

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

Applicant/Program: *Portland Museum*  
Applicant Requested Amount: *\$3000.00*  
Appropriation Request Amount: *\$5000.00*

Executive Summary of Request  
*African American Historic Marker Project*

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

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

*5* District #      *Cheri B. Hamilton / pge/16* Primary Sponsor Signature      *\$5000.00* Amount      *8-7-17* Date

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

Approved by:  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Portland Museum, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 2308 Portland Avenue			
<b>Website:</b> www.goportland.org			
<b>Applicant Contact:</b>	Nathalie Andrews	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-776-7678	<b>Email:</b>	pmuse@iglou.com
<b>Financial Contact:</b>	Teresa Lee	<b>Title:</b>	Museum Educator
<b>Phone:</b>	502-776-7678	<b>Email:</b>	tlee@iglou.com
<b>Organization’s Representative who attended NDF Training:</b> Teresa Lee			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> African American Historic Marker Project			
<b>Total Request: (\$)</b>	5,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency’s total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <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 (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>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.</b>			
Source:	Metro EAF- Educator	Amount: (\$)	19,000
Source:	Metro EAF - Youth Enrichment	Amount: (\$)	9,000
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

The Portland Museum is an educational resource that collects, interprets, exhibits, and enhances the culture and heritage of the Portland neighborhood, once an independent town below the Falls of the Ohio. Founded in 1978 in a public school classroom, education is central to the museum's mission. The museum presents both long-term and temporary exhibits, workshops, tours, summer camps for youth, concerts and other cultural events. The museum is restoring the 1819 Squire Earick House at 34th and Rudd Avenue and conducts research into the area's history. Approximately 3000 people visit the museum, many using the Cultural Pass.

The vision of Portland Museum includes, but is not limited to, preserving the cultural heritage of Portland, and using it as a basis for community development and promoting a healthy, well-educated population. A decade ago, with funds from the National Endowment for the Arts, the museum and the community created a Cultural Plan for Portland in which citizens asked for more educational opportunities for their children, more development of historical resources, and better communication between cultural agencies. More specifically, one request was for historic markers to help educate the people.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT NARRATIVE**

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

The project consists of producing and installing two markers to commemorate important places and events in local African American history. The markers have been approved by the Historical Highway Marker Program under the auspices of the Kentucky Historical Society. Each marker costs \$2,500 which includes production and installation. The two sites to be commemorated are: The Red Cross Hospital on South Shelby Street and the site of A Landmark Civil Rights Victory at 37th and Pflanz Avenue adjacent to the Portland Cemetery.

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

Funding will be spent to cover the costs billed by the Kentucky Historical Society. Each marker is \$2,500.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

This is not a fundraiser.

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

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

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

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

**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:**

This is a long-term project that will install two permanent historic markers in locations significant to understanding Louisville's African-American heritage. The benefits include: increasing citizen awareness and understanding of its heritage; engaging citizens with their history; identifying places of importance; and encouraging citizens, young and old, through information and knowledge. It is not possible to measure the outcomes as the markers will be available to the public 24/7, 365 days a year.

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

Portland Museum collaborates with other neighborhood organizations such as Love City, Neighborhood House, LFPL, public schools, and the new private investment initiatives. The museum encourages historic preservation through its Portland Preservation Alliance and every year in May identifies two winners of its Preservation Awards. The museum works closely with Metro Council representatives and had a long-term partnership with Metro Parks to develop Portland Wharf Park. Portland Museum participates in the Cultural Pass program for summer free admission.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>	5000		5000
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5000		5000
<b>% of Program Budget</b>	%	%	<b>100%</b>

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	

*\*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 for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Kentucky Historical Society Historical Highway Marker Program - two markers	5,000	0	5,000
<b>Total</b>	5,000		5,000

**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
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>		

**\* 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 through June 30

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

**Standard Assurances**

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

**Standard Certifications**

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>	<i>Nathalie Andrews</i>	<b>Date:</b>	July 26, 2017
<b>Legal Signatory: (please print):</b>	Nathalie Andrews	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-776-7678	<b>Extension:</b>	
<b>Email:</b>	pmuse@iglou.com		

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

DREXELL R. DAVIS  
*Secretary*



FRANKFORT,  
KENTUCKY

## RESTATED CERTIFICATE OF INCORPORATION OF

PORTLAND MUSEUM, INC.

