579	2,815	3,000	377	3,013
3310-015	Rentals	3,420	129,890	150,000	9,970	141,156
3315-015	WH -- Tenant income	1,400	14,000	14,400	1,200	13,200
3320-015	Facility Fee	2,803	12,612	16,000	378	14,470
3402-015	WH-Tea Party	0	11,335	10,000	0	11,420
3405-015	WH - Candlelight Tour	0	1,561	1,000	0	1,554
3412-015	WH Bridal Show	450	16,240	21,150	0	16,410
3413-015	WH- John Michael Carter	0	50	0	0	0
3424-015	WH -- Valentine's dinner	0	6,615	6,040	0	5,480
3429-015	WH -- Summer Celebration	0	76,635	81,000	(1,403)	86,297
3460-015	WH -- Garden Sales	0	3,258	3,000	0	1,785
3462-015	WH - Peony Festival	0	8,615	4,500	0	3,415
	Total Revenues	18,652	349,807	332,590	23,898	338,614
Expenses						
5010-015	WH -- Employee Compensation	10,612	114,829	123,063	11,101	110,280
5011-015	WH -- Employee Comp - security	275	5,160	0	0	0
5020-015	Payroll Taxes	833	9,347	9,230	849	8,560
5021-015	WH- Employee Unemploy Benef	0	0	0	0	4,767
5030-015	Insurance Benefits	22	293	300	0	3,585
5040-015	Automated Payroll Fee	83	991	924	84	1,036
5041-015	WH -- Sect 125 Admin Fee	0	0	113	0	75
5046-015	Contract Labor - WH	0	0	100	0	50
6000-015	WH -- Office Supplies	364	2,633	3,500	186	1,228
6005-015	WH -- Bank and cc charges	131	8,603	7,500	1,229	8,160
6010-015	Postage	0	511	350	50	363
6015-015	Computer and IT support	6	988	500	0	209
6030-015	Printing and Stationery	0	49	350	0	0
6040-015	Telephone	100	1,100	1,200	100	1,199
6042-015	Internet	78	793	732	61	565
6050-015	Utilities Gas and Electric	681	8,514	9,500	790	8,747
6055-015	Water & Sewer	0	5,763	6,000	0	4,937
6070-015	Equipment Purchased	0	663	3,000	25	2,778
6100-015	Maintenance and Repairs	95	2,163	2,500	109	2,681
6105-015	Maintenance and Repairs-Museu	1,150	3,114	9,600	212	4,865
6110-015	Maintenance and Repairs-Collec	701	1,753	1,500	0	0
6115-015	Cleaning	975	8,840	10,000	585	9,125
6120-015	Grounds Maintenance	135	21,037	18,000	1,752	19,476
6125-015	Garden Sales Expense	0	1,888	500	0	0
6130-015	WH -- Garden Maintenance	179	2,424	2,000	66	850
6135-015	WH -- Flowers/Gifts	0	95	600	0	502
6146-015	Fundraising	0	0	0	0	45
6150-015	Carriage House use 6155-015	0	0	0	0	2,429
6155-015	WH -- Outbuilding Expense	481	2,868	5,000	0	0
6190-015	Security	406	5,258	16,000	750	8,345
6200-015	Insurance	1,172	13,411	14,688	1,951	14,269
6205-015	Grant expense	0	2,000	0	0	2,675
6206-015	WH-Horn Found Grant Expenses	0	21,318	10,500	1,461	14,242
6210-015	Dues and Subscriptions	0	133	600	0	133
6220-015	Advertising and Marketing	2,346	4,477	5,000	2,017	4,303

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Eleven Months Ending July 31, 2019

