

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

Applicant/Program: Kentucky Center for African American Heritage/ Planning study to Develop for Capital Development, Programs, & Operations

Executive Summary of Request:
The Kentucky Center for African American Heritage is requesting funding to help underwrite the costs to retain the services of Griffin Fund Raising & Marketing for services provided to conduct a planning study to assess the readiness and ability of KCAAH to develop funding for capital development, programs, and operations.

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

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

4 David Deundy / KK \$1000 2/18/16
District # Council Member Signature Amount Date

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

Approved by:
_____ Date _____
Appropriations Committee Chairman

Clerk's Office Only:
Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

Applicant/Program:

Additional Disclosure and Signatures

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

<u>5</u> District #	<u>Cheri B. Hamilton</u> Council Member Signature	<u>\$ 700.00</u> Amount	<u>1/5/16</u> Date
<u>6</u> District #	<u>Paul A. [Signature]</u> Council Member Signature	<u>\$ 700.00</u> Amount	<u>1/5/2016</u> Date
<u>2</u> District #	<u>Barbara Shanklin</u> Council Member Signature	<u>\$ 700.00</u> Amount	<u>2/18/16</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Kentucky Center for African American Heritage/
Program Name and Request Amount: Planning study to Develop for Capital Development, Programs, & Operations \$3500

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

Date: 1/4/2015



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Kentucky Center for African American Heritage	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1701 Muhammad Ali Blvd., Louisville, KY 40203			
Website: http://www.kcaah.org			
Applicant Contact:	Aukram Burton	Title:	Executive Director
Phone:	502-583-4100	Email:	aukram@kcaah.org
Financial Contact:	Hosea Mitchell	Title:	Chief Operating Officer
Phone:	502-583-4100	Email:	hosea@kcaah.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): 1701 Muhammad Ali Blvd., Louisville, KY			
Council District(s):	4	Zip Code(s):	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Planning Study to Develop Funding for Capital Development, Programs, and Operations.			
Total Request: (\$)	3,500.00	Total Metro Award (this program) in previous year: (\$)	\$5,000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
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:	Lou Metro	Amount: (\$)	125,000.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

AW



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

KCAAH's mission is to enhance the public's knowledge about the history, heritage and cultural contributions of African-Americans in Kentucky. In addition to its commitment to preserving the traditions and accomplishments of the past, the Center is a vital, contemporary institution, providing space for the exhibition of visual arts and performances of all types. KCAAH's goals is to develop state-of-the-art multimedia exhibition and performance spaces to enhance the public's knowledge about the history, heritage and cultural contributions of African-Americans in Kentucky. The intended outcome is to create new revenue streams that assure ongoing income and support for KCAAH programs through exhibitions, performances, panel discussions, book club initiatives, and school outreach programs that promote KCAAH as a cultural destination and continue to help build the KCAAH's core audience.

In 2011, through Senate Bill 64, KCAAH was designated by the state with a mission to showcase the contributions of Kentucky's African-Americans to the Commonwealth, the nation, and the world. The bill outlined the objectives of KCAAH to include educating the public and children on cultural, historical and political contributions of African-Americans, to cooperate with other groups focusing on African-American heritage, to work with education, arts, and humanities organizations, and to support the Kentucky African-American Heritage Commission.





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The Kentucky Center for African American Heritage (KCAAH) is requesting \$3,500 to help underwrite the costs to retain the services of Griffin Fund Raising & Marketing (GF&M), for services provided to conduct a planning study to assess the readiness and the ability of KCAAH to develop funding for capital development, programs, and operations.

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

The services of Griffin Fund Raising & Marketing (GF&M) will develop the second phase of a planning study to assess the readiness and the ability of KCAAH to develop funding for capital development, programs, and operations.

GF&M proposes to initiate consultative services in to complete a planning study for KCAAH including:

1. GF&M will provide consultative service to KCAAH to complete a planning study for the organization. A detailed report will be completed by December 2015.
2. During the course of the study, personal interviews, emailed surveys and focus group will be conducted with key constituents and friends of KCAAH. Meetings will be scheduled by GF&M in consultation with KCAAH.
3. GF&M will work directly with a Planning Committee in the completion of the Planning Study for KCAAH.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The funds will be spent exclusively to retain the services of the Griffin Fund Raising & Marketing (GF&M), for services provided to conduct a planning study to assess the readiness and the ability of KCAAH to develop funding for capital development, programs, and operations.

The first phase of this project was covered with KCAAH funds obtained through board contributions.

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

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

N/A

- 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.

N/A



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

KCAAH has a vision to work in collaboration with other organizations in planning for the future of West Louisville, the Louisville Metro, the Louisville Metro Housing Authority, and the Commonwealth of Kentucky. Together, they are working with Choice Neighborhoods, adding their resources and vision, to benefit the Russell Neighborhood. The completion of KCAAH's campus is key to bringing the partners together to work toward the fulfillment of the full vision for the arts, cultural and education center. Over the past five years, KCAAH has focused on developing its capacity to develop and host signature events, small and large meetings, conferences, festivals, temporary exhibits, and educational programs. All have generated positive response to the setting and services that are unique to West Louisville and to the community. Further, the placement of KCAAH under Kentucky's Tourism Cabinet brings added statewide visibility and visitors to the facility. KCAAH recognizes the role of philanthropy in meeting their ongoing needs and are initiating comprehensive development programs to sustain their missions. Connecting the Past to Serve the Future. With a plan for sustaining operations, the Board of Directors is working to complete the KCAAH campus and expand programs. They have agreed to pursue a capital campaign to meet their future needs. The campaign, "Connecting the Past to Serve the Future," will reach out to the state's philanthropic community to share the success of the past and invite support for the future.

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.

A new alliance has been forged to inspire, educate and challenge Kentucky's future generations. Through the alliance between the Kentucky Center for African American Heritage (KCAAH) and Plymouth Community Renewal Center (Plymouth), the future of both organizations is assured. Their combined resources will provide for the basic needs of residents while providing transformational programs in education, job training and technology to West Louisville. Participants of both programs will benefit from the celebration of Kentucky's rich African American Heritage, and, experience the history of education and job training provided for African Americans in a living exhibit showcased by Plymouth.

With KCAAH's role of keeping alive and engendering appreciation for the traditions and culture of African American people, the partnership provides opportunities for residents of West Louisville neighborhoods to participate in the presentations and performances by today's African American artists, in literature, music and the visual arts, including popular culture. Through continually evolving exhibits and programs, the neighborhood, city and state will be offered a new community gathering space. Together, Plymouth and KCAAH are looking back to move forward; connecting the past with the future, all to better serve the people of West Louisville, Kentucky, and beyond.

KCAAH is a partner with the Craftsman Training Program to be headquartered in Building C on KCAAH's campus for three years, commencing in mid-February 2015. Due to the small number of available persons in the area trained in the crafts necessary for the rehabilitation of historic properties, this Project will establish a program that will train disadvantaged individuals in the necessary techniques and skills required for preservation and rehabilitation of historic structures. The Historic Preservation Plans developed for the historic properties impacted by this Project will identify opportunities for rehabilitation of historic structures where these craftsmen could be employed. This partnership is consistent with overall goal of KCAAH to create a new focal point that includes a mixture of cultural, social, and educational programs as well as retail stores in a complex that is perceived as culturally significant.

