

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

Applicant/Program: The Kentucky Center for African American Heritage

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

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.

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

<u>4</u>		<u>\$400</u>	<u>6/1/2015</u>
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.

n/a

Approved by:

_____	_____
Appropriations Committee Chairman	Date

Clerk's Office Only:

Request Amount: _____	Committee Amended Appropriation: _____
Original Appropriation: _____	Council Amended Appropriation: _____

**OFFICE OF METRO COUNCIL CLERK
REVIEWED**

DATE 6/12/15 TIME 2:56

Applicant/Program: The Kentucky Center for African American Heritage

Additional Disclosure and Signatures

Additional Council Office Disclosure

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




<u>3</u> District #	<u>Marye Dordun</u> Council Member Signature	<u>\$460.00</u> Amount	<u>3/12/15</u> Date
<u>5</u> District #	<u>Cheri B. Hamilton</u> Council Member Signature	<u>\$460.00</u> Amount	<u>3/12/15</u> Date
<u>21</u> District #	<u>Douglas</u> Council Member Signature	<u>460</u> Amount	<u>3/12/15</u> Date
<u>8</u> District #	<u>Shmash</u> Council Member Signature	<u>\$460</u> Amount	<u>3/12/15</u> Date
<u>7</u> District #	<u>AC200</u> Council Member Signature	<u>\$460</u> Amount	<u>3/12/15</u> Date
<u>12</u> District #	<u>Kiel Belmel</u> Council Member Signature	<u>460</u> Amount	<u>3/12/15</u> Date
<u>2</u> District #	<u>Barbara Sharlin</u> Council Member Signature	<u>\$460</u> Amount	<u>3/12/15</u> Date

Applicant/Program: The Kentucky Center for African American Heritage

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

<u>25</u> District #	 Council Member Signature	<u>\$460.00</u> Amount	<u>3/12/2015</u> Date
<u>10</u> District #	 Council Member Signature	 Amount	 Date
<u>1</u> District #	 Council Member Signature	<u>\$460.00</u> Amount	<u>6/10/15</u> Date
<u>6</u> District #	 Council Member Signature	<u>\$460.00</u> Amount	<u>6/10/15</u> Date
 District #	 Council Member Signature	 Amount	 Date
 District #	 Council Member Signature	 Amount	 Date
 District #	 Council Member Signature	 Amount	 Date



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Kentucky Center for African American Heritage	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1701 Muhammad Ali Blvd., Louisville, KY 40203			
Website: http://www.kcaah.org			
Applicant Contact:	Christie McCravy	Title:	Board Chair
Phone:	502-566-3360	Email:	cmccravy@lul.org
Financial Contact:	Rita Phillips	Title:	Operations Manager
Phone:	502-583-4100	Email:	rita@kcaah.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1701 Muhammad Ali Blvd., Louisville, KY		
Council District(s):	4	Zip Code(s):	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Planning Study to Develop Funding for Capital Development, Programs, and Operations.			
Total Request: (\$)	12,000.00	Total Metro Award (this program) in previous year: (\$)	\$0.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Lou Metro	Amount: (\$)	125,000.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials 



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 -- PROGRAM/PROJECT NARRATIVE

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

The Kentucky Center for African American Heritage (KCAAH) is requesting \$12,000.00 to help underwrite the costs to retain the services of Griffin Fund Raising & Marketing (GF&M) starting in mid-February 2015, to develop the second phase of a planning study to assess the readiness and the ability of KCAAH to develop funding for capital development, programs, and operations.

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

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

GF&M proposes to initiate consultative services in mid-February 2015 to complete a planning study for KCAAH including:

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

Handwritten initials in blue ink, appearing to be "CML", written over a horizontal line.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

Funds will be used exclusively to retain GF&M

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

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

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

N/A

cm



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

With KCAAH's role of keeping alive and engendering appreciation for the traditions and culture of African American people, the partnership provides opportunities for residents of West Louisville neighborhoods to participate in the presentations and performances by today's African American artists, in literature, music and the visual arts, including popular culture. Through continually evolving exhibits and programs, the neighborhood, city and state will be offered a new community gathering space.

Together, Plymouth and KCAAH are looking back to move forward; connecting the past with the future, all to better serve the people of West Louisville, Kentucky, and beyond.

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	\$8,500.00	\$4,000.00	\$12,500.00
H: Program Materials	\$3,500.00	0	\$3,500.00
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	12000	4000	16000
% of Program Budget	75 %	25 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$4,000.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	\$4,000.00

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Aukram Burton, Planning & Progra	\$30,000	100 days @\$300/day
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$30,000.00	

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

Agency Fiscal Year Start Date: July 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:

KCAAH is in negotiations with the Kentucky Department of Transportation to lease what has been known as Building C, or Russell Hall, of the campus to begin the Craftsman Training program originally conceptualized in the Bridges project Record of Decision. This program, to be operated by Jefferson Community Technical and Vocational college, will offer students, particularly minorities, training opportunities in construction and preservation techniques. The lease of this facility will increase KCAAH's budget by approximately 25%.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

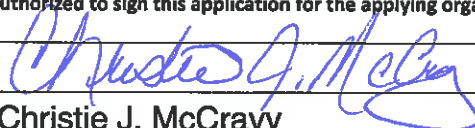
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

N/A

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	2-26-15
Legal Signatory: (please print):	Christie J. McCravy	Title:	Board Chair
Phone:	502-566-3360	Extension:	
Email:	cmccravy@lul.org		

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

DEPARTMENT OF THE TREASURY

Date: OCT 8 1999

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

Employer Identification Number:
[REDACTED]

DLN:

17053240713009

Contact Person:

ERIK FILIAULT

ID# 31303

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

June 1995

Addendum Applies:

No

Dear Applicant:

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

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

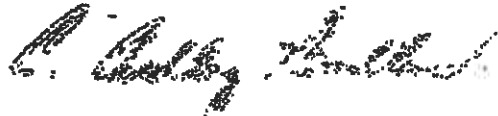
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

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

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

Sincerely yours,



District Director

Letter 1050 (DO/CG)

**Kentucky Center for African American Heritage
Budget - 2014-2015
For The 12 Periods Ending June 30**

	2014-2015	
	<u>Budget</u>	<u>Comments</u>
Revenue		
Corporate/Private Support		
Contributions	50,000	Half of the \$100K needed to support staff
Corporate Contributions	60,000	
Total Corporate/Private Support:	110,000	
Grants		
Louisville Metro - Operating Grant	125,000	
Campaign Contributions		
Campaign - Brick Purchases/Misc	500	
Fundraising Events		
Sponsorship - Corporate & Events	190,000	Half of the \$100K needed to support staff
Ticket Sales - Gala	6,000	
Total Fundraising Events:	196,000	
Exhibit Income		
Exhibit Income	1,000	
Facility Rentals		
Facility Rentals	90,000	
Catering Income	20,000	
Total Facility Rentals:	110,000	
Total Revenue:	542,500	
Expenses		
Operating Expenses		
Accounting Service Fees	12,500	
Advertising	1,000	
Audio Visual Expense	6,000	
Awards & Recognitions	1,400	
Bank Service Charges	1,500	
Board Expenses	200	
Business Meals & Entertainment	1,400	
Catering	10,000	
Consultation Fees	500	
Contract Labor	10,000	
Depreciation Expense	-	
Decorations - Derby Event/Other	8,000	
Dues & Subscriptions	600	
Event Entertainment	34,000	
Food - Dismas Volunteers	1,000	
Graphic Design	-	
Event Partnership - Issac Murphy	5,000	
Exhibit Expenses	1,000	
Insurance - Business	20,500	
Janitorial Expense	1,800	
Lecture Expense	-	
License & Permits	15	
Miscellaneous Expense	1,500	
Nat Conf of St Leg Expense	-	
Office Supplies	3,000	
Postage	800	
Printing	1,400	
Public Relations	650	
Professional Fees	1,000	
Rental - Halls & Equipment	6,000	
Repairs & Maintenance - Building	30,000	
Repairs & Maintenance - Copier	500	
Security	5,000	
Taxes - Business	15	
Telephone	12,000	
Travel	500	
Utilities	112,000	
Website Expense	500	
Total Operating Expenses:	291,280	
Payroll & Benefits		
Payroll/Benefit Expense	205,200	+100K for new staff, Salary Adjustments
Payroll Tax Expense	23,200	
Total Payroll & Benefits:	228,400	
Total Expenses:	519,680	
Net Income From Operations:	22,820	
Other Income and Expense		
Interest Expense	78,000	
Net Income (Loss):	(55,180)	

AFRICAN AMERICAN HERITAGE FOUNDATION, INC
2014-2015 BOARD OF DIRECTORS
(Updated January 26, 2015)

Christie J. McCravy
Interim Chairman

(2015B)
Director, Center for Housing & Financial Empowerment
Louisville Urban League
1535 W. Broadway
Louisville, KY 40203
(502) 566-3360 (office); (502), 568-4663 (fax)
cmccravy@lul.org

***W. Kennedy Simpson**
Counsel

(2015B)
Thompson, Miller & Simpson
734 W. Main Street, Suite 400
Louisville, KY 40202
(502) 357-1923 (office); (502) 585-9993 (fax)
ksimpson@tmslawplc.com

***Lora A. Bradshaw**

Chair Emeritus
Retired

Aukram Burton

(2017B)
Multicultural Education/Diversity
Jefferson County Public Schools
Diversity, Equity and Poverty Programs
3332 Newburg Road
Louisville, Kentucky 40218
(502) 485-7075 (office); (502) 485-3630 (fax)
aukram.burton@jefferson.kyschools.us

Rodney Carter

(2018A)
General Manager
Jeff Wyler Toyota of Clarksville
808 East Lewis and Clark Parkway
Clarksville, IN 47129
(859) 802 2524 (cell)
rodney.carter@jeffwyler.com

***Wade Houston**

(2015B)
President
Houston-Johnson Industries
13200 Complete Court
Louisville, KY 40223
(502) 638-8022 (office)
whouston@houston-johnson.com

Roger McClendon

(2017B)
Chief Sustainability Officer
YUM! Brands, Inc.
1900 Colonel Sanders Lane
Louisville, KY 40213
(502) 874-8402 (office)
roger.mcclendon@yum.com

Jere' Minter

(2015B)
3604 Sand Dollar
Jeffersonville, IN 47130
(502) 523-5587
pcjere@aol.com

Greg Newbern

(2017B)
Vice President Chain Integration
Brown-Forman
850 Dixie Highway
Louisville, KY 40210
(502) 774-7806 (office); (502) 774-6960 (fax)
Greg_Newbern@B-F.com

EX-Officio Members:

Delquan Dorsey, Sr.

