

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

Applicant/Program: Historic Homes Foundation dba Whitehall House & Gardens
Applicant Requested Amount: \$2,000 Gas line replacement
Appropriation Request Amount: \$2,000

Executive Summary of Request

Funds to be used to remove the old gas underground house lines out of the Carriage House and Mansion and replace them with new lines. Also includes new up-to-date gas flex risers and gas manifold on the gas meter. Total project cost is \$13,000.

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

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

9 Bill Hollander \$2,000 9/24/2020
 District # Primary Sponsor Signature Amount Date

Primary Sponsor Disclosure

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

Approved by:

 Appropriations Committee Chairman Date
 Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Historic Homes Foundation dba Whitehall House & Gardens

Program Name and Request Amount Gas Line Replacement / \$2,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Prepared by: <i>Kyle Ethridge</i>	Date: 9/23/2020

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> Historic Homes Foundation dba Whitehall House & Gardens			
Main Office Street & Mailing Address: 3110 Lexington Road			
Website: www.historicwhitehall.org			
Applicant Contact:	Kristen Lutes	Title:	Executive Director
Phone:	(502) 897-2944	Email:	whitehall@historichomes.org
Financial Contact:	Kristen Lutes	Title:	Executive Director
Phone:	(502) 897-2944	Email:	whitehall@historichomes.org
Organization's Representative who attended NDF Training: Kristen Lutes			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville 3110 Lexington Road		
Council District(s):	9th	Zip Code(s):	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Gas Pipe Repair			
Total Request: (\$)	\$ 2,000.00	Total Metro Award (this program) in previous year: (\$)	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter		<input type="checkbox"/> Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current year projected budget		<input checked="" type="checkbox"/> IRS Form W9	
<input checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" type="checkbox"/> Articles of Incorporation (current & signed)		<input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of Whitehall House & Gardens is to preserve, educate and present the house as a Victorian interpretation of a southern plantation and to maintain and develop the grounds and gardens as a green space for future generations.

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

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

Aside from these community projects, one of our best opportunities for education outreach can be found in the Ralph Archer Woodland Garden, a Victorian stumpery nestled in a wooded corner of the grounds, and home to more than 150 species, sub-species or named fern cultivars. The Woodland Garden has been visited and admired by such noted pteridologists as Sue Olsen, author of the Encyclopedia of Garden Ferns; Dr. Michael Dirr, prolific author and an expert on woody plants; and the International Plant Propagation Society. This garden has also become a popular tour destination for regional garden clubs and other horticultural groups. A small but dedicated group of volunteers from the Jefferson County Master Gardeners' Association carefully tends to this garden. The Master Gardeners have also used this garden for a class on shade gardening as part of their "In the Garden" series, which is free and open to the public. Whitehall has offered a Woodland Garden Tour to the public to highlight conservation issues; this very popular event sold out several times. Horticulturalist (and president of the Hardy Fern Foundation) Richie Steffen traveled to Louisville to present a fern ID class at Whitehall in 2015 and again in 2018, drawing a devoted crowd of fern enthusiasts. The Woodland Garden offers a countless number of ways to share our love and knowledge of plants with the community. Finally, in 2020 we launched "Whitehall Wednesdays," a new monthly educational series for adults to explore plants within the disciplines of art, gardening, science and forestry.

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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Patti Rollins, Regent	08/31/2021
Kristie Phillips, Vice Regent	08/31/2021
Ann Showalter, Treasurer	08/31/2023
Mike Hayman, Landscape Director	08/31/2021
Kit Carter-Weilage	08/31/2021
Michael A. Jones	08/31/2023
Gorden T. McMurry	08/31/2023
Carole McMurry	08/31/2023
Gray Middleton	08/31/2023
David Thompson	08/31/2023
Whitney Watt	08/31/2022
Laura Weir	08/31/2021
Kristen Lutes, Executive Director	
Carol Grisanti, Associate Director	
Elizabeth Nicholson, Estate Gardener	
Tyler Embry, Groundskeeper	

Describe the Board term limit policy:

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

Three Highest Paid Staff Names	Annual Salary
Kristen Lutes	\$ 40,399.00
Carol Grisanti	\$ 42,344.00
Elizabeth Nicholson	\$ 32,341.00

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SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Whitehall is requesting funds to defray the cost of a major plumbing project. In late August, Whitehall staff discovered that we had a gas leak and called LG&E to investigate. Their technician informed the staff that there were multiple gas leaks and immediately shut off the gas for safety. He recommended we have a plumber inspect the gas lines and appliances.

Jason Buffat of Bee's Plumbing arrived later the same day and said our underground gas pipes were leaking badly and the gas could not be turned back on until Bee's completed the repairs. John Buffat, owner of Bee's Plumbing, gave us a written estimate of \$13,000 to dig up the old pipes and replace them with new ones.

As we can't operate Whitehall without gas service, we approved the project immediately. Until the project is finished, our catering kitchen is not operational and our live-in caretaker does not have hot water or a working stove. In several weeks when the weather turns cool we will need to turn on our six furnaces. This project is crucial and unfortunately comes during the worst year we have experienced financially in over a decade. We expect the work to be completed in mid-September and our gas to be turned back on afterward.

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

Bee's Plumbing will be taking the old gas underground house lines out for the Carriage House and Mansion and replacing them with new lines. They will install new up-to-date gas flex risers for the Carriage House and Mansion. They will also redo the gas manifold on the gas meter that will include new connections for the Carriage House and Mansion as well as the office building. The cost for equipment is \$6,500 and the cost for labor is \$6,500.