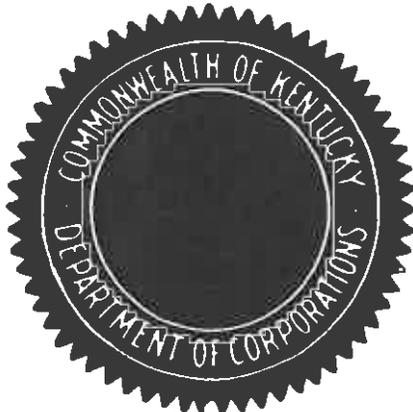
*I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky, hereby certify that triplicate originals of Restated Articles of Incorporation of*

PORTLAND MUSEUM, INC.

*duly signed and verified pursuant to the provisions of Chapter ~~271A~~<sup>273</sup> of the Kentucky Revised Statutes, have been received in this office and are found to conform to law. Therefore, as Secretary of State and by virtue of the authority vested in me by law, I hereby issue this Restated Certificate of Incorporation of*

PORTLAND MUSEUM, INC.

*and attach hereto one of the originals of the Restated Articles of Incorporation.*



SECRETARY OF STATE

*Given under my hand and seal of Office as Secretary of State, at Frankfort, Kentucky, this* 26TH  
*day of* AUGUST, *19* 86

*Drexell R. Davis*

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

Internal Revenue Service

Department of the Treasury  
P.O. Box 3159  
Cincinnati, Ohio 45201

District  
Director

Portland Museum, Inc.  
c/o Jeffrey Segal  
Legal Aid Society, Inc.  
425 W. Muhammad Ali Blvd  
Louisville, KY 40202

Person to Contact:

Ginger A. Cooper  
Telephone Number:  
513-684-3863

Refer Reply to:  
EPEO:P

Date: NOV 19 1986

Employer Identification Number:

[REDACTED]

Date of Exemption: March 10, 1981

Internal Revenue Code Section: 501(c)(c)

Gentlemen:

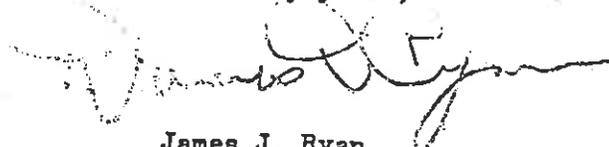
Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,



James J. Ryan  
District Director

Item Changed:

From: Roosevelt Community School, Inc.

To: Portland Museum Inc.

Internal Revenue Service  
District Director

Department of the Treasury

Date: MAR 10 1981

Employer Identification Number:

Accounting Period Ending:

June 30

Form 990 Required:  Yes  No

▷ Roosevelt Community School, Inc.  
222 No. 17th Street  
Louisville, KY 40203

Person to Contact:

Don Carnes

Contact Telephone Number:

513-684-3578

CIN: EO: '810 84 2

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) & 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 2508, Cincinnati, Ohio 45201

(over)

Letter 947(DO) (5-77)

lj

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

DREXELL R. DAVIS  
*Secretary*



FRANKFORT,  
KENTUCKY

## CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION

*I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky, do hereby certify that Amended Articles of Incorporation of*

ROOSEVELT COMMUNITY SCHOOL, INC.

CHANGING NAME TO PORTLAND MUSEUM, INC.