August 13, 2019

		Current Month	FYTD	FY Budget	Prior FY	Prior FYTD
6230-015	Travel and Related Expense	0	28	100	0	43
6290-015	Gift Expenses	0	1,100	0	0	0
6299-015	Grant Expense	0	0	2,000	0	0
6402-015	WH - Tea Party	0	453	600	0	532
6405-015	WH - Candlelight Tour	0	534	250	0	496
6410-015	WH--luncheons and developmen	0	0	400	0	197
6412-015	WH - Bridal Show	0	4,464	5,066	0	4,882
6424-015	WH -- Valentine's dinner	0	3,167	3,129	0	2,965
6429-015	WH -- Summer Celebration	0	26,377	35,835	31	42,924
6450-015	WH -- Annual Appeal	0	483	500	0	493
6462-015	WH - Peony Festival	0	5,121	2,190	0	1,724
6490-015	WH -- Staff Education	0	1,038	0	0	0
6620-015	Hospitality	0	227	2,400	0	2,229
6700-015	Professional Services	40	777	660	(250)	2,842
6710-015	Bookkeeping Services	950	9,120	9,888	760	8,500
	Total Expenses	21,815	303,905	325,868	23,919	308,306
	Net Operating Income	(3,163)	45,902	6,722	(21)	30,308
Other Income/Expense						
3801-015	WH -- interest checking	(20)	(403)	0	(21)	(102)
3802-015	Interest - Charitable Gaming	0	(2)	0	0	(1)
3957-015	WH -- Inv account transfer	(10,000)	(10,000)	0	0	0
4985-015	WH -- distribution from HHF	0	(333)	0	0	0
6990-015	Miscellaneous	0	24	0	80	130
	Total Other Income/Expense	(10,020)	(10,714)	0	59	27
	Net Income	$ 6,857	$ 56,616	$ 6,722	$ (80)	$ 30,281

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047 | **2017** | Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09/01/17 , and ending 08/31/18

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: 61-0549274

E Telephone number: 502-899-5079

G Gross receipts $ 709,820

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

COPY

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.HISTORICHOMES.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PURCHASE, DISPLAY AND PRESERVE HISTORIC BUILDINGS AND THEIR INHERENT TRADITIONS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	12
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	130,961	146,470
9 Program service revenue (Part VIII, line 2g)	350,660	328,935
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,742	84,318
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,613	48,984
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	603,976	608,707
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	232,561	221,430
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,192		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	345,098	359,372
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	577,659	580,802
19 Revenue less expenses. Subtract line 18 from line 12	26,317	27,905
Net Assets or Fund Balances	**Beginning of Current Year**	**End of Year**
20 Total assets (Part X, line 16)	5,532,167	5,668,820
21 Total liabilities (Part X, line 26)	129,986	144,322
22 Net assets or fund balances. Subtract line 21 from line 20	5,402,181	5,524,498

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ DEAN WILKINSON PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD N. ROBINSON, CPA	RICHARD N. ROBINSON, CPA	01/23/19		P00382222

Firm's name ▶ RODEFER MOSS & CO, PLLC | Firm's EIN ▶ 35-1663728

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PURCHASE, DISPLAY AND PRESERVE HISTORIC BUILDINGS AND THEIR INHERENT TRADITIONS.

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

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

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

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

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

4a (Code:) (Expenses $ 231,515 including grants of $) (Revenue $ 323,817)

MUSEUM OPERATIONS: WHITEHALL
3110 LEXINGTON ROAD
LOUISVILLE, KY 40206

b (Code:) (Expenses $ 176,273 including grants of $) (Revenue $ 228,015)

MUSEUM OPERATIONS: FARMINGTON
3033 BARDSTOWN ROAD
LOUISVILLE, KY 40205

c (Code:) (Expenses $ 48,178 including grants of $) (Revenue $ 56,875)

ALL OTHER HISTORIC HOMES RELATED PROGRAM EXPENSES.

d Other program services (Describe in Schedule O.)