(2016B)
Executive Director, Governor's Office of Minority Empowerment
700 Capitol Avenue, Suite 138
Frankfort, KY 40601
(502) 564-2611 (office); (502) 564-0437 (fax)
Delquan.Dorsey@ky.gov

*A denotes 1st Term

*B denotes 2nd Term

*executive committee member

KY Center for African American Heritage

Financial Statements

June 30, 2014

(Personal & Confidential)

Balance Sheet
As of 6/30/2014

Kentucky Center for African American Heritage (KAA)

Assets			
Current Assets			
1010-00-000	Cash - US Bank Money Fund Plus -5861	20.78	
1016-00-000	Your Community Bank #8457	10,529.08	
1017-00-000	Your Community Bank - Derby	58.72	
1018-00-000	Your Community Bank-Charitable Gaming	12.82	
1020-00-000	Petty Cash	200.00	
1025-00-000	Investments - PNC #2349	0.03	
	Total Current Assets:		10,821.43
Other Current Assets			
1405-00-000	Prepaid Insurance	3,542.29	
	Total Other Current Assets:		3,542.29
Fixed Assets			
1820-00-000	Equipment	14,535.91	
1821-00-000	Accum Depr - Equipment	-2,259.00	
1840-00-000	Building	15,387,352.30	
1841-00-000	Accum Depr - Building	-1,328,310.00	
	Total Fixed Assets:		14,071,319.21
	Total Assets:		14,085,682.93
Liabilities			
Current Liabilities			
2010-00-000	Accounts Payable	85,173.80	
2310-00-000	Accrued Payroll	4,060.14	
	Total Current Liabilities:		89,233.94
Retainage Payable			
2100-90-000	CIP Retainage Payable	672,060.88	
	Total Retainage Payable:		672,060.88
Long-Term Liabilities			
2500-00-000	Line of Credit PNC Bank	85,993.57	
2505-00-000	US Bank Business Reserve Line	3,343.01	
2510-90-000	Fifth Third Construction Loan	1,725,292.67	
2511-90-000	Accrued Interest Payable - 5/3	288,770.85	
	Total Long-Term Liabilities:		2,103,400.10
	Total Liabilities:		2,864,694.92
Equity			
2950-00-000	Retained Earnings-Current Year	-30,423.78	
2950-00-000	Retained Earnings	11,750,325.75	
2990-00-000	Correction of PY	-498,913.96	
	Total Equity:		11,220,988.01
	Total Liabilities & Equity:		14,085,682.93

Kentucky Center for African American Heritage
Trend Income Statement
For the Twelve Months Ending June 30, 2014

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Annual Budget	Variance
Corporate/Private Support															
3000 Contributions	215	10	10	100	250	30	1350	2535	10	1010	0	785	6305	\$50,000.00	(\$43,695.00)
3100 Corporate Memberships	0	0	0	0	0	0	0	0	0	0	0	0	0	60,000.00	(\$60,000.00)
Total Corporate/Private Support	215	10	10	100	250	30	1350	2535	10	1010	0	785	6305	110,000.00	(103,695.00)
Grants															
3500 Louisville Metro - Operating Grant	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	125000	125,000.00	\$0.00
Total Grants	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	10417	125000	125,000.00	0.00
Campaign Contributions															
3710 Campaign - Brick Purchases	0	0	0	0	0	0	0	0	0	0	0	0	0	500.00	(\$500.00)
3999 Miscellaneous Revenue	206	0	0	0	0	0	0	0	0	0	0	0	206		\$206.00
Total Campaign Contributions	206	0	0	0	0	0	0	0	0	0	0	0	206	500.00	(294.00)
Fundraising Events															
4000 Sponsorship - Corporate	0	0	0	0	0	0	0	5000	0	0	0	0	5000	190,000.00	(\$185,000.00)
4010 Ticket Sales	0	0	0	0	0	0	0	50	0	0	0	0	50	6,000.00	(\$5,950.00)
4035 Event Income	0	0	0	0	0	0	0	0	0	7500	7500	11500	26500		\$26,500.00
Total Fundraising Events	0	0	0	0	0	0	0	5050	0	7500	7500	11500	31550	196,000.00	(164,450.00)
Exhibit Income															
4200 Exhibit Income	0	0	0	0	0	0	0	3000	0	0	0	0	3000	1,000.00	\$2,000.00
Total Exhibit Income	0	0	0	0	0	0	0	3000	0	0	0	0	3000	1,000.00	2,000.00
Facility Rentals															
4300 Facility Rentals	2630	8400	6881	8351	10854	8055	12767	16310	24840	7348	6380	8471	121287	90,000.00	\$31,287.03
4400 Catering Income	260	0	284	899	819	1534	350	2036	1875	2134	1918	2722	14832	20,000.00	(\$5,167.98)
Total Facility Rentals	2890	8400	7165	9250	11673	9589	13117	18346	26715	9482	8298	11193	136119	110,000.00	26,119.05
Total Revenue	13,728	18,827	17,592	19,767	22,340	20,036	24,884	39,348	37,142	28,408	26,215	33,895	302,180	\$542,500.00	(240,320)
Operating Expenses															
5015 Accounting Service Fees	474	474	527	471	468	554	562	468	465	525	479	8729	14196	12,500.00	\$1,696.21
5045 Advertising	0	1120	0	0	0	0	0	0	0	0	0	0	1120	1,000.00	\$120.00
5060 Audio Visual Expense	0	0	0	0	0	0	0	0	0	0	0	0	0	6,000.00	(\$6,000.00)
5070 Awards & Recognitions	0	0	0	0	0	0	0	0	0	0	0	-260	-260	1,400.00	(\$1,660.00)
5075 Bank Service Charges	-185	128	171	172	183	364	317	250	96	354	77	46	1972	1,500.00	\$472.42
5115 Business Meals & Entertainment	0	0	0	0	0	64	0	0	0	0	0	0	64	1,400.00	(\$1,335.80)
5100 Board Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	200.00	(\$200.00)
5120 Catering	0	0	0	0	0	0	0	86	0	0	0	0	86	10,000.00	(\$9,914.05)