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

n/a

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

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

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

Bee's Plumbing will remove old underground gas lines and replace them with new ones.

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

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

n/a

The work is still in progress so we don't have invoices or cancelled checks yet.

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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:

As this is an emergency capital repair, completion of this project will allow Whitehall to continue operating. Our catering kitchen, one of our main sources of income, has been useless for three weeks while the gas has been shut off. The project will also eliminate a large hazard, leaking gas pipes. This project will benefit everyone who uses Whitehall for exercise, private events, or fundraisers; approximately 5,000 people per year.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

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

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

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

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SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project	\$ 2,000.00	\$ 11,000.00	\$ 13,000.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 2,000.00	\$ 11,000.00	\$ 13,000.00
% of Program Budget	15.38%	84.62%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify) Earned income from rentals; fundraisers	\$ 11,000.00
Total Revenue for Columns 2 Expenses **	\$ 11,000.00

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

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

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Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$ 0.00	

*** 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: 09/01/2020

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Kristen Lutes</i>	Date:	09/11/2020
Legal Signatory: (please print):	Kristen Lutes	Title:	Executive Director
Phone:	(502) 897-2944	Extension:	
Email:	whitehall@historichomes.org		

Whitehall Operating Budget FY 20**Budget
FY 2020****REVENUES**

3010	Board Obligations	\$ 2,400
3100	Gifts	\$ 7,300
3110	Corporate Gifts	\$ -
3114	Insurance Proceeds	\$ -
3120	Appeal Letter	\$ 5,000
3200	Grants	\$ 1,500
3206	Grant/Horn Foundation	\$ -
3300	Admission Fees	\$ 3,000
3308	WH-Derby Breakfast Alloc.	\$ -
3310	Rentals	\$ 128,000
3315	Tenant Income	\$ 16,800
3320	Facility Fee	\$ 13,000
3402	Tea Party	\$ 10,500
3405	Candlelight Tour	\$ 1,200
3406	Bluegrass BBQ	\$ 2,040
3412	Wedding Show	\$ 17,350
3413	John Michael Carter	\$ -
3424	Valentine's Dinner	\$ 6,200
3429	Summer Celebration	\$ 80,000
3460	Garden Sales	\$ 3,000
3462	Peony Festival	\$ 8,100
Total Income		\$305,390

EXPENSES

5010	Employee Compensation	\$ 134,965
5011	Employee Comp-Security	\$ 5,000
5020	Payroll Taxes	\$ 10,705
5021	Unemployment Benefits	\$ -
5030	Insurance Benefits	\$ 300
5040	Automated Payroll Fee	\$ 960
5041	Sect 125 Admin Fee	\$ -
5046	Contract Labor	\$ -
6000	Office Supplies	\$ 3,000
6005	Bank and credit card charges	\$ 4,500
6010	Postage	\$ 330
6015	Computer and IT Support	\$ 480
6030	Printing and Stationery	\$ 300
6040	Telephone	\$ 1,200
6042	Internet	\$ 960
6050	Utilities - Gas and Electric	\$ 9,000
6055	Water & Sewer	\$ 8,400
6070	Equipment Purchased	\$ 700
6100	Maintenance & Repairs - Equipment	\$ 1,000
6105	Maintenance & Repairs - Museum	\$ 6,000
6110	Maintenance & Repairs - Collection	\$ 1,200

6115	Cleaning	\$	8,055
6120	Grounds Maintenance	\$	18,500
6125	Garden Sales Expense	\$	500
6130	Garden Maintenance	\$	2,000
6135	Flowers/Gifts	\$	600
6146	Fundraising	\$	-
6150	Outbuildings	\$	3,000
6190	Security	\$	4,010
6200	Insurance	\$	14,866
6206	Horn Foundation Grant Expense	\$	-
6210	Dues and Subscriptions	\$	150
6220	Advertising and Marketing	\$	4,938
6230	Travel and Related Expense	\$	60
6290	Gift Expenses	\$	-
6299	Grant Expense	\$	1,500
6402	Tea Party	\$	540
6405	Candlelight Tour	\$	280
6406	Bluegrass BBQ	\$	1,000
6410	Professional Development	\$	600
6412	Wedding Show	\$	4,726
6413	JMC Workshop	\$	-
6424	Valentine's Dinner	\$	3,151
6429	Summer Celebration	\$	27,765
6450	Annual Appeal - WH	\$	500
6462	Peony Festival	\$	4,300
6620	Hospitality	\$	1,200
6690	Legal Settlement	\$	-
6700	Professional Services	\$	720
6710	Bookkeeping Services	\$	9,880
	Total Expenses		\$301,841

Net Operating Income **\$3,549**

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Eleven Months Ending July 31, 2020