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

e Total program service expenses ▶ 455,966

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*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		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*	4		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*	5		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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	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*	9		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*	10	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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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)	17		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*	18	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*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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			
b	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?			1c	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	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	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?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		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?			6a		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	**Organizations that may receive deductible contributions under section 170(c).**					
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?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**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?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
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	**Section 501(c)(7) organizations.** Enter:					
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	**Section 501(c)(12) organizations.** Enter:					
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	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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 VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

ection A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b 13			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
Did the organization have members or stockholders?		6		X
'a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

		Yes	No
a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
a Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
Did the organization have a written whistleblower policy?	13		X
Did the organization have a written document retention and destruction policy?	14		X
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

ction C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶ KY

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

ERRY MALCOLM 3110 LEXINGTON ROAD

OUISVILLE KY 40206 502-899-5079

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of ompensation. 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) ho received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the ganization 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 ganization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1) DEAN WILKINSON RESIDENT	2.00 0.00	X		X				0	0	0
2) WILLIAM PAYNTER ICE PRESIDENT	2.00 0.00	X		X				0	0	0
3) BUTCH SHAW IF/TE TREASURER	2.00 0.00	X		X				0	0	0
) LOGAN ORMEROD RMINGTON TREASURER	2.00 0.00	X		X				0	0	0
) ANNE SHOWALTER IITEHOUSE TREASURER	2.00 0.00	X		X				0	0	0
) CECILIA WEIHE USTEE	0.80 0.00	X						0	0	0
) JOHN STOUGH USTEE	0.80 0.00	X						0	0	0
) ELIZABETH LIKINS USTEE	0.80 0.00	X						0	0	0
) CHRISTIE LEE MUELLER USTEE	0.80 0.00	X						0	0	0
) DAVID NICHOLS USTEE	0.80 0.00	X						0	0	0
) ROBERT BRAND USTEE	0.80 0.00	X						0	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	20,700				
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	125,770				
g Noncash contributions included in lines 1a-1f: $						
h **Total.** Add lines 1a–1f ▶			146,470			
Program Service Revenue		Busn. Code				
2a CARRIAGE HOUSE & RENT INCOME			224,785	224,785		
b SPECIAL EVENTS & PROGRAM REV			81,115	81,115		
c ADMISSION FEES			23,035	23,035		
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶			328,935			
3 Investment income (including dividends, interest, and other similar amounts) ▶			23,864	23,864		
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss) ▶						
7a Gross amount from sales of assets other than inventory	(i) Securities 60,454	(ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)	60,454					
d Net gain or (loss) ▶			60,454	60,454		
8a Gross income from fundraising events (not including $ 20,700 of contributions reported on line 1c). See Part IV, line 18	a	128,420				
b Less: direct expenses	b	95,571				
c Net income or (loss) from fundraising events ▶			32,849			
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	a	9,366				
b Less: cost of goods sold	b	5,542				
c Net income or (loss) from sales of inventory ▶			3,824	3,824		
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS INCOME			12,311	12,311		
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			12,311			
12 **Total revenue.** See instructions. ▶			608,707	429,388	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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	198,846	90,826	28,959	79,061
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,455	4,034	776	2,645
10 Payroll taxes	15,129	6,772	2,240	6,117
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	13,842	13,842		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	38,200	38,200		
12 Advertising and promotion	5,000	5,000		
13 Office expenses	4,149	2,839	1,114	196
14 Information technology	2,647	2,336	265	46
15 Royalties				
16 Occupancy	62,067	62,067		
17 Travel	305	305		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,300	1,300		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,896	44,896		
23 Insurance	42,727	42,727		
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	30,861	30,861		
b GRANT MONEY USED	27,622	27,622		
c REPAIRS & MAINTENANCE	17,274	17,274		
d CLEANING	16,850	16,850		
e All other expenses	51,632	48,215	1,290	2,127
25 Total functional expenses. Add lines 1 through 24e	580,802	455,966	34,644	90,192
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		219,870	1	265,813
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	2,900
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		120	8	120
	9	Prepaid expenses and deferred charges		13,360	9	9,647
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,484,061			
	b	Less: accumulated depreciation	10b 304,649	4,210,551	10c	4,179,412
	11	Investments—publicly traded securities		1,068,518	11	1,189,813
	12	Investments—other securities. See Part IV, line 11		19,748	12	21,115
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,532,167	16	5,668,820
Liabilities	17	Accounts payable and accrued expenses		24,717	17	13,945
	18	Grants payable			18	
	19	Deferred revenue		81,195	19	106,803
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24,074	25	23,574
	26	**Total liabilities.** Add lines 17 through 25		129,986	26	144,322
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		269,377	27	320,587
	28	Temporarily restricted net assets		1,097,891	28	1,200,350
	29	Permanently restricted net assets		4,034,913	29	4,003,561
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,402,181	33	5,524,498
	34	Total liabilities and net assets/fund balances		5,532,167	34	5,668,820