Kentucky Center for African American Heritage
Trend Income Statement

For the Twelve Months Ending June 30, 2014

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Annual Budget	Variance
126 Computer Expenses	4	0	0	0	0	0	0	0	0	0	0	-20	-16	500.00	(\$16.00)
130 Consultation Fees	0	0	0	0	0	0	0	0	0	0	0	0	0	500.00	(\$500.00)
135 Contract Labor	0	0	0	185	0	65	190	278	248	270	898	1988	4120	10,000.00	(\$5,880.00)
175 Dues & Subscriptions	0	0	0	0	0	0	0	0	0	0	0	-349	-349	600.00	(\$949.25)
180 Event Entertainment	0	0	0	0	0	0	0	0	0	0	0	0	0	34,000.00	(\$34,000.00)
190 Event Decorations	0	0	0	0	0	0	0	0	0	0	0	0	0	8,000.00	(\$8,000.00)
200 Food - Dismas Volunteers	206	203	201	199	355	316	381	242	114	294	252	50	2813	1,000.00	\$1,813.15
235 Event Partnership - Issac Murphy	0	0	0	0	0	0	0	0	0	0	0	0	0	5,000.00	(\$5,000.00)
240 Exhibit Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	1,000.00	(\$1,000.00)
250 Insurance - Business	3306	2776	4729	3790	2776	2766	2301	2766	2407	2683	2673	2683	35654	20,500.00	\$15,153.80
260 Janitorial Expenses	32	26	0	145	84	96	0	211	79	58	0	229	959	1,800.00	(\$841.06)
345 License & Permits	0	0	0	0	0	0	0	0	0	0	0	115	115	15.00	\$100.00
365 Maintenance Contracts	53	0	0	0	0	0	0	0	0	0	0	0	53	1,500.00	(\$53.00)
375 Miscellaneous Expense	0	0	0	0	0	0	0	0	0	0	0	0	0	3,000.00	(\$1,500.00)
415 Office Supplies	0	0	0	0	48	0	72	14	0	0	116	30	280	1,000.00	(\$2,719.98)
525 Professional Fees	0	0	0	0	0	0	0	50	0	0	0	0	50	1,000.00	(\$950.00)
425 Other Professional Fees	0	500	0	0	0	0	0	0	0	0	0	0	500	500.00	\$500.00
475 Postage	0	0	0	0	0	9	0	0	3	0	0	0	12	800.00	(\$788.25)
500 Printing	0	63	0	0	0	0	61	0	622	0	0	0	746	1,400.00	(\$654.27)
510 Public Relations	0	0	0	0	0	0	0	0	0	0	0	0	0	650.00	(\$650.00)
540 Rental - Halls & Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	6,000.00	(\$6,000.00)
600 Repairs & Maintenance	105	574	451	1533	105	278	553	876	3511	779	1266	2198	12228	30,000.00	(\$17,771.69)
610 Repairs & Maintenance - Copier	0	0	0	0	0	0	0	0	0	0	0	-565	-565	500.00	(\$1,064.79)
630 Security	966	0	0	0	0	0	2670	0	2000	2547	0	2667	10850	5,000.00	\$5,850.39
640 Taxes	25	0	0	0	0	0	0	0	0	0	0	0	25	15.00	\$10.00
645 Telephone	548	987	581	1839	551	388	389	510	400	698	807	1453	9152	12,000.00	(\$2,848.45)
670 Travel	0	0	0	0	0	0	0	0	0	0	0	0	0	500.00	(\$500.00)
680 Utilities	12319	7300	215	3118	9274	8600	9390	9942	9173	7357	9258	10625	96572	112,000.00	(\$15,427.76)
800 Website	0	0	0	0	0	162	0	0	0	0	360	0	522	500.00	\$22.00
Total Operating Expenses	17852	14150	6874	11453	13844	13661	16887	15693	19118	15565	16185	29618	190900	291,280.00	(100,380.38)
Payroll & Benefits															
5700 Payroll Expense	8653	8809	8355	8648	7461	7332	7017	7319	7564	7578	7583	7271	93590	205,200.00	(\$111,609.71)
5702 Payroll Tax Expense	730	681	602	708	602	918	1239	1146	918	901	887	840	10171	23,200.00	(\$13,028.83)
Total Payroll & Benefits	9382	9490	8957	9355	8063	8250	8255	8465	8483	8479	8471	8111	103761	228,400.00	(124,638.54)
Other Income and Expense															
3100 Interest Expense	4883	4828	4712	4828	4673	4828	4828	4361	0	0	0	0	37943	78,000.00	(\$40,057.25)
Total Other Income and Expense	4883	4828	4712	4828	4673	4828	4828	4361	0	0	0	0	37943	78,000.00	(40,057.25)
Net Income (Loss)	(18,390.42)	(9,641.57)	(2,950.62)	(5,869.88)	(4,239.83)	(6,703.26)	(5,087.00)	10,829.23	9,541.41	4,564.21	1,558.52	(3,834.57)	(30,423.78)	(\$55,180.00)	24,756.22

Kentucky Center for African American Heritage
Income Statement by Department
For the Twelve Months Ending June 30, 2014

Mgmt & General	Exhibits	Programs	Fundraising	Construction In Progress	Total YTD	Annual Budget	Prior Year YTD
Corporate/Private Support							
Contributions	\$0.00	\$0.00	\$0.00	\$0.00	\$6,305.00	\$50,000.00	\$6,044.60
Corporate Memberships	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	60,000.00	\$5,000.00
Total Corporate/Private Support	0.00	0.00	0.00	0.00	6,305.00	110,000.00	11,044.60
Grants							
Louisville Metro - Operating Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$125,000.00	125,000.00	\$125,000.00
JCPS - Street Academy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$32,400.00
Total Grants	0.00	0.00	0.00	0.00	125,000.00	125,000.00	157,400.00
Campaign Contributions							
Campaign - Brick Purchases	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	500.00	\$400.00
Miscellaneous Revenue	\$206.00	\$0.00	\$0.00	\$0.00	\$206.00		\$0.00
Total Campaign Contributions	206.00	0.00	0.00	0.00	206.00	500.00	400.00
Fundraising Events							
Sponsorship - Corporate	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	190,000.00	\$94,400.00
Ticket Sales	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00	6,000.00	\$6,679.50
Event Income	\$0.00	\$0.00	\$26,500.00	\$0.00	\$26,500.00		\$1,000.00
Donation - Derby Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$2,000.00
Car Raffle Tickets - Derby Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$25,300.00
Total Fundraising Events	50.00	0.00	31,500.00	0.00	31,550.00	196,000.00	129,379.50
Exhibit Income							
Exhibit Income	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	1,000.00	\$510.00
Total Exhibit Income	3,000.00	0.00	0.00	0.00	3,000.00	1,000.00	510.00
Facility Rentals							
Facility Rentals	\$121,287.03	\$0.00	\$0.00	\$0.00	\$121,287.03	90,000.00	\$109,502.14

Kentucky Center for African American Heritage
Income Statement by Department
For the Twelve Months Ending June 30, 2014

Mgmt & General	Exhibits	Programs	Fundraising	Construction In Progress	Total YTD	Annual Budget	Prior Year YTD
\$14,832.02	\$0.00	\$0.00	\$0.00	\$0.00	\$14,832.02	20,000.00	\$23,845.05
136,119.05	0.00	0.00	0.00	0.00	136,119.05	110,000.00	133,347.19
\$270,680.05	\$0.00	\$0.00	\$31,500.00	\$0.00	\$302,180.05	\$542,500.00	\$432,081.29
Operating Expenses							
Accounting Service Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	12,500.00	\$7,034.16
Advertising	\$0.00	\$0.00	\$1,120.00	\$0.00	\$1,120.00	1,000.00	\$172.00
Audio Visual Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6,000.00	\$8,625.00
Awards & Recognitions	\$0.00	\$0.00	(\$260.00)	\$0.00	(\$260.00)	1,400.00	\$18,238.00
Bank Service Charges	\$1,972.42	\$0.00	\$0.00	\$0.00	\$1,972.42	1,500.00	\$2,532.05
Business Meals & Entertainment	\$64.20	\$0.00	\$0.00	\$0.00	\$64.20	1,400.00	\$447.57
Board Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	200.00	\$31.80
Catering	\$85.95	\$0.00	\$0.00	\$0.00	\$85.95	10,000.00	\$14,255.00
Computer Expenses	(\$16.00)	\$0.00	\$0.00	\$0.00	(\$16.00)	\$0.00	\$60.00
Consultation Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	500.00	\$67.20
Contract Labor	\$4,120.00	\$0.00	\$0.00	\$0.00	\$4,120.00	10,000.00	\$0.00
Dues & Subscriptions	(\$349.25)	\$0.00	\$0.00	\$0.00	(\$349.25)	600.00	\$1,209.25
Event Entertainment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	34,000.00	\$46,411.15
Event Decorations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	8,000.00	\$302.74
Food - Dismas Volunteers	\$2,813.15	\$0.00	\$0.00	\$0.00	\$2,813.15	1,000.00	\$2,422.58
Event Partnership - Issac Murphy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	5,000.00	\$0.00
Exhibit Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1,000.00	\$30.00
Insurance - Business	\$35,653.80	\$0.00	\$0.00	\$0.00	\$35,653.80	20,500.00	\$33,596.23
Janitorial Expenses	\$958.94	\$0.00	\$0.00	\$0.00	\$958.94	1,800.00	\$1,948.00
License & Permits	\$115.00	\$0.00	\$0.00	\$0.00	\$115.00	15.00	\$176.50
Maintenance Contracts	\$53.00	\$0.00	\$0.00	\$0.00	\$53.00	\$0.00	\$11,700.88
Miscellaneous Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1,500.00	\$0.00
Office Supplies	\$280.02	\$0.00	\$0.00	\$0.00	\$280.02	3,000.00	\$1,166.19
Professional Fees	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00	1,000.00	\$3,100.00
Other Professional Fees	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00
Postage	\$11.75	\$0.00	\$0.00	\$0.00	\$11.75	\$0.00	\$449.48

Kentucky Center for African American Heritage
Income Statement by Department
For the Twelve Months Ending June 30, 2014

