Print Form

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

Applicant/Program: Historic Homes Foundation dba Whitehall House & Gardens
Applicant Requested Amount: $2,500.00
Appropriation Request Amount: $2,500.00

Executive Summary of Request

Request for capital improvement project on Whitehall House & Gardens pediment. Work includes scraping, repairing and painting the pediment. Half the costs will be provided by Whitehall.

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	$2,500	August 1, 2017
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 Repair of pediment at Whitehall

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

Prepared by: [signature] Date: 08/01/17

Whitehall

Louisville's Estate Garden

July 11, 2017

Councilman Bill Hollander
Louisville Metro Council
601 West Jefferson Street
Louisville, KY 40202

Dear Councilman Hollander,

I am writing to request funding for a capital project at Whitehall House and Gardens. As I'm sure you know, the structures and grounds of Whitehall require constant repair and maintenance which can be quite costly. As we derive most of our income from wedding and other event rentals, the appearance of the Whitehall mansion contributes directly to our ability to earn revenue.

We recently asked painter Paul Mewmaw, who has done extensive work for us, to inspect the pediment on the mansion's facade in preparation for painting. He discovered that aside from the peeling paint, there is a great deal of wood rot that will need to be removed and replaced. We had planned to schedule the painting project for next year, but the Board of Regents now believes it should be done as soon as possible to prevent it from deteriorating any further.

It is very difficult to schedule repairs on highly visible areas of Whitehall during our rental season. However, we have an unexpected break of several weeks on our calendar and were hoping to get this work completed by August 1. We have contacted Mr. Mewmaw and he is willing to move us up on his schedule if we have the funding available. His estimated price for scraping, repairing and painting the pediment is $5,000. Mr. Mewmaw has worked extensively at Whitehall and we believe he provides the best quality work available for our historic structure.

We hope your office will consider funding this project, which is very important to Whitehall. We feel that we add a great deal to the community by preserving one of the oldest existing homes in the Lexington Road corridor, and by making our gardens available to the public. Thank you for your consideration, and we look forward to hearing from you.

Sincerely,

Kristen Lutes
Executive Director

3110 Lexington Road • Louisville, Kentucky 40206 • (502) 897-2944

Print Form

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: Whitehall Pediment Painting and Repair

Total Request: ($)	2,500	**Total Metro Award (this program) in previous year: ($)**	0

Purpose of Request (check all that apply):

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

The Following are Required Attachments:

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

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

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

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

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

Applicant's Initials KL

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

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

Applicant's Initials KL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
LIST ATTACHED	

Describe the Board term limit policy:

Board members are elected to three-year terms and may 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, Executive Director	37,000
Carol Grisanti, Associate Director	35,000
Annie Wendt, Head Gardener	27,000

Applicant's Initials K

Whitehall House & Gardens – Board of Regents FY 2017

Whitehall Executive Committee

Regent
Laura Weir [redacted] 2nd Term as Regent ends August 2018
[redacted]

Treasurer
Ann Showalter [redacted] 1st Term as Treasurer ends August 2017
[redacted]

Secretary
Amelia Logan [redacted] 1st Term as Secretary ends August 2017
[redacted]

Landscape Director
Michael Hayman [redacted]
[redacted]

Whitehall Board of Regents

Dr. Barbara Baker [redacted] Current term ends August 2017
[redacted]

Lydia Bailey Brown [redacted] Current terms ends August 2017
[redacted]

Kit Carter-Weilage [redacted] Current term ends August 2018
[redacted]

Michael A. Jones [redacted] Current term ends August 2017
[redacted]

Michael Judd [redacted] Current term ends August 2019
[redacted]

Catherine L. Keeley [redacted] **Non-voting Member**
[redacted]

Carole McMurry [redacted]	[redacted]	Current term ends August 2017
Dr. Gorden T. McMurry [redacted]		Current term ends August 2017
Gray Middleton [redacted]		Current term ends August 2017
Patti Rollins [redacted]		Current term ends August 2017
Jason Walters [redacted]		Current term ends August 2017
Kristie Wetterer [redacted]		Current terms ends August 2019

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

This project will support the painting and repair of the Whitehall pediment.