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	608,707
2	Total expenses (must equal Part IX, column (A), line 25)	2	580,802
3	Revenue less expenses. Subtract line 2 from line 1	3	27,905
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,402,181
5	Net unrealized gains (losses) on investments	5	94,412
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	5,524,498

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: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		
	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?	3a		
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.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: HISTORIC HOMES FOUNDATION, INC.

Employer identification number: 61-0549274

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test—2017.** 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 ▶ ☐

b **33 1/3% support test—2016.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2017.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

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 ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130,168	231,014	532,558	130,961	146,470	1,171,171
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	523,455	519,341	604,724	569,693	466,721	2,683,934
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	653,623	750,355	1,137,282	700,654	613,191	3,855,105
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		25,000	17,500	1,000	23,077	66,577
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	10,116	80,796	404,791	24,705	41,516	561,924
c Add lines 7a and 7b	10,116	105,796	422,291	25,705	64,593	628,501
8 **Public support.** (Subtract line 7c from line 6.)						3,226,604

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	653,623	750,355	1,137,282	700,654	613,191	3,855,105
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,720	9,432	28,948	29,742	84,318	161,160
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,720	9,432	28,948	29,742	84,318	161,160
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	485	320		59	12,311	13,175
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	662,828	760,107	1,166,230	730,455	709,820	4,029,440

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	80.08 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	83.42 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	4 %
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	2 %

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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).*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).*

a ☐ The organization satisfied the Activities Test. *Complete **line 2** below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete **line 3** below.*

c ☐ The organization supported a governmental entity. *Describe in **Part VI** how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI**.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*	3b		

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 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	8		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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 $ 13,175

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2017

Name of the organization: HISTORIC HOMES FOUNDATION, INC.

Employer identification number: 61-0549274

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ ....

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

Name of organization: HISTORIC HOMES FOUNDATION, INC.

Employer identification number: 61-0549274

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROSTREVOR FOUNDATION 1141 ROSTREVOR CIR LOUISVILLE KY 40205	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ROBERT BRAND 3110 LEXINGTON ROAD LOUISVILLE KY 40206	$ 17,350	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	BROWN FORMAN 850 DIXIE HWY LOUISVILLE KY 40210	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	GUY MONTGOMERY 3110 LEXINGTON ROAD LOUISVILLE KY 40206	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	STERLING THOMPSON COMPANY 545 S 3RD STREET STE 300 LOUISVILLE KY 40202	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	CHRISTINA BROWN 333 EAST MAIN STREET LOUISVILLE KY 40202	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HISTORIC HOMES FOUNDATION, INC.