	Mgmt& General	Exhibits	Programs	Fundraising	Construction In Progress	Total YTD	Annual Budget	Prior Year YTD
Printing	\$745.73	\$0.00	\$0.00	\$0.00	\$0.00	\$745.73	1,400.00	\$5,341.66
Public Relations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	650.00	\$0.00
Rental - Halls & Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6,000.00	\$1,741.00
Repairs & Maintenance	\$12,228.31	\$0.00	\$0.00	\$0.00	\$0.00	\$12,228.31	30,000.00	\$19,292.95
Repairs & Maintenance - Copier	(\$564.79)	\$0.00	\$0.00	\$0.00	\$0.00	(\$564.79)	500.00	\$1,258.94
Security	\$8,180.39	\$2,670.00	\$0.00	\$0.00	\$0.00	\$10,850.39	5,000.00	\$12,445.75
Taxes	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	15.00	\$0.00
Telephone	\$9,151.55	\$0.00	\$0.00	\$0.00	\$0.00	\$9,151.55	12,000.00	\$12,835.40
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	500.00	\$3,805.00
Utilities	\$96,572.24	\$0.00	\$0.00	\$0.00	\$0.00	\$96,572.24	112,000.00	\$130,932.99
Website	\$522.00	\$0.00	\$0.00	\$0.00	\$0.00	\$522.00	500.00	\$324.00
Total Operating Expenses	187,283.67	2,755.95	0.00	\$60.00	0.00	190,899.62	291,280.00	341,953.47
Payroll & Benefits	\$93,590.29	\$0.00	\$0.00	\$0.00	\$0.00	\$93,590.29	205,200.00	\$138,620.43
Payroll Expense	\$10,171.17	\$0.00	\$0.00	\$0.00	\$0.00	\$10,171.17	23,200.00	\$12,912.76
Payroll Tax Expense								
Total Payroll & Benefits	103,761.46	0.00	0.00	0.00	0.00	103,761.46	228,400.00	151,533.19
Other Income and Expense	\$94.16	\$0.00	\$0.00	\$0.00	\$37,848.59	\$37,942.75	78,000.00	\$60,609.92
Interest Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		(\$0.11)
Interest Income								
Total Other Income and Expenses	94.16	0.00	0.00	0.00	37,848.59	37,942.75	78,000.00	60,609.81
Net Income (Loss)	(\$20,459.24)	(\$2,755.95)	\$0.00	\$30,640.00	(\$37,848.59)	(\$30,423.78)	(\$55,180.00)	(\$122,015.18)

Kentucky Center for African American Heritage
 YTD Income Statement by Event
 For the Twelve Months Ending June 30, 2014

	Black History Month Gala	Derby Event (IMIA)	Street Academy (JCPS)	Soulful Sounds of the Derby Town	Pioneer Awards	Total Fundraising	Mgmt & General	Total YTD
Corporate/Private Support Contributions	0.00	0.00	0.00	0.00	0.00	\$0.00	6,305.00	\$6,305.00
Total Corporate/Private Support	0.00	0.00	0.00	0.00	0.00	0.00	6,305.00	6,305.00
Grants								
Louisville Metro - Operating Grant	0.00	0.00	0.00	0.00	0.00	\$0.00	125,000.00	\$125,000.00
Total Grants	0.00	0.00	0.00	0.00	0.00	0.00	125,000.00	125,000.00
Campaign Contributions								
Miscellaneous Revenue	0.00	0.00	0.00	0.00	0.00	\$0.00	206.00	\$206.00
Total Campaign Contributions	0.00	0.00	0.00	0.00	0.00	0.00	206.00	206.00
Fundraising Events								
Sponsorship - Corporate	0.00	5,000.00	0.00	0.00	0.00	\$5,000.00	0.00	\$5,000.00
Ticket Sales	0.00	0.00	0.00	0.00	0.00	\$0.00	50.00	\$50.00
Event Income	0.00	0.00	0.00	0.00	26,500.00	\$26,500.00	0.00	\$26,500.00
Total Fundraising Events	0.00	5,000.00	0.00	0.00	26,500.00	31,500.00	50.00	31,550.00
Exhibit Income								
Exhibit Income	0.00	0.00	0.00	0.00	0.00	\$0.00	3,000.00	\$3,000.00
Total Exhibit Income	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00	3,000.00
Facility Rentals								
Facility Rentals	0.00	0.00	0.00	0.00	0.00	\$0.00	121,287.03	\$121,287.03
Catering Income	0.00	0.00	0.00	0.00	0.00	\$0.00	14,832.02	\$14,832.02
Total Facility Rentals	0.00	0.00	0.00	0.00	0.00	0.00	136,119.05	136,119.05
Total Revenue	\$0.00	\$5,000.00	\$0.00	\$0.00	\$26,500.00	\$31,500.00	\$270,680.05	\$302,180.05
Operating Expenses								
Accounting Service Fees	0.00	0.00	0.00	0.00	0.00	\$0.00	14,196.21	\$14,196.21
Advertising	0.00	1,120.00	0.00	0.00	0.00	\$1,120.00	0.00	\$1,120.00
Awards & Recognitions	(260.00)	0.00	0.00	0.00	0.00	(\$260.00)	0.00	(\$260.00)
Bank Service Charges	0.00	0.00	0.00	0.00	0.00	\$0.00	1,972.42	\$1,972.42
Business Meals & Entertainment	0.00	0.00	0.00	0.00	0.00	\$0.00	64.20	\$64.20
Catering	0.00	0.00	0.00	0.00	0.00	\$0.00	85.95	\$85.95

Kentucky Center for African American Heritage
YTD Income Statement by Event
For the Twelve Months Ending June 30, 2014

	Black History Month Gala	Derby Event (IMIA)	Street Academy (JCPS)	Souful Sounds of the Derby Town	Pioneer Awards	Total Fundraising	Mgmt & General	Total YTD
Computer Expenses	0.00	0.00	0.00	0.00	0.00	\$0.00	(16.00)	(\$16.00)
Contract Labor	0.00	0.00	0.00	0.00	0.00	\$0.00	4,120.00	\$4,120.00
Dues & Subscriptions	0.00	0.00	0.00	0.00	0.00	\$0.00	(349.25)	(\$349.25)
Food - Dismas Volunteers	0.00	0.00	0.00	0.00	0.00	\$0.00	2,813.15	\$2,813.15
Insurance - Business	0.00	0.00	0.00	0.00	0.00	\$0.00	35,653.80	\$35,653.80
Janitorial Expenses	0.00	0.00	0.00	0.00	0.00	\$0.00	958.94	\$958.94
License & Permits	0.00	0.00	0.00	0.00	0.00	\$0.00	115.00	\$115.00
Maintenance Contracts	0.00	0.00	0.00	0.00	0.00	\$0.00	53.00	\$53.00
Office Supplies	0.00	0.00	0.00	0.00	0.00	\$0.00	280.02	\$280.02
Professional Fees	0.00	0.00	0.00	0.00	0.00	\$0.00	50.00	\$50.00
Other Professional Fees	0.00	0.00	0.00	0.00	0.00	\$0.00	500.00	\$500.00
Postage	0.00	0.00	0.00	0.00	0.00	\$0.00	11.75	\$11.75
Printing	0.00	0.00	0.00	0.00	0.00	\$0.00	745.73	\$745.73
Repairs & Maintenance - Building	0.00	0.00	0.00	0.00	0.00	\$0.00	12,228.31	\$12,228.31
Repairs & Maintenance - Copier	0.00	0.00	0.00	0.00	0.00	\$0.00	(564.79)	(\$564.79)
Security	0.00	0.00	0.00	0.00	0.00	\$0.00	10,850.39	\$10,850.39
Taxes	0.00	0.00	0.00	0.00	0.00	\$0.00	25.00	\$25.00
Telephone	0.00	0.00	0.00	0.00	0.00	\$0.00	9,151.55	\$9,151.55
Utilities	0.00	0.00	0.00	0.00	0.00	\$0.00	96,572.24	\$96,572.24
Website	0.00	0.00	0.00	0.00	0.00	\$0.00	522.00	\$522.00
Total Operating Expenses	(260.00)	1,120.00	0.00	0.00	0.00	\$60.00	190,039.62	190,899.62
Payroll & Benefits								
Payroll Expense	0.00	0.00	0.00	0.00	0.00	\$0.00	93,590.29	\$93,590.29
Payroll Tax Expense	0.00	0.00	0.00	0.00	0.00	\$0.00	10,171.17	\$10,171.17
Total Payroll & Benefits	0.00	0.00	0.00	0.00	0.00	0.00	103,761.46	103,761.46
Other Income and Expense								
Interest Expense	0.00	0.00	0.00	0.00	0.00	\$0.00	37,942.75	\$37,942.75
Total Other Income and Expense	0.00	0.00	0.00	0.00	0.00	0.00	37,942.75	37,942.75
Net Income (Loss)	\$260.00	\$3,880.00	\$0.00	\$0.00	\$26,500.00	\$30,640.00	(\$61,063.78)	(\$30,423.78)

Accounts Payable Aged Invoice Report
 Sorted by Vendor Number
 Open Invoices - Aged by Invoice Date - As of 6/30/2014

Kentucky Center for African American Heritage (KAA)