The condition and appearance of Whitehall mansion are very important to the site's existence. Nearly 50% of our annual revenue comes from the rental of the house and grounds. It is a constant struggle to keep the mansion's exterior in good repair on our modest budget. This project will allow us to improve the appearance of the facade, the most important aspect of the mansion.

Paul Mewmaw Painting & Remodeling, Inc. will scrape, repair or replace the rotten wood, and paint the pediment on the facade of Whitehall mansion. Mr. Mewmaw has done extensive work for Whitehall and is very familiar with historic structures. We have the utmost confidence in his ability to do a quality repair that will last for many years. The work is scheduled to be started around October 30 and conclude around November 10.

The preservation of Whitehall house is the highest priority of the staff and the Board of Regents. This site is unique in this part of Jefferson County, as most former farm/estate properties have long since been turned into subdivisions. We are proud to share this stately home (as well as nationally renowned gardens) with the public, and consider it our responsibility to keep it in the best possible condition.

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

The pediment of the mansion would be scraped, repaired and painted. We will compensate Paul Mewmaw Painting & Remodeling, Inc. to set up the scaffolding and complete the work in two weeks.

Applicant's Initials KL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

n/a

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

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

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

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

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

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

Applicant's Initials KL

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

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

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

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

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

Applicant's Initials KC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	$2,500	$2,500	$5,000
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	50 %	50 %	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) Operating revenue from facility rental	$2,500
Total Revenue for Columns 2 Expenses **	

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

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

Applicant's Initials KC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Applicant's Initials KL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

Agency Fiscal Year Start Date: September 1

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

If YES, please explain:

Applicant's Initials VL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	Kristen Lutes	**Date:**	7-25-17
Legal Signatory: (please print):	Kristen Lutes	**Title:**	Executive Director

Phone:	502-897-2944	**Extension:**		**Email:**	whitehall@historichomes.org

Applicant's Initials KL

Internal Revenue Service

Date: June 7, 2007

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

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

Person to Contact:
David Harry ID# 31-08704
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Fe[redacted]ation Number:
[redacted]

Dear Sir or Madam:

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

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

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

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

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

Sincerely,

Michele M. Sullivan

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

Whitehall Operating Budget FY 17			Budget
REVENUES			FY 2017
3000	Membership	$	-
3010	Board Obligations	$	2,600.00
3100	Gifts	$	3,500.00
3120	Appeal Letter	$	3,700.00
3200	Grants	$	2,228.00
3206	Grant/Horn Foundation	$	-
3300	Admission Fees	$	2,300.00
3310	Rentals	$	152,000.00
3315	Tenant Income	$	14,400.00
3320	Facility Fee	$	18,000.00
3402	Tea Party	$	11,255.00
3412	Wedding Show	$	21,250.00
3413	John Michael Carter	$	4,500.00
3424	Valentine's Dinner	$	6,880.00
3428	Wreath Sales	$	-
3429	Summer Celebration	$	81,000.00
3460	Garden Sales	$	10,000.00
3461	WH Fern Festival	$	-
3462	Peony Festival	$	4,175.00
	Total Income		$337,788.00
EXPENSES			
5010	Employee Compensation	$	126,663.00
5020	Payroll Taxes	$	9,690.00
5030	Insurance Benefits	$	15,658.00
5040	Automated Payroll Fee	$	486.00
5041	Sect 125 Admin Fee	$	114.00
5046	Contract Labor	$	100.00
6000	Office Supplies	$	3,700.00
6005	Bank and credit card charges	$	5,500.00
6010	Postage	$	600.00
6015	Computer and IT Support	$	150.00
6030	Printing and Stationery	$	1,000.00
6040	Telephone	$	1,740.00
6042	Internet	$	1,800.00
6050	Utilities - Gas and Electric	$	7,800.00
6055	Water & Sewer	$	6,500.00
6070	Equipment Purchased	$	1,500.00
6100	Maintenance & Repairs - Equipment	$	1,500.00
6105	Maintenance & Repairs - Museum	$	10,000.00
6110	Maintenance & Repairs - Collection	$	2,500.00
6115	Cleaning	$	12,300.00
6120	Grounds Maintenance	$	14,000.00
6125	Garden Sales Expense	$	4,400.00
6130	Garden Maintenance	$	250.00
6135	Flowers/Gifts	$	350.00
6150	Carriage House Expense	$	600.00
6190	Security	$	18,000.00
6200	Insurance	$	15,015.00
6206	Horn Foundation Grant Expense	$	-
6210	Dues and Subscriptions	$	1,000.00
6220	Advertising and Marketing	$	5,000.00
6230	Travel and Related Expense	$	250.00
6299	Grant Expense	$	2,228.00
6402	Tea Party	$	745.00
6412	Wedding Show	$	9,121.00
6413	JMC Workshop	$	2,295.00
6424	Valentine's Dinner	$	3,699.00
6428	Wreath Sales	$	-
6429	Summer Celebration	$	35,983.00
6450	Annual Appeal - WH	$	420.00
6461	WH Fern Festival	$	-
6462	Peony Festival	$	1,175.00
6620	Hospitality	$	2,500.00
6700	Professional Services	$	545.00
6710	Bookkeeping Services	$	9,360.00
	Total Expenses		$336,237.00
	Net Operating Income		$1,551.00