KCAAH is excited about a new collaboration with IDEAS 40203, Bridge Kids International, The Kentucky Center for the Performing Arts and Metro Louisville Government Office of Safe & Health Neighborhoods to produce Roots & Wings — a new theatre project integrating art and performance as catalysts for restoration of self and community in West Louisville's "Zones of Hope" neighborhoods. This collaboration is a partnerships to form a consortium of arts and cultural production resources that will add additional support for KCAAH's community theater; a production/editing suite, video conference capabilities, along with hospitality and culinary arts programs. The impact will be a new innovative facility for the development of a new cultural and community entertainment venue located in West Louisville. Through the Roots & Wings project, the collaboration will support further development of a lasting arts infrastructure in West Louisville and a sustainable new urban theatre company.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	\$3,500.00	\$4,000	\$7,500
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	3,500.00	4,000.00	7,500.00
<i>% of Program Budget</i>	47 %	53 %	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)	\$4,000.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$4,000.00

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$15,000	1500 hours@\$10/hr.
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$15,000	

* 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: July 1, 2015

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

Not Applicable.

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	Dec. 3, 2015
Legal Signatory: (please print):	Hosea Mitchell	Title:	Chief Operating Officer
Phone:	(502) 583-4100	Extension:	
Email:	hosea@kcaah.org		

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

DEPARTMENT OF THE TREASURY

Date: OCT 08 1995

Employer Identification Number:

DLN:

17053240713009

Contact Person:

ERIK FILIAULT

ID# 31303

Contact Telephone Number:

(877) 829-5500

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

Our Letter Dated:

June 1995

Addendum Applies:

No

Dear Applicant:

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

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

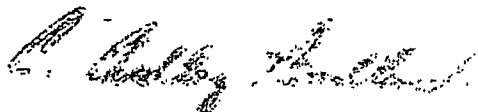
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above:

Sincerely yours,



District Director

Letter 1050 (DO/CG)

Kentucky Center for African American Heritage
 FY Operating Budget (July 1, 2015-June 30, 2016)

Revenue

Corporate/Private Support

KCAAH Board Contributions	75,000
Corporate Contributions	25,000
Individual Contributions	25,000
Total Corporate/Private Support:	125,000

Grants

Louisville Metro- Operating Grant (Bldg.)	125,000
Other External Grant(s)	
Total Grants:	125,000

Exhibit/Program Income

Exhibit Income	TBD
Program Income	TBD

Fundraising Events

Commemorative Bricks & Blocks Campaign	5,000
2015 Griot Annual Appeal	10,000
Holiday Bazaar	5,000
Pioneer Award Luncheon (Feb.)	TBD
Issac Murphy Image Awards (May)	TBD
Total Fundraising Events:	20,000

Facility Rental Income

Event/Meeting Rental Income	150,000
F & B Catering Income	35,000
Décor Income	10,000
Audio/Visual Income	5,000
Rental Insurance Income	TBD
Total Facility Rentals:	200,000

Tenant Rental Income

Building B (Plymouth Community Center)	22,500 (projected 6 mos.)
Building C (Craftsman Training Program)	78,540
Total Rental Income	101,040

Total Revenue

571,040

Expenses

Operating Expenses

Accounting Service Fees	12,000
Advertising	1,500
Awards & Recognitions	500
Bank Service Charges	2,000
Board Expenses	3,000

Dues & Subscriptions	1,000
Dismas Volunteers - Food Supplies	2,500
Exhibit Expenses	5,000
Program Expenses	5,000
Insurance - Business and D&O	40,000
License & Permits	1,000
Office Supplies	2,500
Postage	5,000
Printing	1,500
Public Relations	3,000
Professional Fees	1,000
Repairs & Maintenance - Campus (HVAC, Elevators, Painting, etc)	30000
Repairs & Maintenance - Computers	600
Repairs & Maintenance - Copier	500
Security (Tyco Intergra SimplexGrinnell	15,000
Telephone & Internet	9,600
Utilities	110,000
Website Expense	4000
Total Operating Expenses:	256,200

Payroll & Benefits

Payroll/Benefit Expense	250,500
Payroll Tax Expense	21,400
Total Payroll & Benefits:	271,900

Other (Ins. Reimb. Line Item)

Total Expenses:	51,027
	580,127

Net Income From Operations:	-8,807
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Other Income and Expense

Net Income (Loss):	-8,807
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NOTES:

(p) = Projected.

KY Center for African American Heritage

Financial Statements

June 30, 2015

(Personal & Confidential)

Kentucky Center for African American Heritage
Trend Income Statement
For the Twelve Months Ending June 30, 2015

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Annual Budget	Variance
3000 Corporate/Private Support Contributions	-240	45	4010	1020	500	125	30010	1010	10	120	10	15	36635	\$50,000.00	(\$13,365.00)
3100 Corporate Memberships	0	0	0	0	0	0	0	0	0	0	0	0	0	60,000.00	(\$60,000.00)
Total Corporate/Private Support	-240	45	4010	1020	500	125	30010	1010	10	120	10	15	36635	110,000.00	(73,365.00)
3500 Grants															
Louisville Metro - Operating Grant	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	125000	125,000.00	\$0.00
Total Grants	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	125000	125,000.00	0.00
3710 Campaign Contributions															
Campaign - Brick Purchases	0	0	0	0	0	0	0	0	0	0	0	0	0	500.00	(\$500.00)
3999 Miscellaneous Revenue	0	0	375	0	0	0	0	0	0	0	0	0	375		\$375.00
Total Campaign Contributions	0	0	375	0	0	0	0	0	0	0	0	0	375		
4000 Fundraising Events															
Sponsorship - Corporate	0	0	0	0	0	0	0	0	0	0	0	0	0	500.00	(125.00)
4010 Ticket Sales	0	0	0	0	0	0	0	0	0	0	0	0	0		
4035 Event Income	17500	1500	0	6500	-500	0	0	0	0	0	0	0	0	190,000.00	(\$190,000.00)
Total Fundraising Events	17500	1500	0	6500	-500	0	0	0	0	0	0	0	25000	6,000.00	(\$6,000.00)
4200 Exhibit Income															
Exhibit Income	0	0	0	0	0	0	0	0	0	0	0	0	25000	196,000.00	(171,000.00)
Total Exhibit Income	0	0	0	0	0	0	0	0	0	0	0	0	0	1,000.00	(\$1,000.00)
4300 Facility Rentals															
Facility Rentals	5310	6528	8485	7286	12111	12370	9461	17421	9341	14265	5938	6454	114970	90,000.00	\$24,969.83
4400 Catering Income	909	1072	1363	6708	4613	723	1446	392	1205	1707	1038	4373	25550	20,000.00	\$5,549.53
Total Facility Rentals	6219	7600	9848	13994	16725	13093	10907	17813	10547	15972	6976	10827	140519	110,000.00	30,519.36
Total Revenue	33,895	19,561	24,650	31,931	27,141	23,635	51,334	29,240	20,973	26,508	17,403	21,259	327,529	\$542,500.00	(214,971)

Kentucky Center for African American Heritage
Trend Income Statement
For the Twelve Months Ending June 30, 2015