August 24, 2020

	<u>Current</u> <u>Month</u>	<u>FYTD</u>	<u>FY Budget</u>	<u>Prior FY</u>	<u>Prior FYTD</u>
Revenues					
3010-015 WH -- Board Obligations	\$ 400	\$ 2,400	\$ 2,400	\$ 0	\$ 2,400
3021-015 WH -- Refund unemploy tax paid	0	2,781	0	0	0
3100-015 Gifts	45	18,601	7,300	0	13,984
3110-015 Corporate Gifts	0	0	0	10,000	18,000
3120-015 WH -- Appeal Letter	0	2,775	5,000	0	5,850
3200-015 Grants	0	6,500	1,500	0	2,000
3206-015 WH -- Grant/Horn Foundation	0	3,000	0	0	23,947
3211-015 WH -- Humanities Grant income	3,138	3,138	0	0	0
3212-015 WH - Delta Dental Grant income	3,141	3,141	0	0	0
3300-015 WH -- Admission Fees	460	1,155	3,000	579	2,815
3310-015 Rentals	5,998	72,913	128,000	3,420	130,557
3315-015 WH -- Tenant income	1,400	15,400	16,800	1,400	14,000
3320-015 Facility Fee	0	9,162	13,000	2,803	12,612
3402-015 WH -- Tea Party	0	9,910	10,500	0	11,335
3405-015 WH - Candlelight Tour	0	2,526	1,200	0	1,561
3406-015 WH -- Bluegrass @Whitehall	0	2,210	2,040	0	0
3412-015 WH Bridal Show	0	6,250	17,350	450	16,240
3413-015 WH- John Michael Carter	0	0	0	0	50
3424-015 WH -- Valentine's dinner	0	7,200	6,200	0	6,615
3429-015 WH -- Summer Celebration	0	16,400	80,000	0	76,635
3460-015 WH -- Garden Sales	320	4,290	3,000	0	3,258
3462-015 WH - Peony Festival	0	9,695	8,100	0	8,615
3480-015 Education Program-Interpr	1,000	2,340	0	0	0
	<u>15,902</u>	<u>201,787</u>	<u>305,390</u>	<u>18,652</u>	<u>350,474</u>
Total Revenues					
	<u>15,902</u>	<u>201,787</u>	<u>305,390</u>	<u>18,652</u>	<u>350,474</u>
Expenses					
5010-015 WH -- Employee Compensation	16,258	124,510	134,965	10,612	114,829
5011-015 WH -- Employee Comp - security	213	2,850	5,000	275	5,160
5020-015 Payroll Taxes	1,260	9,743	10,705	833	9,347
5030-015 Insurance Benefits	22	265	300	22	293
5040-015 Automated Payroll Fee	83	943	960	83	991
5041-015 WH -- Sect 125 Admin Fee	0	0	113	0	0
6000-015 WH -- Office Supplies	0	1,474	3,000	364	2,633
6005-015 WH -- Bank and cc charges	141	2,260	4,500	131	8,603
6010-015 Postage	0	223	330	0	511
6015-015 Computer and IT support	22	212	480	6	988
6030-015 Printing and Stationery	0	76	300	0	49
6040-015 Telephone	61	837	1,200	100	1,100
6042-015 Internet	70	817	960	78	793
6050-015 Utilities Gas and Electric	425	8,084	9,000	681	8,514
6055-015 Water & Sewer	0	7,117	8,400	0	5,763
6070-015 Equipment Purchased	24	779	700	0	663
6100-015 Maintenance and Repairs	294	1,388	1,000	95	2,163
6105-015 Maintenance and Repairs-Museum	2,660	4,975	6,000	1,150	3,114
6110-015 Maintenance and Repairs-Collec	0	0	1,200	701	1,753
6115-015 Cleaning	0	4,230	8,055	975	8,840
6120-015 Grounds Maintenance	1,435	15,370	18,500	135	21,037
6125-015 Garden Sales Expense	0	0	500	0	1,888
6130-015 WH -- Garden Maintenance	1,149	4,377	2,000	179	2,424
6135-015 WH -- Flowers/Gifts	0	88	600	0	95
6155-015 WH -- Outbuilding Expense	58	808	3,000	481	2,868
6190-015 Security	100	3,751	4,010	406	5,258
6200-015 Insurance	1,197	13,740	14,866	1,172	13,411
6205-015 Grant expense	0	0	0	0	2,000
6206-015 WH-Horn Found Grant Expenses	0	0	0	0	21,318
6210-015 Dues and Subscriptions	0	65	150	0	133

For Management Purposes Only

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Eleven Months Ending July 31, 2020

August 24, 2020

	<u>Current Month</u>	<u>FYTD</u>	<u>FY Budget</u>	<u>Prior FY</u>	<u>Prior FYTD</u>
6220-015 Advertising and Marketing	0	1,678	4,938	2,346	4,477
6230-015 Travel and Related Expense	0	28	60	0	28
6290-015 Gift Expenses	0	1,500	0	0	1,100
6299-015 Grant Expense	0	0	1,500	0	0
6402-015 WH -- Tea Party	0	524	540	0	453
6405-015 WH - Candlelight Tour	0	360	280	0	534
6406-015 WH -- Bluegrass @Whitehall	0	1,300	1,000	0	0
6410-015 WH--luncheons and developmen	0	0	600	0	0
6412-015 WH - Bridal Show	0	4,567	4,726	0	4,464
6424-015 WH -- Valentine's dinner	0	4,654	3,151	0	3,167
6429-015 WH -- Summer Celebration	0	2,918	27,765	0	26,377
6450-015 WH -- Annual Appeal	0	357	500	0	483
6462-015 WH - Peony Festival	0	5,321	4,300	0	5,121
6480-015 Educational Program-Inter	730	1,031	0	0	0
6490-015 WH -- Staff Education	0	0	0	0	1,038
6620-015 Hospitality	0	0	1,200	0	227
6700-015 Professional Services	40	1,227	720	40	777
6710-015 Bookkeeping Services	760	9,120	9,880	950	9,120
	<u>27,002</u>	<u>243,567</u>	<u>301,954</u>	<u>21,815</u>	<u>303,905</u>
Total Expenses					
Net Operating Income	<u>(11,100)</u>	<u>(41,780)</u>	<u>3,436</u>	<u>(3,163)</u>	<u>46,569</u>
Other Income/Expense					
3801-015 WH -- interest checking	0	(24)	0	(20)	(403)
3802-015 Interest - Charitable Gaming	0	0	0	0	(2)
3957-015 WH -- Inv account transfer	0	0	0	(10,000)	(10,000)
4985-015 WH -- distribution from HHF	0	0	0	0	(333)
6990-015 Miscellaneous	0	0	0	0	24
8960-015 WH -- transfer to endowment	0	27,000	0	0	0
	<u>0</u>	<u>26,976</u>	<u>0</u>	<u>(10,020)</u>	<u>(10,714)</u>
Total Other Income/Expense					
Net Income	<u>\$ (11,100)</u>	<u>\$ (68,756)</u>	<u>\$ 3,436</u>	<u>\$ 6,857</u>	<u>\$ 57,283</u>