Vendor Number/ Invoice Number	Dates		Hold	Invoice Balance	Discount Amount	Current	30 Days	60 Days	90 Days	120 Days	Days
Invoice	Due	Discount									
AMERIC America's Finest Filters											
Company Code: KAA Kentucky Center for African American Heritage											
2A29561	02/01/14	02/01/14	No	368.86	0.00	0.00	0.00	0.00	0.00	0.00	368.86
2A30468	04/02/14	04/02/14	No	368.86	0.00	0.00	0.00	368.86	0.00	0.00	0.00
Vendor AMERIC Totals:				737.72	0.00	0.00	0.00	368.86	0.00	0.00	368.86
AMICK Amick & Company PSC											
Company Code: KAA Kentucky Center for African American Heritage											
350	06/16/14	06/16/14	No	8,250.00	0.00	8,250.00	0.00	0.00	0.00	0.00	0.00
Vendor AMICK Totals:				8,250.00	0.00	8,250.00	0.00	0.00	0.00	0.00	0.00
ARAMARK Aramark											
Company Code: KAA Kentucky Center for African American Heritage											
1015931036	06/16/14	06/16/14	No	25.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
1015934424	06/23/14	06/23/14	No	25.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
1015938063	06/30/14	06/30/14	No	25.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00
Vendor ARAMARK Totals:				75.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00
COMFORT Comfort Systems USA											
Company Code: KAA Kentucky Center for African American Heritage											
68729	06/01/14	06/01/14	No	315.00	0.00	315.00	0.00	0.00	0.00	0.00	0.00
Vendor COMFORT Totals:				315.00	0.00	315.00	0.00	0.00	0.00	0.00	0.00
DEBRA DeBrø-Kuempel											
Company Code: KAA Kentucky Center for African American Heritage											
00672310	01/01/12	01/01/12	No	676.53	0.00	0.00	0.00	0.00	0.00	0.00	676.53
00673615	01/01/12	01/01/12	No	752.94	0.00	0.00	0.00	0.00	0.00	0.00	752.94
00673616	01/01/12	01/01/12	No	2,086.07	0.00	0.00	0.00	0.00	0.00	0.00	2,086.07
680219	01/01/13	01/01/13	No	324.80	0.00	0.00	0.00	0.00	0.00	0.00	324.80
686124	06/01/12	06/01/12	No	670.40	0.00	0.00	0.00	0.00	0.00	0.00	670.40
688223	01/01/13	01/01/13	No	323.90	0.00	0.00	0.00	0.00	0.00	0.00	323.90
692166	01/01/13	01/01/13	No	286.40	0.00	0.00	0.00	0.00	0.00	0.00	286.40
692819	01/01/13	01/01/13	No	1,092.80	0.00	0.00	0.00	0.00	0.00	0.00	1,092.80
695169	01/01/13	01/01/13	No	516.80	0.00	0.00	0.00	0.00	0.00	0.00	516.80
698349	01/01/13	01/01/13	No	9,834.38	0.00	0.00	0.00	0.00	0.00	0.00	9,834.38
699664	01/01/13	01/01/13	No	1,963.50	0.00	0.00	0.00	0.00	0.00	0.00	1,963.50
700616	01/01/13	01/01/13	No	321.54	0.00	0.00	0.00	0.00	0.00	0.00	321.54
703571	01/01/13	01/01/13	No	286.40	0.00	0.00	0.00	0.00	0.00	0.00	286.40
Vendor DEBRA Totals:				19,136.46	0.00	0.00	0.00	0.00	0.00	0.00	19,136.46
DEPTHOU Department of Housing											
Company Code: KAA Kentucky Center for African American Heritage											
92040	06/25/14	06/25/14	No	100.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00
Vendor DEPTHOU Totals:				100.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00
DUPLICA Duplicator Sales & Service Inc											
Company Code: KAA Kentucky Center for African American Heritage											
304885	01/01/13	01/31/13	No	132.20	0.00	0.00	0.00	0.00	0.00	0.00	132.20
311829	01/01/13	01/31/13	No	87.29	0.00	0.00	0.00	0.00	0.00	0.00	87.29
319004	01/01/13	01/31/13	No	225.38	0.00	0.00	0.00	0.00	0.00	0.00	225.38
325917	01/01/13	01/31/13	No	123.06	0.00	0.00	0.00	0.00	0.00	0.00	123.06
Vendor DUPLICA Totals:				567.93	0.00	0.00	0.00	0.00	0.00	0.00	567.93

Accounts Payable Aged Invoice Report
 Sorted by Vendor Number
 Open Invoices - Aged by Invoice Date - As of 6/30/2014

Kentucky Center for African American Heritage (KAA)

Vendor Number/ Invoice Number	Dates		Discount	Hold	Invoice Balance	Discount Amount	Current	30 Days	60 Days	90 Days	120 Days	
KYTRANS KY Transportation Cabinet												
Company Code: KAA Kentucky Center for African American Heritage												
020513												
	02/05/13	02/05/13		No	145.00	0.00	0.00	0.00	0.00	0.00	145.00	
Vendor KYTRANS Totals:					145.00	0.00	0.00	0.00	0.00	0.00	145.00	
LANG The Lang Company												
Company Code: KAA Kentucky Center for African American Heritage												
237260												
247145	01/01/13	01/01/13		No	3,699.99	0.00	0.00	0.00	0.00	0.00	3,699.99	
251869	02/28/13	03/30/13		No	53.00	0.00	0.00	0.00	0.00	0.00	53.00	
256798	06/30/13	06/30/13		No	53.00	0.00	0.00	0.00	0.00	0.00	53.00	
261227	05/01/13	05/29/13		No	53.00	0.00	0.00	0.00	0.00	0.00	53.00	
266010	05/28/13	06/27/13		No	53.00	0.00	0.00	0.00	0.00	0.00	53.00	
270576	08/28/13	07/28/13		No	53.00	0.00	0.00	0.00	0.00	0.00	53.00	
	07/29/13	08/28/13		No	53.00	0.00	0.00	0.00	0.00	0.00	53.00	
Vendor LANG Totals:					4,017.99	0.00	0.00	0.00	0.00	0.00	4,017.99	
LGE LG&E												
Company Code: KAA Kentucky Center for African American Heritage												
040214												
050514	04/02/14	04/29/14		No	1,600.00	0.00	0.00	0.00	1,600.00	0.00	0.00	
060314	05/05/14	05/29/14		No	9,156.93	0.00	0.00	9,156.93	0.00	0.00	0.00	
	06/03/14	06/27/14		No	10,510.28	0.00	10,510.28	0.00	0.00	0.00	0.00	
Vendor LGE Totals:					21,267.21	0.00	10,510.28	9,156.93	1,600.00	0.00	0.00	
MOTLEY LaTonya Buckner Motley												
Company Code: KAA Kentucky Center for African American Heritage												
111413												
	11/14/13	11/14/13		No	350.00	0.00	0.00	0.00	0.00	0.00	350.00	
Vendor MOTLEY Totals:					350.00	0.00	0.00	0.00	0.00	0.00	350.00	
PHILLIP Rita Phillips												
Company Code: KAA Kentucky Center for African American Heritage												
01/09/14												
01/30/14	01/09/14	01/09/14		No	35.92	0.00	0.00	0.00	0.00	0.00	35.92	
010914	01/30/14	01/30/14		No	61.48	0.00	0.00	0.00	0.00	0.00	61.48	
011414	01/09/14	01/09/14		No	18.73	0.00	0.00	0.00	0.00	0.00	18.73	
011614	01/14/14	01/14/14		No	11.64	0.00	0.00	0.00	0.00	0.00	11.64	
012214	01/16/14	01/16/14		No	65.95	0.00	0.00	0.00	0.00	0.00	65.95	
012814	01/22/14	01/22/14		No	37.88	0.00	0.00	0.00	0.00	0.00	37.88	
013014	01/28/14	01/28/14		No	19.04	0.00	0.00	0.00	0.00	0.00	19.04	
02 13 14	01/30/14	01/30/14		No	25.59	0.00	0.00	0.00	0.00	0.00	25.59	
02/04/14	02/13/14	02/13/14		No	801.49	0.00	0.00	0.00	0.00	0.00	801.49	
02/13/14	02/04/14	02/04/14		No	42.40	0.00	0.00	0.00	0.00	0.00	42.40	
02/24/14	02/13/14	02/13/14		No	801.49	0.00	0.00	0.00	0.00	0.00	801.49	
020414	02/24/14	02/24/14		No	801.49	0.00	0.00	0.00	0.00	0.00	801.49	
021314	02/04/14	02/04/14		No	41.88	0.00	0.00	0.00	0.00	0.00	41.88	
022014	02/13/14	02/13/14		No	801.49	0.00	0.00	0.00	0.00	0.00	801.49	
022414	02/20/14	02/20/14		No	13.78	0.00	0.00	0.00	0.00	0.00	13.78	
03 04 14	02/24/14	02/24/14		No	801.49	0.00	0.00	0.00	0.00	0.00	801.49	
	03/04/14	03/04/14		No	31.68	0.00	0.00	0.00	0.00	31.68	0.00	

Accounts Payable Aged Invoice Report
 Sorted by Vendor Number
 Open Invoices - Aged by Invoice Date - As of 6/30/2014

Kentucky Center for African American Heritage (KAA)