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Annual Budget	Variance
5630 Security	0	27	0	0	2695	20	0	2695	0	0	2695	0	8131	5,000.00	\$3,130.68
5640 Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	15.00	(\$15.00)
5645 Telephone	1172	1183	1180	1180	1137	1000	4	0	0	2369	0	4739	13963	12,000.00	\$1,963.42
5670 Travel	0	0	0	0	0	0	0	3	0	0	0	0	3	500.00	(\$497.00)
5680 Utilities	10234	10110	10290	9551	7369	7740	8360	8229	9214	8927	8479	10950	109483	112,000.00	(\$2,517.15)
5800 Website	0	0	0	0	0	0	125	0	0	273	0	0	398	500.00	(\$101.90)
Total Operating Expenses	17443	23449	21631	20324	17382	17042	15700	15876	14811	17512	16166	20704	218039	291,280.00	(73,241.18)
6700 Payroll & Benefits	7391	8264	8461	8335	7351	7591	7552	8074	10528	9167	9612	10077	102403	205,200.00	(\$102,797.24)
6702 Payroll Expense	704	824	882	793	616	1009	1349	1307	1413	1185	1249	1272	12602	23,200.00	(\$10,597.73)
Total Payroll & Benefits	8095	9088	9343	9127	7967	8600	8901	9381	11941	10352	10862	11349	115005	228,400.00	(113,394.97)
8100 Other Income and Expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	\$0.00
8500 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	\$0.00
8500 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	\$0.00
Total Other Income and Expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	\$0.00
Net Income (Loss)	8,358.33	(12,976.38)	(6,324.21)	2,479.55	1,791.86	(2,006.94)	26,733.38	3,982.86	(5,778.50)	(1,355.38)	(9,624.89)	(10,794.17)	(5,514.49)	\$22,820.00	(28,334.49)

Kentucky Center for African American Heritage
YTD Income Statement by Event
For the Twelve Months Ending June 30, 2015

	Black History Month Gala	Derby Event (MIA)	Street Academy (JCPS)	Soufui Sounds of the Derby Town	Pioneer Awards	Total Fundraising	Mgmt & General	Total YTD
Corporate/Private Support Contributions	0.00	0.00	0.00	0.00	0.00	\$0.00	36,635.00	\$36,635.00
Total Corporate/Private Support	0.00	0.00	0.00	0.00	0.00	0.00	36,635.00	36,635.00
Grants	0.00	0.00	0.00	0.00	0.00	\$0.00	125,000.00	\$125,000.00
Louisville Metro - Operating Grant	0.00	0.00	0.00	0.00	0.00	\$0.00	125,000.00	125,000.00
Total Grants	0.00	0.00	0.00	0.00	0.00	0.00	125,000.00	125,000.00
Campaign Contributions Miscellaneous Revenue	0.00	0.00	0.00	0.00	0.00	\$0.00	375.00	\$375.00
Total Campaign Contributions	0.00	0.00	0.00	0.00	0.00	0.00	375.00	375.00
Fundraising Events	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Sponsorship - Corporate Ticket Sales	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Event Income	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Total Fundraising Events	0.00	0.00	0.00	0.00	0.00	\$25,000.00	0.00	\$25,000.00
Exhibit Income	0.00	0.00	0.00	0.00	0.00	25,000.00	0.00	25,000.00
Exhibit Income	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Total Exhibit Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
Facility Rentals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facility Rentals	0.00	0.00	0.00	0.00	0.00	\$0.00	114,969.83	\$114,969.83
Catering Income	0.00	0.00	0.00	0.00	0.00	\$0.00	25,549.53	\$25,549.53
Total Facility Rentals	0.00	0.00	0.00	0.00	0.00	0.00	140,519.36	140,519.36
Total Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$25,000.00	\$25,000.00	\$302,529.36	\$327,529.36
Operating Expenses	0.00	0.00	0.00	0.00	0.00	\$0.00	7,042.52	\$7,042.52
Accounting Service Fees	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Advertising	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Awards & Recognitions	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Bank Service Charges	0.00	0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00
Business Meals & Entertainment	0.00	0.00	0.00	0.00	0.00	\$0.00	2,640.29	\$2,640.29
							203.29	\$203.29

OPERATING AGREEMENT

OF

AAHF, LLC.

This Operating Agreement (this "Agreement") of AAHF, LLC., a Kentucky limited liability company (the "Company"), is adopted and entered into on this the 16th day of July, 2002, by the African American Heritage Foundation, Inc. as the sole "Member." The term "Member" includes any other person who may become a Member of the Company in accordance with the terms of this Agreement and the Act and the Company pursuant to and in accordance with the Limited Liability Company Act of the Commonwealth of Kentucky, as amended from time to time (the "Act"). Terms used in this Agreement which are not otherwise defined shall have the respective meanings given those terms in the Act.

In consideration of the matters described above, and of the mutual benefits and obligations set forth in this agreement, the parties agree as follows:

ARTICLE ONE

NAME

The name of the limited liability company under which it was formed is AAHF, LLC.

ARTICLE TWO

TERM

The Company shall continue until dissolved in accordance with the Act.

ARTICLE THREE

MANAGEMENT

Management of the Company is vested in its Member who will manage the Company in accordance with the Act. Any Member exercising management powers or responsibilities will be deemed to be a manager for purposes of applying the provisions of the Act, unless the context otherwise requires, and that Member will have and be subject to all of the duties and liabilities of a manager provided in the Act. The Member will have the power to do any and all acts necessary or convenient to or for the furtherance of the purposes of the Company set forth in this Agreement, including all powers of Member under the Act.

ARTICLE FOUR

PURPOSE

The purpose of the Company is to engage in any lawful act or activity for which limited liability companies may be formed under the Act and to engage in any and all activities necessary or incidental to these acts.

ARTICLE FIVE

MEMBER

The names and the business address of the sole Member is as follows:

Name:
African American Heritage Foundation, Inc. 239 S. 5th St., Ste. 1017
Louisville, Kentucky 40202

ARTICLE SIX

CAPITAL CONTRIBUTIONS

The Member has contributed to the Company the following amounts, in the form of cash, property or services rendered, or a promissory note or other obligation to contribute cash or property or to render services:

Member	Amount of Capital Contribution
African American Heritage Foundation, Inc.	\$100.00

ARTICLE SEVEN

ADDITIONAL CONTRIBUTIONS

No member is required to make any additional capital contribution to the Company.

ARTICLE EIGHT

ALLOCATION OF PROFITS AND LOSSES

The Company's profits and losses will be allocated in proportion to the value of the capital contributions of the Member.

ARTICLE NINE

DISTRIBUTIONS

Distributions shall be made to the Member at the times and in the aggregate amounts determined by the Member. Such distributions shall be allocated among the Member in the same proportion as their then capital account balances.

ARTICLE TEN

WITHDRAWAL OF MEMBER

A Member may withdraw from the Company in accordance with the Act.

ARTICLE ELEVEN

ASSIGNMENTS

A Member may assign in whole or part its Membership interest in the Company; provided, however, an assignee of a Membership interest may not become a Member without the vote or written consent of at least a majority in interest of the Member, other than the Member who assigns or proposes to assign his or her Membership interest.

ARTICLE TWELVE

ADMISSION OF ADDITIONAL MEMBER

One or more additional Members of the Company may be admitted to the Company with ~~the vote or written consent of a majority in interest of the Member (as defined in the Act).~~

ARTICLE THIRTEEN

LIABILITY OF MEMBER

The Member does not have any liability for the obligations or liabilities of the Company, except to the extent provided in the Act.