For Management Purposes Only

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Twelve Months Ending August 31, 2020

September 21, 2020

	<u>Current Month</u>	<u>FYTD</u>	<u>FY Budget</u>	<u>Prior FY</u>	<u>Prior FYTD</u>
Revenues					
3010-015 WH -- Board Obligations	\$ 0	\$ 2,400	\$ 2,400	\$ 0	\$ 2,400
3021-015 WH -- Refund unemploy tax paid	0	2,781	0	0	0
3100-015 Gifts	10,300	28,901	7,300	0	13,984
3110-015 Corporate Gifts	0	0	0	0	18,000
3120-015 WH -- Appeal Letter	0	2,775	5,000	0	5,850
3200-015 Grants	0	6,500	1,500	0	2,000
3206-015 WH -- Grant/Horn Foundation	0	3,000	0	0	23,947
3211-015 WH -- Humanities Grant income	0	3,138	0	0	0
3212-015 WH - Delta Dental Grant income	0	3,141	0	0	0
3300-015 WH -- Admission Fees	355	1,510	3,000	201	3,016
3308-015 WH-Derby Breakfast alloc	0	0	0	5,000	5,000
3310-015 Rentals	6,703	79,615	128,000	20,100	150,657
3315-015 WH -- Tenant income	1,400	16,800	16,800	1,400	15,400
3320-015 Facility Fee	871	10,033	13,000	0	12,612
3402-015 WH -- Tea Party	0	9,910	10,500	0	11,335
3405-015 WH - Candlelight Tour	0	2,526	1,200	0	1,561
3406-015 WH -- Bluegrass @Whitehall	0	2,210	2,040	0	0
3412-015 WH Bridal Show	(6,250)	0	17,350	0	16,240
3413-015 WH- John Michael Carter	0	0	0	0	50
3424-015 WH -- Valentine's dinner	0	7,200	6,200	0	6,615
3429-015 WH -- Summer Celebration	(16,400)	0	80,000	0	76,635
3460-015 WH -- Garden Sales	0	4,290	3,000	689	3,947
3462-015 WH - Peony Festival	0	9,695	8,100	0	8,615
3480-015 Education Program-Interpr	240	2,580	0	0	0
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Revenues	(2,781)	199,005	305,390	27,390	377,864
Expenses					
5010-015 WH -- Employee Compensation	10,764	135,274	134,965	15,880	130,709
5011-015 WH -- Employee Comp - security	275	3,125	5,000	125	5,285
5020-015 Payroll Taxes	844	10,587	10,705	1,224	10,572
5030-015 Insurance Benefits	22	287	300	0	293
5040-015 Automated Payroll Fee	83	1,026	960	120	1,111
5041-015 WH -- Sect 125 Admin Fee	0	0	113	0	0
6000-015 WH -- Office Supplies	145	1,619	3,000	53	2,687
6005-015 WH -- Bank and cc charges	(177)	2,083	4,500	601	9,204
6010-015 Postage	0	223	330	0	511
6015-015 Computer and IT support	22	234	480	(6)	982
6030-015 Printing and Stationery	0	76	300	0	49
6040-015 Telephone	62	899	1,200	100	1,200
6042-015 Internet	70	887	960	77	870
6050-015 Utilities Gas and Electric	621	8,705	9,000	787	9,301
6055-015 Water & Sewer	1,761	8,877	8,400	1,285	7,048
6070-015 Equipment Purchased	0	779	700	256	919
6100-015 Maintenance and Repairs	60	1,448	1,000	99	2,262
6105-015 Maintenance and Repairs-Museu	0	4,975	6,000	1,110	4,224
6110-015 Maintenance and Repairs-Collec	0	0	1,200	322	2,075
6115-015 Cleaning	370	4,600	8,055	1,520	10,360
6120-015 Grounds Maintenance	1,630	17,000	18,500	3,025	24,062
6125-015 Garden Sales Expense	0	0	500	0	1,888
6130-015 WH -- Garden Maintenance	102	4,479	2,000	282	2,706
6135-015 WH -- Flowers/Gifts	0	88	600	0	95
6155-015 WH -- Outbuilding Expense	0	808	3,000	303	3,170
6170-015 Blacksmith	43	43	0	0	0
6190-015 Security	165	3,916	4,010	1,265	6,523
6200-015 Insurance	1,197	14,937	14,866	(1,096)	12,316
6205-015 Grant expense	0	0	0	0	2,000

For Management Purposes Only

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Twelve Months Ending August 31, 2020