Vendor Number/ Invoice Number	Dates		Hold	Invoice Balance	Discount Amount	Current	30 Days	60 Days	90 Days/120	Days
	Invoice	Due								
03/04/14										
	03/04/14	03/04/14	No	70.61	0.00	0.00	0.00	0.00	70.61	0.00
03/12/14										
	03/12/14	03/12/14	No	1,435.00	0.00	0.00	0.00	0.00	1,435.00	0.00
03/27/14										
	03/27/14	03/27/14	No	28.48	0.00	0.00	0.00	0.00	28.48	0.00
030414										
	03/04/14	03/04/14	No	451.00	0.00	0.00	0.00	0.00	451.00	0.00
030714										
	03/07/14	03/07/14	No	769.50	0.00	0.00	0.00	0.00	769.50	0.00
031114										
	03/11/14	03/11/14	No	26.39	0.00	0.00	0.00	0.00	26.39	0.00
031214										
	03/12/14	03/12/14	No	1,435.00	0.00	0.00	0.00	0.00	1,435.00	0.00
032614										
	03/26/14	03/26/14	No	1,460.11	0.00	0.00	0.00	0.00	1,460.11	0.00
032714										
	03/27/14	03/27/14	No	17.46	0.00	0.00	0.00	0.00	17.46	0.00
032814										
	03/28/14	03/28/14	No	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00
04/17/14										
	04/17/14	04/17/14	No	247.17	0.00	0.00	0.00	247.17	0.00	0.00
040414										
	04/04/14	04/04/14	No	31.80	0.00	0.00	0.00	31.80	0.00	0.00
041014										
	04/10/14	04/10/14	No	2,547.00	0.00	0.00	0.00	2,547.00	0.00	0.00
041714										
	04/17/14	04/17/14	No	9.49	0.00	0.00	0.00	9.49	0.00	0.00
042014										
	04/20/14	04/20/14	No	9.49	0.00	0.00	0.00	9.49	0.00	0.00
042214-1										
	04/22/14	04/22/14	No	801.49	0.00	0.00	0.00	801.49	0.00	0.00
042214-2										
	04/22/14	04/22/14	No	801.49	0.00	0.00	0.00	801.49	0.00	0.00
042214-3										
	04/22/14	04/22/14	No	801.49	0.00	0.00	0.00	801.49	0.00	0.00
042814										
	04/28/14	04/28/14	No	41.43	0.00	0.00	0.00	41.43	0.00	0.00
050814										
	05/08/14	05/08/14	No	1,067.58	0.00	0.00	1,067.58	0.00	0.00	0.00
051614										
	05/17/14	05/17/14	No	19.04	0.00	0.00	19.04	0.00	0.00	0.00
051714										
	05/17/14	05/17/14	No	32.80	0.00	0.00	32.80	0.00	0.00	0.00
061114										
	06/12/14	06/12/14	No	451.00	0.00	451.00	0.00	0.00	0.00	0.00
1/14/14										
	01/14/14	01/14/14	No	13.76	0.00	0.00	0.00	0.00	0.00	13.76
1/22/14										
	01/22/14	01/22/14	No	207.58	0.00	0.00	0.00	0.00	0.00	207.58
110413										
	11/04/13	11/04/13	No	16.51	0.00	0.00	0.00	0.00	0.00	16.51
110513										
	11/05/13	11/05/13	No	27.50	0.00	0.00	0.00	0.00	0.00	27.50
110613										
	11/06/13	11/06/13	No	289.11	0.00	0.00	0.00	0.00	0.00	289.11
110813										
	11/08/13	11/08/13	No	500.00	0.00	0.00	0.00	0.00	0.00	500.00
120413										
	12/04/13	12/04/13	No	50.36	0.00	0.00	0.00	0.00	0.00	50.36
120413-2										
	12/04/13	12/04/13	No	20.92	0.00	0.00	0.00	0.00	0.00	20.92
120413-3										
	12/04/13	12/04/13	No	8.48	0.00	0.00	0.00	0.00	0.00	8.48
120913										
	12/09/13	12/09/13	No	28.52	0.00	0.00	0.00	0.00	0.00	28.52
121213										
	12/12/13	12/12/13	No	23.12	0.00	0.00	0.00	0.00	0.00	23.12
121813										
	12/18/13	12/18/13	No	316.00	0.00	0.00	0.00	0.00	0.00	316.00
122113										
	12/21/13	12/21/13	No	9.20	0.00	0.00	0.00	0.00	0.00	9.20
752050										
	06/11/14	06/11/14	No	16.71	0.00	16.71	0.00	0.00	0.00	0.00

Accounts Payable Aged Invoice Report
Sorted by Vendor Number
Open Invoices - Aged by Invoice Date - As of 6/30/2014

Kentucky Center for African American Heritage (KAA)

Vendor Number/ Invoice Number	Invoice	Date Due	Discount	Hold	Invoice Balance	Discount Amount	Current	30 Days	60 Days	90 Days	120 Days	Days
Vendor PHILLIP Totals:					20,498.01	0.00	467.71	1,119.42	5,290.85	7,725.23	5,992.80	
SIMPLEX Simplex Grinnell LP												
Company Code: KAA Kentucky Center for African American Heritage												
67955602												
67958092	10/01/13	10/01/13		No	418.50	0.00	0.00	0.00	0.00	0.00	0.00	416.50
69261114	10/01/13	10/01/13		No	269.00	0.00	0.00	0.00	0.00	0.00	0.00	269.00
	10/01/13	10/01/13		No	398.50	0.00	0.00	0.00	0.00	0.00	0.00	398.50
Vendor SIMPLEX Totals:					1,085.00	0.00	0.00	0.00	0.00	0.00	0.00	1,085.00
STANDAR Standard Electric Company												
Company Code: KAA Kentucky Center for African American Heritage												
6713												
8805	06/01/14	06/01/14		No	528.00	0.00	528.00	0.00	0.00	0.00	0.00	0.00
	06/01/14	06/01/14		No	757.00	0.00	757.00	0.00	0.00	0.00	0.00	0.00
Vendor STANDAR Totals:					1,283.00	0.00	1,283.00	0.00	0.00	0.00	0.00	0.00
TAYLER Parice Taylor												
Company Code: KAA Kentucky Center for African American Heritage												
011513												
011514	04/01/13	04/01/13		No	40.48	0.00	0.00	0.00	0.00	0.00	0.00	40.48
012313	01/15/14	01/15/14		No	37.34	0.00	0.00	0.00	0.00	0.00	0.00	37.34
012714	06/01/13	06/01/13		No	20.94	0.00	0.00	0.00	0.00	0.00	0.00	20.94
012814	01/27/14	01/27/14		No	65.80	0.00	0.00	0.00	0.00	0.00	0.00	65.80
013014	01/28/14	01/28/14		No	57.53	0.00	0.00	0.00	0.00	0.00	0.00	57.53
021314	01/30/14	01/30/14		No	14.82	0.00	0.00	0.00	0.00	0.00	0.00	14.82
021913	02/13/14	02/13/14		No	86.93	0.00	0.00	0.00	0.00	0.00	0.00	86.93
022413	06/01/13	06/01/13		No	111.92	0.00	0.00	0.00	0.00	0.00	0.00	111.92
022714	06/01/13	06/01/13		No	117.29	0.00	0.00	0.00	0.00	0.00	0.00	117.29
03/25/14	02/27/14	02/27/14		No	57.96	0.00	0.00	0.00	0.00	0.00	0.00	57.96
032513	03/25/14	03/25/14		No	78.78	0.00	0.00	0.00	0.00	78.78	0.00	0.00
032514	04/01/13	04/01/13		No	121.11	0.00	0.00	0.00	0.00	0.00	0.00	121.11
041813	03/25/14	03/25/14		No	64.00	0.00	0.00	0.00	0.00	64.00	0.00	0.00
042314	04/18/13	04/18/13		No	111.30	0.00	0.00	0.00	0.00	0.00	0.00	111.30
042414	04/23/14	04/23/14		No	10.05	0.00	0.00	0.00	10.05	0.00	0.00	0.00
042514	04/23/14	04/23/14		No	20.00	0.00	0.00	0.00	20.00	0.00	0.00	0.00
043013	04/24/14	04/24/14		No	57.96	0.00	0.00	0.00	57.96	0.00	0.00	0.00
043014	05/01/13	05/01/13		No	133.20	0.00	0.00	0.00	0.00	0.00	0.00	133.20
050313	04/30/14	04/30/14		No	18.92	0.00	0.00	0.00	18.92	0.00	0.00	0.00
050814	05/03/13	05/03/13		No	204.73	0.00	0.00	0.00	0.00	0.00	0.00	204.73
051514	05/08/14	05/08/14		No	115.96	0.00	0.00	115.96	0.00	0.00	0.00	0.00
051914	05/15/14	05/15/14		No	20.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00
060514	06/01/14	06/13/14		No	48.26	0.00	48.26	0.00	0.00	0.00	0.00	0.00
060714	06/05/14	06/20/14		No	15.00	0.00	15.00	0.00	0.00	0.00	0.00	0.00
060814	06/07/14	06/07/14		No	14.97	0.00	14.97	0.00	0.00	0.00	0.00	0.00
061014	06/08/14	06/08/14		No	31.98	0.00	31.98	0.00	0.00	0.00	0.00	0.00
	06/10/14	06/10/14		No	41.91	0.00	41.91	0.00	0.00	0.00	0.00	0.00

Accounts Payable Aged Invoice Report
 Sorted by Vendor Number
 Open Invoices - Aged by Invoice Date - As of 6/30/2014

Kentucky Center for African American Heritage (KAA)