ARTICLE FOURTEEN

EXCULPATION OF MEMBER-MANAGERS

A Member exercising management powers or responsibilities for or on behalf of the Company will not have personal liability to the Company or its Member for damages for any breach of duty in that capacity, provided that nothing in this Article shall eliminate or limit: (i) the liability of any Member-Manager if a judgment or other final adjudication adverse to him or her establishes that his or her acts or omissions were in bad faith or involved intentional misconduct or a knowing violation of law, or that he or she personally gained in fact a financial profit or other advantage to which he or she was not legally entitled, or that, with respect to a distribution to Member, his or her acts were not performed in accordance with the Act; or (ii) the liability of any Member-Manager for any act or omission prior to the date of first inclusion of this paragraph in this Agreement.

ARTICLE FIFTEEN

GOVERNING LAW

This Agreement shall be governed by, and construed in accordance with, the laws of the Commonwealth of Kentucky, all rights and remedies being governed by those laws.

ARTICLE SIXTEEN

INDEMNIFICATION

To the fullest extent permitted by law, the Company shall indemnify and hold harmless, and may advance expenses to, any Member, manager or other person, or any testator or intestate of such Member, manager or other person (collectively, the "Indemnities"), from and against any and all claims and demands whatsoever; provided, however, that no indemnification may be made to or on behalf of any Indemnitee if a judgment or other final adjudication adverse to such

Indemnatee establishes: (i) that his or her acts were committed in bad faith or were the result of active and deliberate dishonesty and were material to the cause of action so adjudicated; or (ii) that he or she personally gained in fact a financial profit or other advantage to which he or she was not legally entitled. The provisions of this section shall continue to afford protection to each Indemnatee regardless of whether he or she remains a Member, manager, employee or agent of the Company.

ARTICLE SEVENTEEN

TAX MATTERS

The Member of the Company and the Company intend that the Company be treated as a corporation for all income tax purposes, and will file all necessary and appropriate forms in furtherance of that position.

In witness, the parties have executed this agreement the day and year first above written.

**AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

BY:



Lora Bradshaw, Chair/Board of Directors
African American Heritage Foundation

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning 07/01/12 , and ending 06/30/13

**AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**



Net Asset / Fund Balance at Beginning of Year		<u>11,754,178</u>
Revenue		
Contributions	<u>168,845</u>	
Program service revenue	<u>142,657</u>	
Investment income		
Capital gain / loss		
Special events:		
Gross revenue	<u>120,580</u>	
Direct expenses	<u>101,460</u>	
Net income	<u>19,120</u>	
Other income	<u>19,120</u>	
Total revenue		<u>330,622</u>
Expenses		
Program services	<u>746,671</u>	
Management and general	<u>99,672</u>	
Fundraising		
Total expenses		<u>846,343</u>
Excess / (deficit)		<u>-515,721</u>
Other changes		<u>11,767,136</u>
Net Asset / Fund Balance at End of Year		<u>11,251,415</u>

Reconciliation of Revenue

Total revenue per financial statements	<u>432,082</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	<u>101,460</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>330,622</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>947,803</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>101,460</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>846,343</u>

	Beginning	Ending	Differences
Assets	<u>14,498,007</u>	<u>14,079,085</u>	
Liabilities	<u>2,743,829</u>	<u>2,827,670</u>	
Net assets	<u>11,754,178</u>	<u>11,251,415</u>	<u>-502,763</u>

Miscellaneous Information

Amended return _____

Return / extended due date 02/18/14

Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning 7/01 2012, and ending 6/30 20 13

▶ **Do not send to the IRS. Keep for your records.**

2012

Department of the Treasury
Internal Revenue Service

Name of exempt organization **AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

Name and title of officer **Rita Phillips
Interim Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>330,622</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Amick & Company ERO firm name to enter my PIN [REDACTED] as my signature. Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05/10/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

[REDACTED]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

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 black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

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

C Name of organization
AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)
1701 W MUHAMMAD ALI BLVD

City, town or post office, state, and ZIP code
LOUISVILLE KY 40203

D Employer identification number
[REDACTED]

E Telephone number
502-583-4100

G Gross receipts \$ **432,082**

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

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

J Website: **www.kcaah.com**

K Form of organization: Corporation Trust Association Other

Part I Summary **L** Year of formation: **2001** **M** State of legal domicile: **KY**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Kentucky Center for African American Heritage will enhance the public's knowledge about the history, heritage and cultural contributions of African American's in Kentucky.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Prior Year	Current Year
	9	194,476	168,845
	10	115,518	142,657
	11	56,069	19,120
	12	366,063	330,622
Expenses	13		0
	14		0
	15		0
	16a	117,136	151,533
	b		0
	17	699,224	694,810
Net Assets or Fund Balances	18	816,360	846,343
	19	-450,297	-515,721
	20	14,498,007	14,079,085
	21	2,743,829	2,827,670
22	11,754,178	11,251,415	

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: **Rita Phillips** Date: _____
Type or print name and title: **Interim Director**

Paid Preparer Use Only

Print/Type preparer's name: **Albert H Klein II** Preparer's signature: _____ Date: **05/07/14** Check if self-employed PTIN: [REDACTED]

Firm's name: **Amick & Company** Firm's EIN: [REDACTED]

Firm's address: **410 W Chestnut St Ste 237 Louisville, KY 40202-2323** Phone no.: **502-583-5381**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012) **AFRICAN AMERICAN HERITAGE**



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

The Kentucky Center for African American Heritage will enhance the public's knowledge about the history, heritage and cultural contributions of African American's in Kentucky.

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

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

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

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

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

4a (Code:) (Expenses \$ **746,671** including grants of \$) (Revenue \$)

The goal of the Kentucky Center for African American Heritage is to create a community focal point for cultural, social and educational programs, as well as retail space in a complex that is architecturally and historically significant.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses **746,671**



Part IV Checklist of Required Schedules

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

Form 990 (2012) **AFRICAN AMERICAN HERITAGE****Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

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

Part 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 to any question in this Part VI

Section A. Governing Body and Management

	1a	18	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.		18		
b Enter the number of voting members included in line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Rita Phillips**
1701 W Muhammad Ali Blvd
Louisville KY 40203 502-583-4100

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAYMOND BURSE	2.00									
CHAIRMAN	0.00	X					0	0	0	
(2) W. KENNEDY SIMPSON	2.00									
COUNSEL	0.00	X					0	0	0	
(3) TYLER ALLEN	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) DAVE BLACKWELL	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) LORA A. BRADSHAW	2.00									
CHAIRMAN EMIRITUS	0.00	X					0	0	0	
(6) AUKRAM BURTON	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) LAURA DOUGLAS	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) WADE HOUSTON	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) NANCY JARRET	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) ROGER MCCLENDON	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) CHRISTIE MCCRAVY	2.00									
PAST CHAIRMAN	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SUE MCNALLY BOARD MEMBER	2.00 0.00	X						0	0	0
(13) JERE' MINTER BOARD MEMBER	2.00 0.00	X						0	0	0
(14) CARRI SHIELDS BOARD MEMBER	2.00 0.00	X						0	0	0
(15) JAMES WOODS BOARD MEMBER	2.00 0.00	X						0	0	0
(16) MELVIN LEWIS BOARD MEMBER	0.00 0.00	X						0	0	0
(17) RODNEY CARTER BOARD MEMBER	2.00 0.00	X						0	0	0
(18) RITA PHILLIPS INTERIM DIRECTOR	40.00 0.00		X					53,000	0	0
(19)										
1b Sub-total								53,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								53,000		