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Ten Months Ending June 30, 2017

July 17, 2017

		Current Month	FYTD	FY Budget	Prior FY	Prior FYTD
Revenues						
3010-015	Board Obligations	$ 0	$ 2,200	$ 2,600	$ 0	$ 2,200
3100-015	Gifts	70	2,093	3,500	277	2,097
3120-015	Appeal Letter	650	4,455	3,700	0	3,450
3200-015	Grants	0	2,228	2,228	0	31,600
3206-015	Grant/Horn Foundation	0	0	0	0	25,866
3300-015	Admission Fees	1,102	2,434	2,300	538	1,494
3310-015	Rentals	17,204	140,167	152,000	21,895	150,027
3315-015	WH -- Tenant income	1,200	12,000	14,400	1,200	6,600
3320-015	Facility Fee	1,281	14,645	18,000	1,847	13,246
3402-015	WH-Tea Party	0	14,753	11,255	0	12,747
3403-015	WH -- Yoga	0	87	87	0	0
3404-015	WH -- Autumn at Whitehall	0	1,753	1,753	0	0
3412-015	WH Bridal Show	0	21,570	21,250	0	22,346
3413-015	WH- John Michael Carter	250	1,950	4,500	3,000	4,150
3424-015	Valentine's dinner	0	4,364	6,880	0	7,198
3429-015	WH -- Summer Celebration	64,392	150,356	81,000	9,405	113,896
3460-015	WH -- Garden Sales	0	6,232	10,000	700	9,569
3462-015	WH - Peony Festival	0	4,324	4,175	0	6,082
	Total Revenues	86,149	385,611	339,628	38,862	412,568
Expenses						
5010-015	Employee Compensation	8,270	109,805	126,663	17,455	114,340
5020-015	Payroll Taxes	621	8,284	9,690	1,311	8,493
5021-015	WH- Employee Unemploy Benef	0	3,082	0	0	0
5030-015	Insurance Benefits	672	10,542	15,658	1,434	13,468
5040-015	Automated Payroll Fee	113	1,027	486	138	968
5041-015	Sect 125 Admin Fee	0	113	114	0	113
5046-015	Contract Labor - WH	100	100	100	0	0
6000-015	Office Supplies	684	3,908	3,700	873	5,063
6005-015	Bank and credit card charges	738	4,928	5,500	1,167	4,489
6010-015	Postage	99	199	600	45	868
6015-015	Computer and IT support	0	320	150	0	1,043
6030-015	Printing and Stationery	0	370	1,000	212	789
6040-015	Telephone	407	1,899	1,740	135	1,619
6042-015	Internet	203	653	1,800	50	479
6050-015	Utilities Gas and Electric	551	7,279	7,800	459	6,069
6055-015	Water & Sewer	0	4,746	6,500	965	5,158
6070-015	Equipment Purchased	70	364	1,500	0	0
6100-015	Maintenance and Repairs	84	988	1,500	636	1,282
6105-015	Maintenance and Repairs-Museu	395	4,308	10,000	1,901	13,622
6110-015	Maintenance and Repairs-Collec	0	921	2,500	74	2,224
6115-015	Cleaning	300	10,190	12,300	1,815	10,124
6120-015	Grounds Maintenance	3,952	16,271	14,000	219	10,939
6125-015	Garden Sales Expense	0	378	4,400	0	4,422
6130-015	Garden Maintenance	245	792	250	0	255
6135-015	Flowers/Gifts	100	592	350	92	525
6150-015	Carriage House Expense	57	2,420	4,400	0	133
6190-015	Security	2,544	14,070	18,000	3,013	15,930
6200-015	Insurance	1,241	12,677	15,015	169	13,993
6205-015	Grant expense	0	2,228	0	0	0
6206-015	Horn Found Grant Expenses	0	0	0	0	26,743
6210-015	Dues and Subscriptions	0	497	906	425	860
6220-015	Advertising and Marketing	0	3,853	5,000	2	7,521
6230-015	Travel and Related Expense	0	73	250	0	135
6299-015	Grant Expense	0	0	2,228	0	0
6402-015	WH - Tea Party	0	1,353	745	0	652