Vendor Number/ Invoice Number	Dates Invoice Due	Discount	Hold	Invoice Balance	Discount Amount	Current	30 Days	60 Days	90 Days	120 Days	Days
061214											
061214-2	06/12/14	06/13/14	No	20.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00
061614	06/12/14	08/13/14	No	124.31	0.00	124.31	0.00	0.00	0.00	0.00	0.00
061614-2	06/16/14	06/20/14	No	13.72	0.00	13.72	0.00	0.00	0.00	0.00	0.00
061614-3	06/16/14	06/20/14	No	52.10	0.00	52.10	0.00	0.00	0.00	0.00	0.00
061713	06/17/13	06/17/13	No	47.06	0.00	0.00	0.00	0.00	0.00	0.00	47.06
061714	06/17/14	06/20/14	No	15.00	0.00	15.00	0.00	0.00	0.00	0.00	0.00
062614	06/26/14	06/28/14	No	25.62	0.00	25.62	0.00	0.00	0.00	0.00	0.00
082713	08/27/13	08/27/13	No	25.62	0.00	0.00	0.00	0.00	0.00	0.00	25.62
09/05/13	02/28/14	02/28/14	No	66.35	0.00	0.00	0.00	0.00	0.00	0.00	66.35
090513	09/05/13	09/05/13	No	34.80	0.00	0.00	0.00	0.00	0.00	0.00	34.80
100313	10/03/13	10/03/13	No	78.54	0.00	0.00	0.00	0.00	0.00	0.00	78.54
102113	02/28/14	02/28/14	No	85.95	0.00	0.00	0.00	0.00	0.00	0.00	85.95
102413	10/24/13	10/24/13	No	66.35	0.00	0.00	0.00	0.00	0.00	0.00	66.35
110513	11/05/13	11/05/13	No	21.54	0.00	0.00	0.00	0.00	0.00	0.00	21.54
111413	11/14/13	11/14/13	No	47.93	0.00	0.00	0.00	0.00	0.00	0.00	47.93
111913	11/19/13	11/19/13	No	83.58	0.00	0.00	0.00	0.00	0.00	0.00	83.58
121213	12/12/13	12/12/13	No	86.93	0.00	0.00	0.00	0.00	0.00	0.00	86.93
220840	05/01/13	05/01/13	No	140.91	0.00	0.00	0.00	0.00	0.00	0.00	140.91
	Vendor TAYLER Totals:			2,758.45	0.00	415.87	135.96	106.93	142.78	0.00	1,956.91
TIME Time Warner Cable											
Company Code: KAA Kentucky Center for African American Heritage											
051014											
051014	05/10/14	05/10/14	No	7.00	0.00	0.00	7.00	0.00	0.00	0.00	0.00
061014	06/10/14	06/10/14	No	1,452.59	0.00	1,452.59	0.00	0.00	0.00	0.00	0.00
	Vendor TIME Totals:			1,459.59	0.00	1,452.59	7.00	0.00	0.00	0.00	0.00
TKGROUN TK Ground Services											
Company Code: KAA Kentucky Center for African American Heritage											
1163											
03/16/14	03/16/14	03/16/14	No	290.00	0.00	0.00	0.00	0.00	290.00	0.00	0.00
	Vendor TKGROUN Totals:			290.00	0.00	0.00	0.00	0.00	290.00	0.00	0.00
TYCO Tyco Integrated Security Inc.											
Company Code: KAA Kentucky Center for African American Heritage											
21862332											
06/16/14	06/16/14	06/16/14	No	492.15	0.00	492.15	0.00	0.00	0.00	0.00	0.00
21873024	06/16/14	06/16/14	No	878.40	0.00	878.40	0.00	0.00	0.00	0.00	0.00
21873025	06/16/14	06/16/14	No	1,159.20	0.00	1,159.20	0.00	0.00	0.00	0.00	0.00
21874617	06/16/14	06/16/14	No	137.69	0.00	137.69	0.00	0.00	0.00	0.00	0.00
	Vendor TYCO Totals:			2,667.44	0.00	2,667.44	0.00	0.00	0.00	0.00	0.00
VISUAL Visual Productions LLC											
Company Code: KAA Kentucky Center for African American Heritage											
130122											
02/05/13	02/05/13	02/05/13	No	172.00	0.00	0.00	0.00	0.00	0.00	0.00	172.00
	Vendor VISUAL Totals:			172.00	0.00	0.00	0.00	0.00	0.00	0.00	172.00
	Report Totals:			85,173.80	0.00	25,536.89	10,419.31	7,366.64	8,158.01	0.00	33,692.95

Check History Report
Sorted By Check Number
Activity From: 6/1/2014 to 6/30/2014

Kentucky Center for African American Heritage (KAA)

Bank Code: Y Your Community Bank

Check Number	Check Date	Vendor Number	Name	Check Amount	Check Type
005085	08/04/14	ABLE	Able Quality Printing	621.50	Auto
005086	08/09/14	NDLOVU	Sasha Ndlovu	890.00	Manual
005087	06/09/14	PHILLIP	Rita Phillips	50.00	Manual
005089	06/23/14	DAVISC	Courtney Davis	250.00	Manual
005090	06/23/14	NDLOVU	Sasha Ndlovu	695.00	Manual
060914	06/09/14	FLATIRO	Fiat Iron Insurance	3,000.49	Manual
061214	06/12/14	COMMON	Commonwealth of KY	15.00	Manual
061314	06/13/14	LOUWATE	Louisville Water Company	101.19	Manual
062414	06/24/14	LOUWATE	Louisville Water Company	115.04	Manual
062714	06/27/14	TIME	Time Warner Cable	1,598.50	Manual
Bank Y Total:				<u>7,336.72</u>	
Report Total:				<u><u>7,336.72</u></u>	

OPERATING AGREEMENT

OF

AAHF, LLC.

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

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

ARTICLE ONE

NAME

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

ARTICLE TWO

TERM

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

ARTICLE THREE

MANAGEMENT

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

ARTICLE FOUR

PURPOSE

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

ARTICLE FIVE

MEMBER

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

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

ARTICLE SIX

CAPITAL CONTRIBUTIONS

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

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

ARTICLE SEVEN

ADDITIONAL CONTRIBUTIONS

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

ARTICLE EIGHT

ALLOCATION OF PROFITS AND LOSSES

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

ARTICLE NINE

DISTRIBUTIONS

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

ARTICLE TEN

WITHDRAWAL OF MEMBER

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

ARTICLE ELEVEN

ASSIGNMENTS

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

ARTICLE TWELVE

ADMISSION OF ADDITIONAL MEMBER

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

ARTICLE THIRTEEN

LIABILITY OF MEMBER

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

ARTICLE FOURTEEN

EXCULPATION OF MEMBER-MANAGERS

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

ARTICLE FIFTEEN

GOVERNING LAW

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

ARTICLE SIXTEEN

INDEMNIFICATION

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

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

ARTICLE SEVENTEEN

TAX MATTERS

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

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

**AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

BY:



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

Forms 990 / 990-EZ Return Summary

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

AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.

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

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

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

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

Miscellaneous information

Amended return _____
Return / extended due date 02/18/14
Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

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

2012

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number

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

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

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

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

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

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

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

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

Officer's signature ▶ _____ Date ▶ 05/10/14

Part III Certification and Authentication

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

[redacted]
do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

C Name of organization **AFRICAN AMERICAN HERITAGE FOUNDATION, INC.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1701 W MUHAMMAD ALI BLVD
 City, town or post office, state, and ZIP code
LOUISVILLE KY 40203

D Employer identification number
 [REDACTED]

E Telephone number
502-583-4100

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

F Name and address of principal officer:
RITA PHILLIPS

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

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

J Website: ▶ **www.kcaah.com**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Kentucky Center for African American Heritage will enhance the public's knowledge about the history, heritage and cultural contributions of African American's in Kentucky.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	11	
	6	Total number of volunteers (estimate if necessary)	20	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	194,476	168,845
	9	Program service revenue (Part VIII, line 2g)	115,518	142,657
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,069	19,120
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	366,063	330,622
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,136	151,533
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	699,224	694,810
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	816,360	846,343
	19	Revenue less expenses. Subtract line 18 from line 12	-450,297	-515,721
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,498,007	14,079,085
	21	Total liabilities (Part X, line 26)	2,743,829	2,827,670
	22	Net assets or fund balances. Subtract line 21 from line 20	11,754,178	11,251,415

Part II Signature Block

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

Sign Here

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

Paid Preparer Use Only

Print/Type preparer's name: **Albert H Klein II** Preparer's signature: _____ Date: **05/07/14** Check if self-employed if PTIN: **P00084494**

Firm's name: **Amick & Company** Firm's EIN: [REDACTED]
 Firm's address: **410 W Chestnut St Ste 237 Louisville, KY 40202-2323** Phone no.: **502-583-5381**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012) DAA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
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	11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> 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," 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the 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? <i>Note.</i> 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 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 125,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 43,845				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		168,845			
Program Service Revenue	2a Facility Rentals	Busn. Code 531120	109,502	109,502		
	b Catering Income	722320	23,845	23,845		
	c Exhibit Income	713990	8,310	8,310		
	d Other Event Income	531390	1,000	1,000		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		142,657			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 120,580				
	b Less: direct expenses	b 101,460				
c Net income or (loss) from fundraising events		19,120			1,301	
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		330,622	142,657	0	1,301	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,000	26,500	26,500	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	85,620	52,513	33,107	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,913	8,169	4,744	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,034		7,034	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	172	172		
13 Office expenses	39,577	19,792	19,785	
14 Information technology	324		324	
15 Royalties				
16 Occupancy	162,619	162,619		
17 Travel	3,805		3,805	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	614		614	
20 Interest	60,610	56,851	3,759	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	386,459	386,459		
23 Insurance	33,596	33,596		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	846,343	746,671	99,672	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	330,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	846,343
3	Revenue less expenses. Subtract line 2 from line 1	3	-515,721
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,754,178
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	12,958
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,251,415

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

**AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

Employer ID#/Section number

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,695	74,559	275,386	194,476	168,845	801,961
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	88,695	74,559	275,386	194,476	168,845	801,961
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						801,961