September 21, 2020

	<u>Current Month</u>	<u>FYTD</u>	<u>FY Budget</u>	<u>Prior FY</u>	<u>Prior FYTD</u>
6206-015 WH-Horn Found Grant Expenses	0	0	0	0	21,318
6210-015 Dues and Subscriptions	0	65	150	0	133
6220-015 Advertising and Marketing	0	1,678	4,938	0	4,477
6230-015 Travel and Related Expense	0	28	60	43	71
6290-015 Gift Expenses	0	1,500	0	0	1,100
6299-015 Grant Expense	0	0	1,500	0	0
6402-015 WH -- Tea Party	0	524	540	0	453
6405-015 WH - Candlelight Tour	0	360	280	0	534
6406-015 WH -- Bluegrass @Whitehall	0	1,300	1,000	0	0
6410-015 WH--luncheons and developmen	0	0	600	0	0
6412-015 WH - Bridal Show	(4,567)	0	4,726	0	4,464
6424-015 WH -- Valentine's dinner	0	4,654	3,151	0	3,167
6429-015 WH -- Summer Celebration	(2,123)	795	27,765	0	26,377
6450-015 WH -- Annual Appeal	0	357	500	0	483
6462-015 WH - Peony Festival	0	5,321	4,300	0	5,121
6480-015 Educational Program-Inter	600	1,631	0	0	0
6490-015 WH -- Staff Education	0	0	0	0	1,038
6620-015 Hospitality	0	0	1,200	0	227
6700-015 Professional Services	40	1,267	720	40	817
6710-015 Bookkeeping Services	950	10,070	9,880	760	9,880
	<u>12,959</u>	<u>256,525</u>	<u>301,954</u>	<u>28,175</u>	<u>332,082</u>
Total Expenses	12,959	256,525	301,954	28,175	332,082
Net Operating Income	<u>(15,740)</u>	<u>(57,520)</u>	<u>3,436</u>	<u>(785)</u>	<u>45,782</u>
Other Income/Expense					
3801-015 WH -- interest checking	0	(24)	0	(10)	(412)
3802-015 Interest - Charitable Gaming	0	0	0	0	(2)
3957-015 WH -- Inv account transfer	0	0	0	0	(10,000)
4985-015 WH -- distribution from HHH	0	0	0	0	(333)
6900-015 Depreciation - Wh	0	0	0	23,527	23,527
6990-015 Miscellaneous	0	0	0	(30)	(6)
8960-015 WH -- transfer to endowment	0	27,000	0	0	0
	<u>0</u>	<u>26,976</u>	<u>0</u>	<u>23,487</u>	<u>12,774</u>
Total Other Income/Expense	0	26,976	0	23,487	12,774
Net Income	<u>\$ (15,740)</u>	<u>\$ (84,496)</u>	<u>\$ 3,436</u>	<u>\$ (24,272)</u>	<u>\$ 33,008</u>

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **09/01/18**, and ending **08/31/19**

B Check if applicable: Address change Name change Initial year First year terminated Amended return Applicable pending	C Name of organization HISTORIC HOMES FOUNDATION, INC.		D Employer identification number 61-0549274
	Doing business as		E Telephone number 502-899-5079
	Number and street for P.O. box (mailing not authorized to street address)	Room/suite	
	3110 LEXINGTON ROAD		
	City or town, state or province, county, and ZIP or foreign postal code LOUISVILLE KY 40206		G Gross receipts \$ 741,462
	F Name and address of principal officer DEAN WILKINSON 3110 LEXINGTON ROAD LOUISVILLE KY 40206		H(a) First a group return for multiple states? Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? Yes No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527	J Website ▶ WWW.HISTORICHOMES.ORG		L Year of formation 1957 M State of legal domicile KY
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PURCHASE, DISPLAY AND PRESERVE HISTORIC BUILDINGS AND THEIR INHERENT TRADITIONS.		
	2 Check this box <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)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	9
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 146,470 Current Year 182,519
	9	Program service revenue (Part VIII, line 2g)	328,935 357,278
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,318 35,624
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,984 62,775
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	608,707 638,196
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	221,430 258,327
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 82,417	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	359,372 348,264	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	580,802 608,591	
19	Revenue less expenses. Subtract line 18 from line 12	27,905 29,605	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 5,668,820 End of Year 5,700,441
	21	Total liabilities (Part X, line 26)	144,322 149,207
	22	Net assets or fund balances. Subtract line 21 from line 20	5,524,498 5,551,234

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 DEAN WILKINSON	Date			
	Type of preparer and title PRESIDENT				
Paid Preparer Use Only	Print name of preparer RICHARD N. ROBINSON, CPA	Preparer's signature <i>[Signature]</i> RICHARD N. ROBINSON, CPA	Date 01/30/20	Check one <input type="checkbox"/> Self-employed <input checked="" type="checkbox"/> Preparer	PTIN P00382237
	Firm's name RODEFER MOSS & CO, PLLC	Firm's EIN 35-1663728			
	Firm's address 301 E. ELM STREET NEW ALBANY, IN 47150	Phone no. 812-945-5236			

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

For Paperwork Reduction Act Notice, see the separate instructions. **Form 990 (2018)**

Form 990 (2018) **HISTORIC HOMES FOUNDATION, INC.****61-0549274**Page **2****Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III