- 2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**
- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
- | | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | | X |
| 5 | | X |

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)	125,000				
	1f All other contributions, gifts, grants, and similar amounts not included above	43,845				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		168,845			
Program Service Revenue	2a Facility Rentals	531120	109,502	109,502		
	b Catering Income	722320	23,845	23,845		
	c Exhibit Income	713990	8,310	8,310		
	d Other Event Income	531390	1,000	1,000		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		142,657			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	120,580			
		b Less: direct expenses	101,460			
c Net income or (loss) from fundraising events			19,120		1,301	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		330,622	142,657	0	1,301	

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 to any question 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,000	26,500	26,500	
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	85,620	52,513	33,107	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,913	8,169	4,744	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,034		7,034	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	172	172		
13 Office expenses	39,577	19,792	19,785	
14 Information technology	324		324	
15 Royalties				
16 Occupancy	162,619	162,619		
17 Travel	3,805		3,805	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	614		614	
20 Interest	60,610	56,851	3,759	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	386,459	386,459		
23 Insurance	33,596	33,596		
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	846,343	746,671	99,672	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	43,494	1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	2,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,435	9	5,766
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,401,888		
	b Less: accumulated depreciation	10b 1,330,569		
	11 Investments—publicly traded securities	14,448,078	10c	14,071,319
	12 Investments—other securities. See Part IV, line 11		11	
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,498,007	15	14,079,085	
Liabilities	17 Accounts payable and accrued expenses	16,578	16	14,079,085
	18 Grants payable		17	90,062
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties	2,021,509	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	2,065,548
	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	705,742	24	
	26 Total liabilities. Add lines 17 through 25	2,743,829	25	672,060
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,754,178	26	2,827,670
	28 Temporarily restricted net assets		27	11,251,415
	29 Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	11,754,178	32	11,251,415
34 Total liabilities and net assets/fund balances	14,498,007	33	14,079,085	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	330,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	846,343
3	Revenue less expenses. Subtract line 2 from line 1	3	-515,721
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,754,178
5	Net unrealized gains (losses) on investments	5	
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	12,958
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,251,415

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 3 columns: Question (11g(i), 11g(ii), 11g(iii)), Yes, No. Contains questions about gifts from controlled persons.

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Includes rows (A) through (E) and a Total row.

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 **AFRICAN AMERICAN HERITAGE**

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,695	74,559	275,386	194,476	168,845	801,961
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	88,695	74,559	275,386	194,476	168,845	801,961
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.						801,961

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	88,695	74,559	275,386	194,476	168,845	801,961
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		22				22
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	80,512	15,610	59,520	46,175	8,680	210,497
11 Total support. Add lines 7 through 10						1,012,480
12 Gross receipts from related activities, etc. (see instructions)					12	254,557
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 2012 (line 6, column (f) divided by line 11, column (f))	14	79.21%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	76.06%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2012.** 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—2011.** 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 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

\$ 201,817

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.



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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		15,387,352	1,328,310	14,059,042
c Leasehold improvements				
d Equipment		14,536	2,259	12,277
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,071,319



Part VII Investments—Other Securities. 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)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Retainage Payable	672,060
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	672,060

2. FIN 48 (ASC 740) Footnote. 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		
1	Total revenue, gains, and other support per audited financial statements	432,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	101,460
e	Add lines 2a through 2d	101,460
3	Subtract line 2e from line 1	330,622
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	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	330,622

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	947,803
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	101,460
e	Add lines 2a through 2d	101,460
3	Subtract line 2e from line 1	846,343
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	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	846,343

Part XIII Supplemental Information

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising Expenses \$ 101,460

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising Expenses \$ 101,460

**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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

**AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

Number

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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" to 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))
		<u>Derby Event</u> (event type)	<u>Annual Gala</u> (event type)	<u>None</u> (total number)	
Revenue	1	Gross receipts	111,900	8,680	120,580
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	111,900	8,680	120,580
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,550	191	3,741
	7	Food and beverages	12,120	2,000	14,120
	8	Entertainment	43,911	2,500	46,411
	9	Other direct expenses	34,500	2,688	37,188
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				19,120

Part III Gaming. Complete if the organization answered "Yes" to 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	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate 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: _____



11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility
b An outside facility
13a %
13b %

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

**AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

Employer identification number


Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is reviewed by the Director / President at a conference with
Organization's accounting firm and its representative. The Form 990 is
presented at the next Board meeting following the review.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Members of the Board are required to sign annual conflict of interest
statements. They are also required to report any instances of conflict of
interest that may arise during the year.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Organization makes its governing documents and financial statements
available at its office upon receiving a written request for such
documents.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Fundraising Expenses	\$ 101,460
Fundraising Expenses	\$ -101,460

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

CORRECTION OF PRIOR YEAR ERRORS	\$ 12,958
---------------------------------	-----------

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **179**

Name(s) shown on return **AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	808

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	385,651
----	--	----	---------

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 2012 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2012 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	386,459
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

Federal Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	LBUILDING	2/11/10	15,387,352			15,387,352	39 MMS/L	943,626	384,684
2	COMPUTERS AND MONITORS	1/02/12	4,836			4,836	5 HY S/L	484	967
			<u>15,392,188</u>			<u>15,392,188</u>		<u>944,110</u>	<u>385,651</u>
Other Depreciation:									
3	COLOR PRINTER	1/23/13	9,700			9,700	5 MO S/L	0	808
	Total Other Depreciation		<u>9,700</u>			<u>9,700</u>		<u>0</u>	<u>808</u>
	Total ACRS and Other Depreciation		<u>9,700</u>			<u>9,700</u>		<u>0</u>	<u>808</u>
	Grand Totals		15,401,888			15,401,888		944,110	386,459
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>15,401,888</u>			<u>15,401,888</u>		<u>944,110</u>	<u>386,459</u>

AMT Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	LBUILDING	2/11/10	15,387,352			15,387,352	39 MMS/L	913,624	384,684
2	COMPUTERS AND MONITORS	1/02/12	4,836			4,836	5 HY S/L	484	967
			<u>15,392,188</u>			<u>15,392,188</u>		<u>914,108</u>	<u>385,651</u>
Other Depreciation:									
3	COLOR PRINTER	1/23/13	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		15,392,188			15,392,188		914,108	385,651
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>15,392,188</u>			<u>15,392,188</u>		<u>914,108</u>	<u>385,651</u>

Depreciation Adjustment Report
All Business Activities

FYE: 6/30/2013

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	1	LBUILDING	384,684	384,684	0
Page 1	1	2	COMPUTERS AND MONITORS	967	967	0
				<u>385,651</u>	<u>385,651</u>	<u>0</u>



Future Depreciation Report **FYE: 6/30/14**

FYE: 6/30/2013

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	LBUILDING	2/11/10	15,387,352	384,683	384,684
2	COMPUTERS AND MONITORS	1/02/12	4,836	967	967
			<u>15,392,188</u>	<u>385,650</u>	<u>385,651</u>
<u>Other Depreciation:</u>					
3	COLOR PRINTER	1/23/13	9,700	1,940	0
	Total Other Depreciation		<u>9,700</u>	<u>1,940</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>9,700</u>	<u>1,940</u>	<u>0</u>
	Grand Totals		<u>15,401,888</u>	<u>387,590</u>	<u>385,651</u>