Employer identification number
61-0549274

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HIGHLAND CLEANERS 1401 BARDSTOWN RD #102 LOUISVILLE KY 40204	$ 9,290	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	VIRGINA CONDON/MIKE VISCUSI P.O. BOX 739 ARMONK NY 10504	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	ALEXANDRA SPEED FLOYD 26 GREYHOUND WOODS CIRCLE WAYNE PA 19087	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	LESLIE PANCRATZ/MICHAEL HAYMAN 2548 SENECA DRIVE LOUISVILLE KY 40205	$ 5,727	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization: HISTORIC HOMES FOUNDATION, INC.
Employer identification number: 61-0549274

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

a [X] Public exhibition
b [ ] Scholarly research
c [X] 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 [X] No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	169,197	166,119	169,116	171,822	167,318
b Contributions					
c Net investment earnings, gains, and losses	23,097	15,804	2,612	2,872	5,117
d Grants or scholarships					
e Other expenditures for facilities and programs	12,028	12,726	5,609	5,578	613
f Administrative expenses					
g End of year balance	180,266	169,197	166,119	169,116	171,822

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ 25.10 %
b Permanent endowment ▶ 74.90 %
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:

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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
a Land				
b Buildings		4,361,274	192,142	4,169,132
c Leasehold improvements				
d Equipment		122,787	112,507	10,280
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				4,179,412

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	20,984
(3) OTHER LIABILITIES	2,590
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	23,574

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

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

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 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization: HISTORIC HOMES FOUNDATION, INC.

Employer identification number: 61-0549274

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? Yes	No	(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
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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SUMMER CELEBRAT (event type)	DERBY EVENT (event type)	NONE (total number)	
Revenue	1 Gross receipts	91,697	57,423		149,120
	2 Less: Contributions	20,700			20,700
	3 Gross income (line 1 minus line 2)	70,997	57,423		128,420
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	42,924	52,647		95,571
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	95,571
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	32,849

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization conducts gaming activities: ____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

1 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

2 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

3 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name ▶

Address ▶

5a 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 ▶

Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

Mandatory distributions:

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

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
HISTORIC HOMES FOUNDATION, INC.	61-0549274

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS DISTRIBUTED, REVIEWED, AND DISCUSSED AT A BOARD MEETING PRIOR TO BEING FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS TO DETERMINE THE COMPENSATION FOR THE EXECUTIVE DIRECTOR INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROCESS TO DETERMINE THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYES INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND APPROVAL OF THE BOARD.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. 179

Name(s) shown on return: HISTORIC HOMES FOUNDATION, INC.

Identifying number: 61-0549274

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	45,048

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	45,048
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Paperwork Reduction Act Notice, see separate instructions.

THERE ARE NO AMOUNTS FOR PAGE 2

CBR 76-09448

ARTICLES OF INCORPORATION

KNOW ALL MEN BY THESE PRESENTS:

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

I

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

II

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

III

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

IV

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

V

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

VI

The name and address of each incorporator is as follows:

Anne Bruce Haldeman	Glenview, Ky.
Barbara Anderson	2350 Valetta Rd., Lou., Ky.
James C. Courtenay	449 Swing Lane, Lou., Ky.
Virginia P. Speed	2828 Lexington Rd., Lou., Ky.
Elizabeth E. Seiler	5123 Dunvegan Rd., Lou., Ky.
Margaret N. Davidson	Crestwood, Ky.
Harriet C. Collis	Upper River Rd., Lou., Ky.
John S. Speed	1174 Castlevale Dr., Lou., Ky.

VII

The affairs of the corporation shall be conducted by 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 [illegible] 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.

Bk 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.

[illegible]
Barbara Anderson
[illegible]
[illegible]

Elizabeth E. Seiler
Margaret N. Davidson
Harriet C. Collis
John S. Speed

STATE OF KENTUCKY)

COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public within and for the State and County aforesaid, certify that the foregoing instrument of writing was produced before me in said County and State by

Anne Bruce Haldeman
Barbara Anderson
James C. Courtenay
Virginia P. Speed
Elizabeth E. Seiler
Margaret N. Davidson
Harriet C. Collis
John S. Speed

and acknowledged by them to be their act and deed. Bk 96 - Pg 4

Witness my hand and seal this the 9th day of January 1957.