1. Briefly describe the organization's mission:

TO PURCHASE, DISPLAY AND PRESERVE HISTORIC BUILDINGS AND THEIR INHERENT TRADITIONS.2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ **242,115** including grants of \$ **2,000**) (Revenue \$ **338,268**)**MUSEUM OPERATIONS: WHITEHALL
3110 LEXINGTON ROAD
LOUISVILLE, KY 40206**4b (Code:) (Expenses \$ **195,703** including grants of \$) (Revenue \$ **197,779**)**MUSEUM OPERATIONS: FARMINGTON
3033 BARDSTOWN ROAD
LOUISVILLE, KY 40205**4c (Code:) (Expenses \$ **54,359** including grants of \$) (Revenue \$ **102,149**)**ALL OTHER HISTORIC HOMES RELATED PROGRAM EXPENSES.**

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

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

4e Total program service expenses **492,177**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A) line 2? 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 25a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		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, Part 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 12? 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 or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	9	
b	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.		
	1a	12	
b	Enter the number of voting members included in line 1a, above, who are independent.		
	1b	12	
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?	2	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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.	9	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?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	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	15a	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).	15b	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?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (1024 or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records
- TERRY MALCOLM
 LOUISVILLE
 3110 LEXINGTON ROAD
 KY 40206
 502-899-5079

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

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

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

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

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

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

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

(A) 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
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former officer	Former director/trustee			
(1) DEAN WILKINSON PRESIDENT	2.00 0.00	X	X					0	0	0	
(2) WILLIAM PAYNTER VICE PRESIDENT	2.00 0.00	X	X					0	0	0	
(3) BUTCH SHAW HHF/TE TREASURER	2.00 0.00	X	X					0	0	0	
(4) ANNE SHOWALTER WHITEHOUSE TREASURER	2.00 0.00	X	X					0	0	0	
(5) CECILIA WEIHE TRUSTEE	0.80 0.00	X						0	0	0	
(6) JOHN STOUGH TRUSTEE	0.80 0.00	X						0	0	0	
(7) ELIZABETH AGE TRUSTEE	0.80 0.00	X						0	0	0	
(8) CHRISTIE LEE MUELLER TRUSTEE	0.80 0.00	X						0	0	0	
(9) DAVID NICHOLS TRUSTEE	0.80 0.00	X						0	0	0	
(10) ROBERT BRAND TRUSTEE	0.80 0.00	X						0	0	0	
(11) PATTI ROLLINS TRUSTEE	0.80 0.00	X						0	0	0	

Form 990 (2018) **HISTORIC HOMES FOUNDATION, INC.** 61-0549274

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 listed 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	Individual officer	Officer	Key employee	Highest compensated employee	Former officer			
(12) MICHAEL HAYMAN	0.80									
TRUSTEE	0.00	X					0	0	0	
(13) KRISTEN LUTES	40.00									
EXECUTIVE DIRECTOR	0.00	X						0	70	
(14) CAROL GRISANTI	40.00									
ASSOCIATE DIRECTOR	0.00	X						0	37	
1b Sub-total									107	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)									107	

2 Total number of individuals (including but not limited to those with reportable compensation from the organization) **0**

	Yes	No
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		X
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		X
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		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 or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from 13 under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	20,800		
	d Related organizations	1d			
	e Government grants (contributors)	1e			
	f Federal, state, local, gift, grants, and similar amounts not included above	1f	161,719		
	g Amount contributed, included in lines 1a-f	\$			
	h Total. Add lines 1a-1f		182,519		
Program Service Revenue	2a CARRIAGE HOUSE & RENT INCOME	Busn. Code	218,473	218,473	
	b SPECIAL EVENTS & PROGRAM REV		114,176	114,176	
	c ADMISSION FEES		24,629	24,629	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		357,278		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,109	28,109	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental exps				
	c Rental income or loss				
	d Net rental income or (loss)				
	7a Gross amount from sales of inventory other than inventory	(i) Secret Res (ii) Other	7,515		
	b Less cost or other basis & sales exps				
	c Gain or (loss)		7,515	7,515	
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ 20,800 of contributions reported on line 1c). See Part IV, line 18	a	149,849		
b Less direct expenses	b	90,862			
c Net income or (loss) from fundraising events		58,987			
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	16,161			
b Less cost of goods sold	b	12,404			
c Net income or (loss) from sales of inventory		3,757	3,757		
Miscellaneous Revenue	Busn. Code				
11a MISCELLANEOUS INCOME		31	31		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		31			
12 Total revenue. See instructions		638,196	396,690	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7h, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Contributions to domestic organizations (including government). See Part IV, line 21	2,000	2,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	63,899		15,372	48,527
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	162,061	126,559	12,727	22,775
8 Pension plan deposits and contributions (include section 401(k) and 408(b) employer contributions)				
9 Other employee benefits	15,101	9,822	1,135	4,144
10 Payroll taxes	17,266	9,595	2,211	5,460
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,061	2,061		
g Other (attach 110 schedule except 120 of line 25, column (A) amount for the 110 expenses on Schedule O.)	37,740	37,740		
12 Advertising and promotion	5,081	5,081		
13 Office expenses	6,217	5,442	660	115
14 Information technology	4,870	3,930	800	140
15 Royalties				
16 Occupancy	66,726	66,726		
17 Travel	126	126		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,146	1,146		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,758	46,758		
23 Insurance	27,308	27,308		
24 Other expenses (itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENTS	51,221	51,221		
b HORN GRANT EXP	24,054	24,054		
c CLEANING	19,259	19,259		
d REPAIRS & MAINTENANCE	14,500	14,500		
e All other expenses	41,197	38,849	1,092	1,256
25 Total functional expenses. Attach lines 1 through 24e	608,591	492,177	33,997	82,417
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 93-2 (AUC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	265,813	1	308,979
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,900	4	3,473
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	120	8	120
	9	Prepaid expenses and deferred charges	9,647	9	14,075
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	4,534,402		
	b	Less: accumulated depreciation	351,407		
	10c		4,179,412	10c	4,182,995
	11	Investments—publicly traded securities	1,189,813	11	1,168,771
	12	Investments—other securities. See Part IV, line 11.	21,115	12	22,028
	13	Investments—program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11.		15		
16	Total assets. Add lines 1 through 15 (must equal line 34).	5,668,820	16	5,700,441	
Liabilities	17	Accounts payable and accrued expenses	13,945	17	8,725
	18	Grants payable		18	
	19	Deferred revenue	106,803	19	70,187
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties.		23	
	24	Unsecured notes and loans payable to unrelated third parties.		24	
25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	23,574	25	70,295	
26	Total liabilities. Add lines 17 through 25.	144,322	26	149,207	
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	320,587	27	347,708
	28	Temporarily restricted net assets	1,200,350	28	1,194,776
	29	Permanently restricted net assets	4,003,561	29	4,008,750
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,524,498	33	5,551,234	
34	Total liabilities and net assets/fund balances	5,668,820	34	5,700,441	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	638,196
2	Total expenses (must equal Part IX, column (A), line 25)	2	608,591
3	Revenue less expenses. Subtract line 2 from line 1	3	29,605
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,524,498
5	Net unrealized gains (losses) on investments	5	-2,869
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,551,234