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2012
For calendar year 2012, or tax year beginning 07/01/12 , and ending 06/30/13		

Name AFRICAN AMERICAN HERITAGE FOUNDATION, INC.	Employer Identification Number <div style="background-color: red; width: 100px; height: 15px;"></div>
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Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) PNC Bank	
(2) US Bank	
(3) Fifth Third Bank	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 100,000				
(2)				
(3) 1,725,293				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	Operating Line of Credit
(2)	
(3)	Construction of new center
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	98,951	85,994
(2)	3,194	3,339
(3)	1,919,364	1,976,215
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	2,021,509	2,065,548


 FYE: 6/30/2013

Schedule A, Part II, Line 1(e)

Description	Amount
Government Grants or Contributions	\$ 125,000
Contributions	11,045
Campaign Brick Purchases	400
JCPS Street Academy	32,400
Total	\$ 168,845

Schedule A, Part II, Line 10(e)

Description	Amount
Annual Gala	\$ 8,680
Total	\$ 8,680

Schedule A, Part II, Line 12

Description	Amount
Facility Rentals	\$ 109,502
Catering Income	23,845
Exhibit Income	8,310
Other Event Income	1,000
Derby Event	111,900
Total	\$ 254,557

Federal Statements

FYE: 6/30/2013

Annual Gala

Other Direct Fundraising or Gaming Expenses

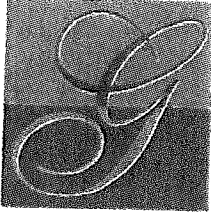
<u>Description</u>	<u>Amount</u>
Decorations	\$ 303
Awards and Recognitions	260
Audio Visual	2,125
Total	<u>\$ 2,688</u>

Federal Statements

FYE: 6/30/2013

Derby Event**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Decorations	\$ 7,250
Awards and Recognitions	17,900
Audio Visual	6,300
Total	\$ <u>31,450</u>



G R I F F I N
FUNDRAISING &
M A R K E T I N G

January 19, 2015

Mrs Christie McCravy
Chairperson
Kentucky Center for African American Heritage
1700 West Mohammed Ali Boulevard
Louisville, Kentucky 40203

Dear Mrs. McCravy:

This letter of contract for services is submitted to the Kentucky Center for African American Heritage (KCAAH) by Griffin Fund Raising & Marketing (GF&M). GF&M proposes to be retained by KCAAH to develop the second phase of a planning study to assess the readiness and the ability of KCAAH to develop funding for capital development, programs, and operations.

With this contract, GF&M proposes to initiate consultative services in February 2015 to complete a planning study for KCAAH including:

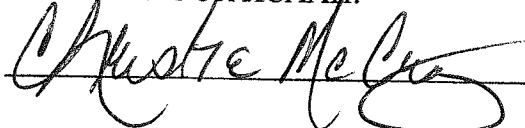
1. GF&M will provide consultative service to KCAAH to complete a planning study for the organization. Depending on the availability of community leaders, and staff time to schedule meetings, the study with a detailed report will be completed by March 31, 2015.
2. During the course of the study, personal interviews, emailed surveys and focus group will be conducted with key constituents and friends of KCAAH. Meetings will be scheduled by GF&M in consultation with KCAAH. The interviews will be located in places that are convenient to the interviewees. KCAAH is responsible for providing the names of survey participants and will provide their email addresses for the email survey.
3. GF&M will work directly with a Planning Committee in the completion of the contract for KCAAH. Day to day contact for KCAAH is with Aukram Burton,

board member, and, Rita Phillips, interim operations director.
Liz Hack, senior consultant, serves as the day to day contact for GF&M; with contract supervision provided by Susan Griffin, GF&M president and CEO.

4. A small operational budget should be anticipated for copies of the final report, and other project related expenses. These cost will be approximately \$75-\$100. All expenses will be under the direct control of the Planning Study Committee and be expended only as needed and with approval.
5. The fee for the contract outlined for KCAAH is \$8500.
6. KCAAH will provide access to appropriate research materials and support personnel as needed to assist in the development of the study components.
7. A detailed report and summary of the planning study findings will be provided to the Planning Study Committee, with formal presentations made to the Board of Directors.

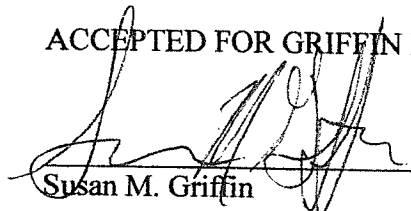
This letter for services becomes effective immediately upon acceptance by Kentucky Center for African American Heritage (KCAAH).

ACCEPTED FOR KCAAH:

 Date 1-19-15

Date _____

ACCEPTED FOR GRIFFIN FUND RAISING & MARKETING

 Date 1/19/15
Susan M. Griffin _____
Date _____

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

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

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
or											
Employer identification number											

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>Dec 3, 2015</u>
------------------	----------------------------	---------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

AFRICAN AMERICAN HERITAGE FOUNDATION

ANNUAL REPORT

JUNE 30, 2013



CPAS / CONSULTANTS

AFRICAN AMERICAN HER ITAGE FOUNDATION

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Statement of Activities and Changes in Net Assets	5
Statement of Cash Flows	6
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AFRICAN AMERICAN HERITAGE FOUNDATION
 Statements of Activities and Changes in Net Assets
 For the Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
EARNED REVENUE		
Program revenue	\$ 32,910	\$ 12,000
Rental income	133,347	102,600
Other income	-	7,204
Total Earned Revenue	<u>166,257</u>	<u>121,804</u>
PUBLIC/PRIVATE SUPPORT		
Corporate and other private	11,445	69,476
Fund raising events	129,380	126,733
Local government	125,000	125,000
Total Public/Private Support	<u>265,825</u>	<u>321,209</u>
TOTAL EARNED REVENUE AND SUPPORT	<u>432,082</u>	<u>443,013</u>
PROGRAM SERVICES		
Exhibits	-	1,000
Programs and events	58,711	68,461
Rentals	15,996	5,859
Total Program Services	<u>74,707</u>	<u>75,320</u>
SUPPORTING SERVICES		
Salaries and related expenses	151,533	117,136
Administration	101,102	74,595
Facilities	173,521	156,849
Interest	60,610	64,911
Depreciation	386,459	385,168
Total Supporting Services	<u>873,225</u>	<u>798,659</u>
TOTAL EXPENSES	<u>947,932</u>	<u>873,979</u>
INCREASE (DECREASE) IN NET ASSETS	(515,850)	(430,966)
NET ASSETS AT BEGINNING OF YEAR	<u>11,767,262</u>	<u>12,198,228</u>
NET ASSETS AT END OF YEAR	<u>\$ 11,251,412</u>	<u>\$ 11,767,262</u>

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

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

Statements of Cash Flows

For the Years Ended June 30, 2013 and 2012

INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

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

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements

NOTE 1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the African American Heritage Foundation (a corporation), is presented to assist in understanding the Foundation's financial statements. The financial statements and notes are representations of the Foundation's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements. Such principles require management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and the disclosures of contingent assets and liabilities at the date of the financial statements and amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Nature of Activities

The African American Heritage Foundation is a not-for-profit cultural and educational facility that speaks with the unique voice of the African American peoples of Kentucky. Its programs, exhibits, and activities celebrate the rich heritage and contributions of African Americans to the history and cultural life of Kentucky and the region.