Historic Homes Foundation
Whitehall Operating Fund Income Statement
For the Ten Months Ending June 30, 2017

July 17, 2017

		Current Month	FYTD	FY Budget	Prior FY	Prior FYTD
6412-015	WH - Bridal Show	0	6,847	9,121	0	9,227
6413-015	WH - John Michael Carter wksh	1,334	1,334	2,295	2,351	2,413
6424-015	Valentine's dinner	0	3,303	3,699	0	3,831
6429-015	WH -- Summer Celebration	44,206	62,068	35,983	65	44,963
6450-015	Annual Appeal - Whitehall	0	500	420	0	420
6462-015	WH - Peony Festival	0	1,651	1,075	0	1,282
6620-015	Hospitality	492	1,150	2,500	509	2,242
6700-015	Professional Services	0	1,276	545	50	568
6710-015	Bookkeeping Services	720	7,380	9,360	720	7,560
	Total Expenses	68,198	314,739	339,843	36,285	344,825
	Net Operating Income	17,951	70,872	(215)	2,577	67,743
Other Income/Expense						
3801-015	WH -- interest checking	(8)	(73)	0	(9)	(51)
3802-015	Interest - Charitable Gaming	0	0	0	0	(1)
6990-015	Miscellaneous	25	115	0	250	280
8960-015	WH -- transfer to endowment	0	5,000	0	0	0
	Total Other Income/Expense	17	5,042	0	241	228
	Net Income	$ 17,934	$ 65,830	$ (215)	$ 2,336	$ 67,515

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09/01/15 , and ending 08/31/16

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: HISTORIC HOMES FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 3110 LEXINGTON ROAD — Room/suite

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

D Employer identification number: [redacted]

E Telephone number: 502-899-5079

G Gross receipts $ 1,166,230

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

COPY

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HISTORICHOMES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	231,014	532,558
	9 Program service revenue (Part VIII, line 2g)	300,921	393,979
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,136	28,948
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,638	103,171
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	660,709	1,058,656
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	203,715	223,939
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,738		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	404,455	396,135
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	608,170	620,074
	19 Revenue less expenses. Subtract line 18 from line 12	52,539	438,582

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,952,079	5,399,022
	21 Total liabilities (Part X, line 26)	107,198	95,699
	22 Net assets or fund balances. Subtract line 21 from line 20	4,844,881	5,303,323

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DEAN WILKINSON PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD N. ROBINSON, CPA	RICHARD N. ROBINSON, CPA	05/10/17		[redacted]

Firm's name ▶ RODEFER MOSS & CO, PLLC — Firm's EIN ▶

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

A1160 05/10/2017 10:03 AM

m 4562

artment of the Treasury
nal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. 179

ne(s) shown on return: HISTORIC HOMES FOUNDATION, INC. [redacted]

iness or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

Maximum amount (see instructions)		1	500,000
Total cost of section 179 property placed in service (see instructions)		2	
Threshold cost of section 179 property before reduction in limitation (see instructions)		3	2,000,000
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4	
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5	

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

Listed property. Enter the amount from line 29	7		
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
Tentative deduction. Enter the smaller of line 5 or line 8		9	
Carryover of disallowed deduction from line 13 of your 2014 Form 4562		10	
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	
Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13		