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HISTORIC HOMES FOUNDATION, INC.

Employer identification number

61-0549274

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s):

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1. Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3. The value of services or facilities furnished by a governmental unit to the organization without charge						
4. Total. Add lines 1 through 3						
5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6. Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7. Amounts from line 4						
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9. Net income from unrelated business activities, whether or not the business is regularly carried on						
10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11. Total support. Add lines 7 through 10						
12. Gross receipts from related activities, etc. (see instructions)					12	
13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14. Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15. Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a. 33 1/3% support test—2018. 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—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a. 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b. 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any taxable grants.)	231,014	532,558	130,961	146,470	182,519	1,223,522
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	519,341	604,724	569,693	466,721	523,288	2,683,767
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	750,355	1,137,282	700,654	613,191	705,807	3,907,289
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	25,000	17,500	1,000	23,077	6,940	73,517
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	80,796	404,791	24,705	41,516	81,173	632,981
c Add lines 7a and 7b	105,796	422,291	25,705	64,593	88,113	706,498
8 Public support. (Subtract line 7c from line 6.)						3,200,791

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	750,355	1,137,282	700,654	613,191	705,807	3,907,289
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,432	28,948	29,742	84,318	35,624	188,064
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,432	28,948	29,742	84,318	35,624	188,064
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	326		59	12,311	31	12,721
13 Total support. (Add lines 9, 10c, 11, and 12.)	760,107	1,166,230	730,455	709,820	741,462	4,108,074
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 2018 (line 8, column (f), divided by line 13, column (f))	15	77.91%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	80.08%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	5%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	4%

- 19a **33 1/3% support tests—2018.** 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 X
- b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4953(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4953) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding director powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding majority of directors.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b regarding activities and parent status.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018:			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME \$ 12,721

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

HISTORIC HOMES FOUNDATION, INC.

Employer identification number

61-0549274

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ S

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

Name of organization HISTORIC HOMES FOUNDATION, INC.	Employer identification number 61-0549274
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOY FAMILY FOUNDATION PO BOX 640 GOSHEN KY 40026	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MILDRED V. HORN FOUNDATION 2028 S HIGHWAY 53 STE 3 LAGRANGE KY 40031	\$ 48,863	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROSTREVOR FOUNDATION 1141 ROSTREVOR CIR LOUISVILLE KY 40205	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KENTUCKY SELECTS PROPERTIES 1757 FRANKFORT AVE LOUISVILLE KY 40206	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHRISTINA BROWN 333 EAST MAIN STREET STE 400 LOUISVILLE KY 40202	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HIGHLAND CLEANERS 4255 BARDSTOWN RD LOUISVILLE KY 40205	\$ 26,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC HOMES FOUNDATION, INC.	Employer identification number 61-0549274
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LESLIE PANCRATZ/MICHAEL HAYMAN 2548 SENECA DRIVE LOUISVILLE KY 40205	\$ 5,284	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	SPEED STODGHILL	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	SNOWY OWL FOUNDATION 471 WEST MAIN STREET STE 500 LOUISVILLE KY 40202	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Proposal

BEE'S PLUMBING

4203 Starlite Lane
Louisville, KY 40291

Phone (502) 742-7805

PROPOSAL SUBMITTED TO <i>Whitehall</i>		PHONE	DATE <i>8-31-2020</i>
STREET <i>3110 Lexington Road</i>		JOB NAME	
CITY, STATE AND ZIP CODE <i>Louisville, Ky 40206</i>		JOB LOCATION	
ARCHITECT	DATE OF PLANS	JOB PHONE <i>897-2444</i>	

We Propose hereby to furnish material and labor — complete in accordance with specifications below, for the sum of:

Thirteen Thousand ^{*00*}/_{*100*} dollars (\$ *13,000*)

Payment to be made as follows:

Half down on start of job and other half due upon completion of job

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications below involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's compensation insurance.

Authorized Signature

[Signature]

Note: This proposal may be withdrawn by us if not accepted within _____ days.