Promises To Give

Contributions are recognized when the donor makes a promise to give to the Foundation that is, in substance, unconditional. Contributions that are restricted by the donor or are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are classified to unrestricted net assets.

AFRICAN AMERICAN HERITAGE FOUNDATION

Notes to Financial Statements (Continued)

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

Contributions

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

Income Taxes

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

Cash and Cash Equivalents

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

Property and Equipment

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

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

Property and Equipment (Continued)

instructed by the donor. The Foundation reclassifies temporarily restricted net assets to unrestricted net assets at that time. Property and equipment are depreciated using the straight-line method.

Contributed Services

The Organization receives contributed services from various companies. Many individuals volunteer their time and perform a variety of tasks that assist the Organization in their operations. The value of these services has not been recorded.

NOTE 2. PROPERTY AND EQUIPMENT

A summary of property and equipment follows:

	<u>2013</u>	<u>2012</u>
Equipment	\$ 14,536	\$ 4,836
Building improvements	<u>15,387,352</u>	<u>15,387,352</u>
Totals	15,401,888	15,392,188
Less accumulated depreciation	<u>(1,330,569)</u>	<u>(944,110)</u>
Net Property and Equipment	<u>\$14,071,319</u>	<u>\$ 14,448,078</u>

The Foundation's capitalization policy is to capitalize all purchases of assets in excess of \$2,500.

Property and equipment are depreciated using the straight-line method. Depreciation expense for the years ended June 30, 2013 and 2012 was \$385,168 and \$395,438, respectively.

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

NOTE 3. LINE OF CREDIT

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

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

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

NOTE 4. FUTURE FUNDING

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

NOTE 5. CONCENTRATION OF CREDIT RISK

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

NOTE 6. UNCERTANITIES, CONTINGENCIES AND RISK

Income Taxes

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position.

The Organization's federal income tax returns are subject to possible examination by the taxing authorities until the expiration of the related statutes of limitations on those tax returns. In general, the federal income tax returns have a three year statute of limitations.

Contingencies

The Foundation is currently involved in litigation titled *The Mardrian Group, Inc. v. African American Heritage Museum LTD., AAHF, LLC, and African American Heritage Foundation, Inc., Godsey & Associates, and Louisville-Jefferson County Metro Government*, Jefferson Circuit Court, Case No. 08-CI-010026.

The Mardrian Group (here after referred to as TMG) claims damages which stem from the African American Heritage Entities alleged failure to pay retainage, interest allegedly owed under KRS 371.160, and other amounts for the construction of the African American Heritage Museum located at 1701 West Muhammad Ali Boulevard in Louisville, Kentucky. TMG claims the African American Heritage Entities, Louisville/Jefferson County Metro Government, and Godsey Associates Architects, Inc. caused irreparable harm to TMG since the contract payments were not made in a timely manner due to various actions taken by the defendants.

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

NOTE 6. UNCERTANITIES, CONTINGENCIES AND RISK

Contingencies (Continued)

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

On March 11, 2013, TMG was granted a judgment against the Foundation in the amount of \$705,742.49 plus 8% interest from July 13, 2007 to May 9, 2012 and 12% interest thereafter. The total balance as of January 31, 2013 was \$1,113,014.17 plus costs and fees. An Order of Garnishment was issued on March 27, 2013. A total of \$33,861.61 was taken from the checking accounts of the Foundation. See Note 7 for additional information.

NOTE 7. SUBSEQUENT EVENTS

Contingencies

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

Other

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



KCAAH 2015 Salary Information

Staff	Position	Salary
Aukram Burton	Executive Director	\$75,000.00
Hosea Mitchell	Chief Operating Officer	\$70,000.00
Sasha Ndlove	Events Coordinator	\$30,000.00
Joshua Stuart	Security	\$18,525.00
Patrice Taylor	Pt. Admin. Assistant	\$11,715.00

Federal Tax I.D. - 611279400 – KY Revenue I.D. - B20570
1701 West Muhammad Ali Boulevard * Louisville, Kentucky 40203
(502) 583-4100 * Fax: (502) 583-4112 * www.kcaah.org




African American Heritage Foundation Board of Directors

Christie McCravy, Board Chair - Urban League **(2015-B)**
Kennedy Simpson, Attorney, Thompson, Miller & Simpson, PLC **(2015-B)**
Roger McClendon, Chief Global Sustainability Officer, Yum! Brands **(2017-B)**
Rodney Carter, General Manager, Jeff Wyler Toyota (2018-A)
Wade Houston, Executive Vice-President, Houston-Johnson, Inc. **(2015-B)**
Greg Newbern, Vice President, Brown-Forman **(2017-B)**
Delquan Dorsey, Former Director, Governor's Office of Minority Empowerment **(2018-A)**
Bernard Minnis, Retired, Asst. Superintendent, Jefferson Co. Public Schools **(2018-A)**
John Johnson, Executive Director, Kentucky Commission on Human Rights **(2018-A)**
Nzingha Sweeney-Sheppard, Artist/Vice Pres., Mary Alyce Foundation, Inc. **(2018-A)**
Walter Hutchins, Publisher, African American History Cultural Events Calendar **(2018-A)**
Neville Blakemore, Chairman at Great Northern Building Products, LLC **(2018-A)**
Jere Minter, Jefferson County Public Schools (2015-B)
Lora Bradshaw, Chair Emeritus, Retired

*A denotes 1st Term

*B denotes 2nd Term

Number and Term: The term of each director shall be for a period of two (2) years. Directors may serve no more than two (2) consecutive full terms until one (1) year after the end of his/her second full term of office.


1701 West Muhammad Ali Boulevard * Louisville, Kentucky 40203
(502) 583-4100 * Fax: (502) 583-4112 * www.kcaah.org

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

0338367.09

John Y. Brown III
Secretary of State
Received and Filed
04/06/2001 12:14 PM
Fee Receipt: \$16.00

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

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

I further certify that the following Restated Articles of Incorporation were adopted at a
special meeting of the Board of Directors of the corporation held on October 19, 1999, that a
quorum was present, and that said Articles received a vote of a majority of the Directors in
office.

ARTICLE I

NAME

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

ARTICLE II

DURATION

The duration of the Corporation shall be perpetual.

ARTICLE III

ADDRESS

The principal address of the corporation will be located at 239 S. Fifth Street, Suite 1506, Louisville, Kentucky 40202.

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

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

ARTICLE IV

PURPOSES

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

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

ARTICLE V

NONPROFIT STATUS

The Corporation shall be irrevocably dedicated to and operated exclusively for nonprofit purposes. NO part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officer, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

POWERS AND LIMITATIONS

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

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

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

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

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

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

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

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

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

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

of any later Federal tax laws.

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

ARTICLE VII INCORPORATOR

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

ARTICLE VIII DIRECTORS

The Board of Directors shall consist of the number of directors called for in the Corporation's By-Laws.

ARTICLE IX BY-LAWS

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

ARTICLE X LIMITATION OF LIABILITY

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

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

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the corporation;

2) was not in good-faith or involved or involves intentional misconduct on

the part of the director;

- 3) was known by the director to be a violation of law; or
- 4) resulted in an improper personal benefit to the director.