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

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

4	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
5	Property subject to section 168(f)(1) election	15	
6	Other depreciation (including ACRS)	16	38,059

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

Section A

7	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
8	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
9a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	38,059
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

THERE ARE NO AMOUNTS FOR PAGE 2

DAA

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

	(a) Event #1 SUMMER CELEBRAT (event type)	(b) Event #2 DERBY BREAKFAST (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	119,671	75,218		194,889
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	119,671	75,218		194,889
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	44,963	54,629		99,592
10 Direct expense summary. Add lines 4 through 9 in column (d)				99,592
11 Net income summary. Subtract line 10 from line 3, column (d)				95,297

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

Part XIII Supplemental Information (continued)

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	13,284
(3) OTHER LIABILITIES	8,060
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,344

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: HISTORIC HOMES FOUNDATION, INC.

Employer identification number: [redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
HISTORIC HOMES FOUNDATION, INC.

Employer identification number
[redacted]

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BROWN FORMAN 850 DIXIE HWY LOUISVILLE KY 40210	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	GUY MONTGOMERY [redacted]	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	THE MS. MELVILLE OTTER BRINEY TRUST 6009 BROWNSBORO PARK BLVD SUITE H LOUISVILLE KY 40207	$ 416,453	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

·chedule B
·orm 990, 990-EZ,
r 990-PF)
epartment of the Treasury
ternal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

ame of the organization

HISTORIC HOMES FOUNDATION, INC.

Employer identification number

[redacted]

'rganization type (check one):

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

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

eneral Rule

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

pecial Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^1/_3$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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 ▶ $

aution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 90-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 orm 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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. **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 IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

ection A. All Supporting Organizations

		Line	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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

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

ection A. Public Support

alendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	272,522	108,910	130,168	231,014	532,558	1,275,172
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	456,737	543,142	532,660	519,341	604,724	2,656,604
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	729,259	652,052	662,828	750,355	1,137,282	3,931,776
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				25,000	17,500	42,500
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	195,666			17,023	404,791	617,480
c Add lines 7a and 7b	195,666			42,023	422,291	659,980
8 **Public support.** (Subtract line 7c from line 6.)						3,271,796

ection B. Total Support

alendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	729,259	652,052	662,828	750,355	1,137,282	3,931,776
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,571	8,447	8,720	9,432	28,948	62,118
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,571	8,447	8,720	9,432	28,948	62,118
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.)	7,507	-536	-4,446	320		2,845
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	743,337	659,963	667,102	760,107	1,166,230	3,996,739

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** ▶ ☐

ection C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	81.86 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	90.32 %

ection D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	2 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	1 %

19a **33 1/3% support tests—2015.** 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—2014.** 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 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part 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	1,058,656
2	Total expenses (must equal Part IX, column (A), line 25)	2	620,074
3	Revenue less expenses. Subtract line 2 from line 1	3	438,582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,844,881
5	Net unrealized gains (losses) on investments	5	19,860
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	5,303,323

Part XII Financial Statements and Reporting

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

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

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Part IX Statement of Functional Expenses

ction 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 ☐

not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	189,055	150,912	16,907	21,236
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	20,789	17,046	1,664	2,079
0 Payroll taxes	14,095	11,177	1,293	1,625
1 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	36,104	36,104		
12 Advertising and promotion	11,918	11,918		
13 Office expenses	9,358	9,296	53	9
14 Information technology	3,402	3,093	263	46
15 Royalties				
16 Occupancy	57,744	57,744		
17 Travel	378	378		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	361	361		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,916	37,916		
23 Insurance	36,153	36,153		
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	67,093	67,093		
b REPAIRS & MAINTENANCE	33,520	33,520		
c GRANT MONEY USED	26,743	26,743		
d SECURITY	23,996	23,996		
e All other expenses	51,449	46,180	526	4,743
25 Total functional expenses. Add lines 1 through 24e	620,074	569,630	20,706	29,738
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
12) DAVID NICHOLS RUSTEE	0.80 0.00	X						0	0	0
13) ELIZABETH LIKINS RUSTEE	0.80 0.00	X						0	0	0
1b Sub-total ▶								79,647		4,371
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								79,647		4,371