We hereby submit specifications and estimates for:

Bee's plumbing will be taking old gas under ground house line out for carriage house and for main building. Bee's plumbing will install new gas under ground house lines to carriage house and main building. We will install new up to date gas flex riser's for carriage house and main building. Bee's plumbing will also redo gas manifold on gas meter that will include new connections for carriage house and main building and middle building. #Note that this price is just for the outside work only and no inside work is included in this price. Bee's plumbing will put tracer wire and caution tape in ditch. Ditch will be a rough backfill only and ditch will half to settle over time.

Case 96-09448

ARTICLES OF INCORPORATION

KNOW ALL MEN BY THESE PRESENTS:

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

I

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

II

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

III

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

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

IV

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

V

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

VI

The name and address of each incorporator is as follows:

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

VII

The affairs of the corporation shall be conducted by

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

Bye 76 - Pg 450

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

VIII

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

IX

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

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

Oliver Bruce Waldman
Barbara Anderson
James A. Cantor
James D. ...

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

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

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

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

and acknowledged by them to be their act and deed. *Bk 96 - Pg 4*
Witness my hand and seal this the 9th day of January 1957.

My commission expires June 8, 1959



ORIGINAL COPY
FILED AND RECORDED

JAN 10 1957

Thomas L. Stovall
SECRETARY OF STATE OF KENTUCKY

Sara J. Lamb
Notary Public
Jefferson County, Kentucky

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Historic Homes Foundation INC.	
	2 Business name/disregarded entity name, if different from above Whitehall House + Gardens	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Non-profit corporation	
	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.) See instructions. 3110 Lexington Rd.	
	6 City, state, and ZIP code Louisville KY 40206	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td colspan="2"></td> </tr> </table>					-	-				
-	-									
or										
Employer identification number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;">6</td> <td style="width: 25%; height: 20px;">1</td> <td style="width: 25%; height: 20px;">-</td> <td style="width: 25%; height: 20px;">0</td> <td style="width: 25%; height: 20px;">5</td> <td style="width: 25%; height: 20px;">4</td> <td style="width: 25%; height: 20px;">9</td> <td style="width: 25%; height: 20px;">2</td> <td style="width: 25%; height: 20px;">7</td> <td style="width: 25%; height: 20px;">4</td> </tr> </table>	6	1	-	0	5	4	9	2	7	4
6	1	-	0	5	4	9	2	7	4	

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ Krisden Jutes	Date ▶ 9-11-20
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General Instructions

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

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

Purpose of Form

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

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

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

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

Internal Revenue Service

Date: June 7, 2007

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

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

Person to Contact:

David Harry ID# 31-08704
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
61-0549274

Dear Sir or Madam:

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

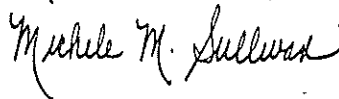
In March 1959 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely,



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

HISTORIC HOMES FOUNDATION, INC.

General Information

Organization Number 0023330
Name HISTORIC HOMES FOUNDATION, INC.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
Organization Date 1/10/1957
Last Annual Report 2/11/2020
Principal Office 3110 LEXINGTON RD.
 LOUISVILLE, KY 40206
Registered Agent BEN JOHNSON TALBOTT, JR.
 501 S. 2ND. ST.
 LOUISVILLE, KY 40202

Current Officers

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

Individuals / Entities listed at time of formation

Director -
Director -
Director -
Incorporator [ANNE BRUCE HALDEMAN](#)
Incorporator [BARBARA ANDERSON](#)
Incorporator [JAS C COURTENAY](#)
Incorporator [VIRGINIA P SPEED](#)
Incorporator [ELIZABETH E SEILER](#)

Images available online

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

Annual Report	2/11/2020	1 page	PDF
Annual Report	5/8/2019	1 page	PDF
Annual Report	4/24/2018	1 page	PDF
Annual Report	4/18/2017	1 page	PDF
Annual Report	6/15/2016	1 page	PDF
Annual Report Amendment	12/10/2015	1 page	PDF
Annual Report	6/25/2015	1 page	PDF
Annual Report	6/27/2014	1 page	PDF
Annual Report	2/17/2013	1 page	PDF

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

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/11/2020 6:47:02 PM	2/11/2020 6:47:02 PM	
Annual report	5/8/2019 9:13:41 AM	5/8/2019 9:13:41 AM	
Annual report	4/24/2018 12:27:28 PM	4/24/2018 12:27:28 PM	
Annual report	4/18/2017 5:34:16 PM	4/18/2017 5:34:16 PM	
Annual report	6/15/2016 1:51:41 PM	6/15/2016 1:51:41 PM	
Amendment to annual report	12/10/2015 9:44:47 AM	12/10/2015 9:44:47 AM	
Annual report	6/25/2015 10:11:30 AM	6/25/2015 10:11:30 AM	
Annual report	6/27/2014 9:50:38 AM	6/27/2014 9:50:38 AM	
Annual report	2/17/2013 1:41:10 PM	2/17/2013 1:41:10 PM	
Annual report	3/15/2012 1:41:21 PM	3/15/2012	
Annual report	6/8/2011 3:14:26 PM	6/8/2011	
Annual report	5/19/2010 2:21:35 PM	5/19/2010 2:21:35 PM	
Annual report	5/15/2009 3:36:27 PM	5/15/2009 3:36:27 PM	
Annual report	7/2/2008 3:06:31 PM	7/2/2008 3:06:31 PM	
Annual report	4/17/2007	4/17/2007	

Annual report 11:22:18 AM 7/10/2006 7/10/2006
10:20:20 AM

Microfilmed Images

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

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