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	88,695	74,559	275,386	194,476	168,845	801,961
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		22				22
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	80,512	15,610	59,520	46,175	8,680	210,497
11 Total support. Add lines 7 through 10						1,012,480
12 Gross receipts from related activities, etc. (see instructions)					12	254,557
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	79.21 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	76.06 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

\$ 201,817

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

AFRICAN AMERICAN HERITAGE 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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 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, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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" to 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) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

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

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

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

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

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

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	432,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	101,460
e	Add lines 2a through 2d	2e	101,460
3	Subtract line 2e from line 1	3	330,622
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	330,622

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	947,803
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	101,460
e	Add lines 2a through 2d	2e	101,460
3	Subtract line 2e from line 1	3	846,343
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	846,343

Part XIII Supplemental Information

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

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

Fundraising Expenses \$ 101,460

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

Fundraising Expenses \$ 101,460



Part XIII Supplemental Information (continued)

Area with horizontal dotted lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number
[REDACTED]

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Derby Event</u> (event type)	<u>Annual Gala</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	111,900	8,680		120,580
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	111,900	8,680		120,580
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,550	191		3,741
	7 Food and beverages	12,120	2,000		14,120
	8 Entertainment	43,911	2,500		46,411
	9 Other direct expenses	34,500	2,688		37,188
	10 Direct expense summary. Add lines 4 through 9 in column (d)				101,460
11 Net income summary. Combine line 3, column (d), and line 10				19,120	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

**AFRICAN AMERICAN HERITAGE
FOUNDATION, INC.**

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

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

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

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

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

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

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

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

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

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

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

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

Attachment Sequence No. **179**

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

Identifying number

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	385,651
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			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 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	386,459
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

DAA

Federal Asset Report

FYE: 6/30/2013

Form 990, Page 1

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

AMT Asset Report

FYE: 6/30/2013

Form 990, Page 1

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

Depreciation Adjustment Report

FYE: 6/30/2013

All Business Activities

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

Future Depreciation Report FYE: 6/30/14

FYE: 6/30/2013

Form 990, Page 1

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

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

Name AFRICAN AMERICAN HERITAGE FOUNDATION, INC.	Employer Identification Number <div style="background-color: black; width: 100px; height: 20px;"></div>
---	--

Form 990, Part X, Line 23 - Additional Information

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

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

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

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

Federal Statements

FYE: 6/30/2013

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 10(e)

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

Schedule A, Part II, Line 12

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

Federal Statements

FYE: 6/30/2013

Annual Gala**Other Direct Fundraising or Gaming Expenses**

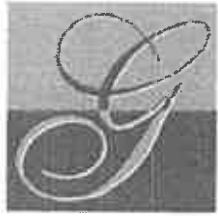
<u>Description</u>	<u>Amount</u>
Decorations	\$ 303
Awards and Recognitions	260
Audio Visual	2,125
Total	<u>\$ 2,688</u>

Federal Statements

FYE: 6/30/2013

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

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



G R I F F I N
F U N D R A I S I N G &
M A R K E T I N G

January 19, 2015

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

Dear Mrs. McCravy:

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

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

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

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

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

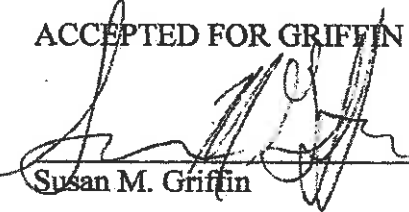
This letter for services becomes effective immediately upon acceptance by Kentucky Center for African American Heritage (KCAAH).

ACCEPTED FOR KCAAH:

_____ Date _____

_____ Date _____

ACCEPTED FOR GRIFFIN FUND RAISING & MARKETING


Susan M. Griffin _____ Date 1/19/15

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
African American Heritage Foundation, Inc.

Business name, if different from above
Kentucky Center for African American Heritage

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
1701 W. Muhammad Ali Blvd.

City, state, and ZIP code
Louisville, KY 40203

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

or

[Redacted]

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

Part II Certification

Under penalties of perjury, I certify that:

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

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 4.

Sign Here

Signature of U.S. person ▶

Quinten J. McCraw Date ▶ 2/11/11

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

AFRICAN AMERICAN HER ITAGE FOUNDATION

TABLE OF CONTENTS

	PAGE
Independent Auditors' Report	2 - 3
Statement of Financial Position	4
Statement of Activities and Changes in Net Assets	5
Statement of Cash Flows	6
Notes to Financial Statements	7 - 12



Chestnut Centre
410 West Chestnut Street STE. 237
Louisville, KY 40202-2342

(502) 583-5381
(800) 456-7531
FAX (502) 582-2516

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
African American Heritage Foundation, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of African American Heritage Foundation, Inc. (a nonprofit organization) which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such

To the Board of Directors
African American Heritage Foundation, Inc.
Page Two

opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of African American Heritage Foundation, Inc. as of June 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Amick & Company

Louisville, Kentucky
April 30, 2014

AFRICAN AMERICAN HERITAGE FOUNDATION
Statements of Financial Position
June 30, 2013 and 2012

ASSETS		<u>2013</u>	<u>2012</u>
CURRENT ASSETS			
Cash	\$	-	\$ 43,494
Prepaid expenses		<u>7,766</u>	<u>6,435</u>
Total Current Assets		<u>7,766</u>	<u>49,929</u>
 PROPERTY AND EQUIPMENT			
Building		15,387,352	15,387,352
Furniture and fixtures		14,536	4,836
Less accumulated depreciation		<u>(1,330,569)</u>	<u>(944,110)</u>
Total Property, Plant and Equipment		<u>14,071,319</u>	<u>14,448,078</u>
 TOTAL ASSETS	 \$	 <u>14,079,085</u>	 \$ <u>14,498,007</u>
 LIABILITIES AND NET ASSETS			
CURRENT LIABILITIES			
Accounts payable	\$	67,977	\$ 14,426
Cash overdraft		2,382	-
Accrued expenses		19,706	2,025
Retainage payable		672,061	705,742
Notes payable		<u>2,065,547</u>	<u>2,008,552</u>
Total Current Liabilities		<u>2,827,673</u>	<u>2,730,745</u>
 NET ASSETS			
Unrestricted		<u>11,251,412</u>	<u>11,767,262</u>
 TOTAL LIABILITIES AND NET ASSETS	 \$	 <u>14,079,085</u>	 \$ <u>14,498,007</u>

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

AFRICAN AMERICAN HERITAGE FOUNDATION

Statements of Activities and Changes in Net Assets

For the Years Ended June 30, 2013 and 2012

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

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

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

Statements of Cash Flows

For the Years Ended June 30, 2013 and 2012

INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

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

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements

NOTE 1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

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

Nature of Activities

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

Promises To Give

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

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

Contributions

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

Income Taxes

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

Cash and Cash Equivalents

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

Property and Equipment

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

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

Property and Equipment (Continued)

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

Contributed Services

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

NOTE 2. PROPERTY AND EQUIPMENT

A summary of property and equipment follows:

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

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

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

NOTE 3. LINE OF CREDIT

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

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

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

NOTE 4. FUTURE FUNDING

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

NOTE 5. CONCENTRATION OF CREDIT RISK

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

NOTE 6. UNCERTANTITIES, CONTINGENCIES AND RISK

Income Taxes

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

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

Contingencies

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

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

AFRICAN AMERICAN HERITAGE FOUNDATION
Notes to Financial Statements (Continued)

NOTE 6. UNCERTANITIES, CONTINGENCIES AND RISK

Contingencies (C ontinued)

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

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

NOTE 7. SUBSEQUENT EVENTS

Contingencies

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

Other

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



KCAAH 2014 Salary Information

<u>StaffPerson</u>	<u>Position</u>	<u>Salary</u>
Rita Phillips	Interim Operations Mgr.	\$53,750.00
Joshua Stuart	Security	\$18,525.00
Patrice Taylor	PT Admin Assistant	\$11,715.00

AFRICAN AMERICAN HERITAGE FOUNDATION, INC.

General Information

Organization Number	0338367
Name	AFRICAN AMERICAN HERITAGE FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/14/1994
Organization Date	11/14/1994
Last Annual Report	6/11/2014
Principal Office	1701 W. MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40203
Registered Agent	W. KENNEDY SIMPSON THOMPSON MILLER & SIMPSON PLC 734 WEST MAIN STREET SUITE 400 LOUISVILLE, KY 40202-3352

Current Officers

Chairman	<u>Christie J McCravy</u>
Treasurer	<u>Jere Minter</u>
Director	<u>Tyler N. Allen</u>
Director	<u>Christie J. McCravy</u>
Director	<u>Wade Houston</u>
Director	<u>Lora Bradshaw</u>
Director	<u>Jere Minter</u>
Director	<u>W. Kennedy Simpson</u>
Director	<u>Delquan Dorsey, Sr.</u>
Director	<u>Roger McClendon</u>
Director	<u>Greg Newbern</u>
Director	<u>Aukram Burton</u>
Director	<u>Rodney Carter</u>

Individuals / Entities listed at time of formation

Director	<u>CLEST LANIER</u>
Director	<u>LORA BRADSHAW</u>
Director	<u>HORACE BOND</u>
Director	<u>ANNA FREEMAN</u>
Director	<u>ANN REYNOLDS</u>