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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	3		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	4		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	5		X

ection 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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
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)		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part IV Checklist of Required Schedules

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

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ARTICLES OF INCORPORATION

KNOW ALL MEN BY THESE PRESENTS:

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

I

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

II

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

III

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

IV

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

V

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

VI

The name and address of each incorporator is as follows:

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

VII

The affairs of the corporation shall be conducted by a Board of Trustees consisting of not less than three (3) nor more than thirty (30) persons. A majority of those qualified and acting shall constitute a quorum. All vacancies on the Board of Trustees caused by death, resignation, or otherwise, shall be filled by the Board. A member of the Board may be removed by the affirmative vote of two-thirds of the then qualified and acting members of the Board, with [illegible]

Incorporators of this corporation shall be and constitute the first Board of Trustees, with full power to elect other persons to the Board up to the maximum number.

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

VIII

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

IX

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

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

[illegible]

Barbara Anderson

[illegible]

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

Notary Public
Jefferson County, Kentucky

ORIGINAL COPY
FILED AND RECORDED

JAN 10 1957

Thelma L. Stovall
SECRETARY OF STATE OF KENTUCKY

CONTRACT

PAUL MEWMAW Painting & REMODELING INC

2505 Allentown Road • Sellersburg, IN 47172
812 · 246-0830
502-345-4701

DATE 7-21-2017

NAME White hall ADDRESS 3110 Lexington Rd

897-2944 / [illegible] c-502-718-9132 / Louisville KY 40206

I, Paul Mewmaw, propose to paint/remodel your property at the above address as follows:

Exterior front gabel above front porch and two side returns.

- Power wash · scrape · sand · caulk
One prime coat - bonding primer
One finish coat.

- Any repairs will be extra - Only one small one in outside corner know of.

I propose to furnish all necessary material and equipment and to perform the work in first class workmanlike manner for the sum of $ 5,000.- (plus repairs if any), which is to be paid in full on completion of job.

Respectfully Submitted:

Paul Mewmaw

Accepted by: Date

Upon acceptance, sign and return white copy.

Form **W-9**
(Rev. December 2014)
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.

Print or type
See Specific Instructions on page 2.

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

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

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ▶ Non-profit organization

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

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

Requester's name and address (optional)

6 City, state, and ZIP code
Louisville, KY 40206

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

[redacted]

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person** ▶ Kristen Lutes **Date** ▶ 7-21-17

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

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

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

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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

Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name: Whitehall House & Gardens________________

Participant Name: Kristen Lutes____________________________

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having participated in Neighborhood Development Fund training. In addition, I understand the requirements of the Neighborhood Development Fund grant process.

Please check:

[x] I viewed the NDF training material on the website

Kristen Lutes______________________ 7-20-17________________
Participant Signature Date

NOTE: Please return to Roxanne Steele
E-mail address: Roxanne.Steele@louisvilleky.gov or Fax: 502-574-3219
Mailing Address: Louisville Metro Government ATTN: NDF Coordinator 611 West Jefferson St.
Louisville, Kentucky 40202

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	4/18/2017
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	Laura Weir
Director	Christie Leigh Wells
Director	Elizabeth Likins
Director	Cecilia White
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	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	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 11:22:18 AM	4/17/2007
Annual report	7/10/2006 10:20:20 AM	7/10/2006

Microfilmed Images

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

Annual Report	9/27/2004	1 page
Annual Report	8/15/2003	1 page
Annual Report	7/1/2002	1 page
Annual Report	9/11/2001	1 page
Annual Report	8/1/2000	1 page
Annual Report	6/22/1999	1 page
Annual Report	8/25/1998	1 page
Annual Report	7/1/1997	1 page
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Annual Report	7/1/1995	4 pages
Annual Report	7/1/1994	3 pages
Annual Report	7/1/1993	3 pages
Annual Report	7/1/1992	2 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	3 pages
Annual Report	7/1/1988	1 page
Statement of Change	6/11/1987	1 page
Statement of Change	1/4/1978	2 pages
Annual Report	5/22/1957	23 pages
Articles of Incorporation	1/10/1957	5 pages