My commission expires June 8, 1959

Sara T. Clark
Notary Public
Jefferson County, Kentucky

ORIGINAL COPY
FILED AND RECORDED

JAN 10 1957

Thelma L. Stovall
SECRETARY OF STATE OF KENTUCKY

Branching Streams, LLC
205 South Sherrin Ave.
Louisville, KY 40207 US
branchingstreams@me.com

Estimate

ADDRESS
Mike Hayman

ESTIMATE #	DATE
1006	09/04/2019

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
09/04/2019	Pond work	Install water feature at Whitehall		5,200.00	5,200.00T
09/04/2019	Lining	Hardware cloth, underlayment, 40mil fish-safe EPDM rubber, priced per square foot. 18x20	360	2.50	900.00T
09/04/2019	Misc.	Water matrix blocks	4	75.00	300.00T
09/04/2019	Misc.	Cleanout access pipe	1	55.00	55.00T

I think this should cover everything we discussed. I estimated a pretty large liner to help accommodate the irregular shape we discussed. I did not include any gravel, as I assume you can supply this.

SUBTOTAL	6,455.00
TAX	387.30
TOTAL	**$6,842.30**

Accepted By

Accepted Date

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Historic Homes Foundation dba Whitehall

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ Nonprofit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3110 Lexington Rd.

Requester's name and address (optional)

6 City, state, and ZIP code
Louisville KY 40206

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

– –

or

Employer identification number

61 - 0549274

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person ▶** Kristen Fite **Date ▶** 9-24-18

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.*

Purpose of Form

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

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

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

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

HISTORIC HOMES FOUNDATION, INC.

General Information

Organization Number	0023330
Name	HISTORIC HOMES FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
Organization Date	1/10/1957
Last Annual Report	5/8/2019
Principal Office	3110 LEXINGTON RD. LOUISVILLE, KY 40206
Registered Agent	BEN JOHNSON TALBOTT, JR. 501 S. 2ND. ST. LOUISVILLE, KY 40202

Current Officers

President	Dean Wilkinson
Vice President	William Paynter
Treasurer	Butch Shaw
Director	John Stough
Director	Robert Brand
Director	Christie Leigh Wells
Director	Elizabeth Likins
Director	Cecilia Weihe
Director	David Nichols

Individuals / Entities listed at time of formation

Director	,
Director	,
Director	,
Incorporator	ANNE BRUCE HALDEMAN
Incorporator	BARBARA ANDERSON
Incorporator	JAS C COURTENAY
Incorporator	VIRGINIA P SPEED
Incorporator	ELIZABETH E SEILER

Images available online

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

Annual Report	5/8/2019	1 page	PDF

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

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/8/2019 9:13:41 AM	5/8/2019 9:13:41 AM	
Annual report	4/24/2018 12:27:28 PM	4/24/2018 12:27:28 PM	
Annual report	4/18/2017 5:34:16 PM	4/18/2017 5:34:16 PM	
Annual report	6/15/2016 1:51:41 PM	6/15/2016 1:51:41 PM	
Amendment to annual report	12/10/2015 9:44:47 AM	12/10/2015 9:44:47 AM	
Annual report	6/25/2015 10:11:30 AM	6/25/2015 10:11:30 AM	
Annual report	6/27/2014	6/27/2014	

	9:50:38 AM	9:50:38 AM
Annual report	2/17/2013 1:41:10 PM	2/17/2013 1:41:10 PM
Annual report	3/15/2012 1:41:21 PM	3/15/2012
Annual report	6/8/2011 3:14:26 PM	6/8/2011
Annual report	5/19/2010 2:21:35 PM	5/19/2010 2:21:35 PM
Annual report	5/15/2009 3:36:27 PM	5/15/2009 3:36:27 PM
Annual report	7/2/2008 3:06:31 PM	7/2/2008 3:06:31 PM
Annual report	4/17/2007 11:22:18 AM	4/17/2007
Annual report	7/10/2006 10:20:20 AM	7/10/2006

Microfilmed Images

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