ARTICLE XI

DISTRIBUTION OF ASSETS ON DISSOLUTION

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

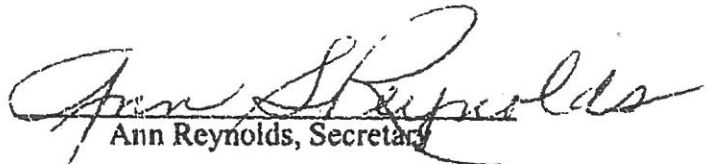
The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XII

AMENDMENTS

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

IN TESTIMONY WHEREOF, witness the signature of the Secretary of this Corporation, this 13th day of March, 2001.


Ann Reynolds, Secretary

State of Kentucky)
) ss:

County of Jefferson)

The foregoing Restated Articles of Incorporation were acknowledged before me this
13th day of March, 2001.

Witness my signature and seal of office this 13th day of March, 2001.

My Commission Expires: July 22, 2002.



Notary Public, State at Large, Kentucky

This Document Prepared By:



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

TILFORD DOBBINS ALEXANDER
BUCKAWAY & BLACK LLP

ATTORNEYS AT LAW

1400 ONE RIVERFRONT PLAZA
LOUISVILLE, KENTUCKY 40202

PHONE: (502) 584-1000
FAX: (502) 584-2318

www.tilfordlaw.com

STUART E. ALEXANDER, JR.
WILLIAM A. BUCKAWAY, JR.
HAROLD E. DILLMAN¹
CHARLES W. DOBBINS, JR.
TERRELL L. BLACK
JOHN M. NADER¹
MARK W. DOBBINS
STUART E. ALEXANDER, III
SANDRA F. KEENE
THOMAS J. H. HURST
JOHN A. WILMES
H. KEVIN EDDINS⁷
WILLIAM J. WALSH, IV⁴
PATRICK T. SCHMIDT
JOHN T. EVANS⁷
DANA M. TAYLOR SKAGGS
JOHN E. COLIN⁷
MELISSA M. BAUER
P. MATTHEW BLANTON

CAROLYN K. BALLEISEN^{2,3}
RANDOLPH NOE¹¹
MICHAEL G. KAREM¹¹
¹¹ Of Counsel

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

INDIANA OFFICE
219 N. CAPITOL AVENUE
P. O. BOX 643
CORYDON, INDIANA 47112
PHONE: (812) 738-2100

¹Also admitted in Indiana
²Also admitted in New York
³Also admitted in District of Columbia
and Maryland
⁴Also admitted in District of Columbia
⁵Also admitted in Florida and Indiana
⁶Also admitted in Georgia and Illinois
⁷Admitted in Indiana

March 29, 2001

John Y. Brown, III
Secretary of State
700 Capital Avenue, Ste. 152
Frankfort, Kentucky 40601

Dear Sir/Madam:

On behalf of the African American Heritage Foundation, Inc., enclosed please find an original and two copies of an Amended and Restated Articles of Incorporation along with a Statement of Change of Principal Office Address. A check in the amount of \$24.00 is enclosed for the filing fee.

\$16.00
(per attached) *sl.*

I would appreciate your returning to us in the envelope provided a file-stamped copy showing the date and time filed.

Sincerely,


Carolyn K. Balleisen

/sls

Enclosures

cc: Client

G:\office\ckb\afican\soslr.doc

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

General Information

Organization Number	0338367
Name	AFRICAN AMERICAN HERITAGE FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/14/1994
Organization Date	11/14/1994
Last Annual Report	6/27/2015
Principal Office	1701 W. MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40203
Registered Agent	W. KENNEDY SIMPSON THOMPSON MILLER & SIMPSON PLC 734 WEST MAIN STREET SUITE 400 LOUISVILLE, KY 40202-3352

Current Officers

Chairman	Christie J McCravy
Treasurer	Jere Minter
Director	Christie J. McCravy
Director	Wade Houston
Director	Lora Badshaw
Director	Jere Minter
Director	W. Kennedy Simpson
Director	Delquan Dorsey, Sr.
Director	Roger McClendon
Director	Greg Newbern
Director	Aukram Burton
Director	Rodney Carter

Individuals / Entities listed at time of formation

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

Images available online

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

Certificate of Assumed Name	3/1/2016	1 page	tiff	PDF
Annual Report	6/27/2015	1 page	PDF	
Annual Report	6/11/2014	1 page	PDF	
Renewal of Assumed Name Return	1/9/2014	2 pages	tiff	PDF
Registered Agent name/address change	7/1/2013 1:59:28 PM	1 page	PDF	
Annual Report	7/1/2013	1 page	PDF	
Annual Report	6/27/2012	1 page	PDF	
Annual Report	8/18/2011	1 page	PDF	
Principal Office Address Change	8/16/2010	1 page	tiff	PDF
Annual Report	8/2/2010	1 page	PDF	
Annual Report	6/29/2009	1 page	PDF	
Name Renewal	2/2/2009	1 page	tiff	PDF
Sixty Day Notice	11/14/2008	1 page	tiff	PDF
Registered Agent name/address change	11/13/2008	1 page	tiff	PDF
Agent Resignation	10/7/2008	1 page	tiff	PDF
Annual Report	2/4/2008	1 page	PDF	
Annual Report	6/30/2007	1 page	PDF	
Statement of Change	9/21/2006	1 page	tiff	PDF
Agent Resignation Return	7/18/2006	2 pages	tiff	PDF
Agent Resignation	7/11/2006	1 page	tiff	PDF
Agent Resignation	7/11/2006	1 page	tiff	PDF
Annual Report	5/22/2006	1 page	PDF	
Annual Report	6/4/2005	1 page	PDF	
Principal Office Address Change	7/25/2003	1 page	tiff	PDF
Principal Office Address Change	7/10/2003	1 page	tiff	PDF
Annual Report	5/29/2003	1 page	tiff	PDF
Annual Report	7/22/2002	1 page	tiff	PDF
Annual Report	5/16/2001	1 page	tiff	PDF
Amended and Restated Articles	4/6/2001	7 pages	tiff	PDF
Principal Office Address Change	4/2/2001	1 page	tiff	PDF
Annual Report	5/8/2000	1 page	tiff	PDF
Annual Report	7/20/1999	1 page	tiff	PDF
Certificate of Assumed Name	6/22/1999	2 pages	tiff	PDF
Annual Report	10/2/1998	2 pages	tiff	PDF
Statement of Change	9/18/1998	1 page	tiff	PDF
Restated Articles	9/18/1998	7 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF

KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE

General Information

Organization Number 0338367
Name KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE
Company Type ASC - Assumed Name Corporation
Status A - Active
State KY
File Date 3/1/2016
Expiration Date 3/1/2021
Renewal Date 9/1/2020
Principal Office 1701 W. MUHAMMAD ALI BOULEVARD
LOUISVILLE, KY 40203

Current Officers

Individuals / Entities listed at time of formation

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

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<u>Registered Agent</u>	11/13/2008	1 page	<u>tiff</u>	<u>PDF</u>



Louisville Metro Council

David W. Tandy
District 4 Councilman

Keidra D.C. King
Legislative Aide

March 7, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following Neighborhood Development Funds: Legal Aid Society, Kentucky African American Heritage Center and the Miss Kentucky Scholarship Pageant

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

David W. Tandy
Fourth District Councilman