*amended pursuant to Kentucky Revised Statutes, ~~271A~~(273) duly signed and verified or acknowledged according to law, have been filed in my office by said corporation, and that all taxes, fees and charges payable upon the filing of said Articles of Amendment have been paid.*



SECRETARY OF STATE

*Given under my hand and seal of Office as Secretary of State,  
at Frankfort, Kentucky, this \_\_\_\_\_ 26TH  
day of \_\_\_\_\_ AUGUST \_\_\_\_\_, 19 86.*

*Drexell R. Davis*  
SECRETARY OF STATE

\_\_\_\_\_  
ASSISTANT SECRETARY OF STATE

**Portland Museum  
Annual Operating Budget & Renovations  
Fiscal Year 2016/2017  
Approved November 2016**

<b>Support &amp; Revenue</b>	<b>Restricted</b>	<b>Unrestricted</b>	
Corporate Support	8,344	6,000	
Individual Support	18,759	5,000	
Foundation Support	71,813	0	
Government Support	69,828	19,743	
Admissions		7,500	
Annual Giving + Give Local Louisville		20,318	
Commissions, picture fees		500	
Contract Services		800	
Donations -Corporate		500	
Donations - Individuals		400	
Endowment Income -A		34,000	
Endowment Income -B		3,000	
Fundraising/special events		9,000	
Interest Income		50	
Museum Store Sales + sales tax collected		3,710	
Workshops		1,500	
Other sources		15,000	
264.5 hrs. Volunteer and \$1000 pro bono		3,116	
<b>Total Support and Revenue</b>	<b>168,743</b>	<b>130,137</b>	
<b>Total Restricted and Unrestricted Support &amp; Revenue</b>			<b>298,880</b>
<b>Expenses</b>	<b>Restricted</b>	<b>Unrestricted</b>	
Audit /review	0	5,000	
Books and Publications		0	
Commissions (art and holiday sale)	0	1,200	
Conferences and workshops	0	0	
Communications (IGLOU)	0	660	
Contract Services	20,175	0	
Cost of Goods Sold (Museum store)	0	500	
Cost of Fundraising events	1,500		
Dues and Memberships	0	310	
Fees & Interest	0	458	
Furniture/Fixtures/Equipment	1,700	0	
Insurance/Bldg/Umbrella/Wrkr's Comp	0	11,168	
Insurance/ Employee Health	0	377	
Marketing, Promotions, Entertainment	0	0	
Mortgage Principal and Interest	0	22,523	
Payroll taxes	6,897	6,831	
Postage		1,500	
Printing	11,280		
Repairs and Maintenance (Equip & exhibits)		1,200	
Repairs, Maintenance, Renovations - Earick	30,279		
Repairs, Maintenance, Renovations -Museum	26,822	2,300	
Salaries	62,700	62,100	
Security		2,300	
Supplies(Office & Program)	3,313	1,500	
Supplies (Bldg)	0	650	
Tax (sales)	0	210	
Telephone	0	2,500	
Travel & lodging	4,077	0	
Utilities	0	13,800	
Miscellaneous			
264.5 Volunteer and \$1000 pro bono		3,116	
<b>Total Expenses</b>	<b>168,743</b>	<b>140,203</b>	<b>308,946</b>
<b>Variance</b>	<b>0</b>	<b>-10,066</b>	<b>-10,066</b>

**PORTLAND MUSEUM  
BOARD OF TRUSTEES 2016-2017**

**Maria McGary, President**

Rosanne Kruzich, Secretary; Sherry Cockrell, Treasurer

<p><b>Sherry Cockrell</b> [REDACTED] 1<sup>st</sup> 3-year term expires 7/17</p>	<p><i>Work:</i> CPA, DMLO [REDACTED]</p>	
<p><b>Louie Holwerk</b> [REDACTED] 1<sup>st</sup> 3-year term expires 9/17</p>	<p><i>Work:</i> ZirMed Inc. [REDACTED]</p>	
<p><b>Rosanne Kruzich</b> [REDACTED] 1<sup>st</sup> 3-year term expires 9/17</p>	<p><i>Work:</i> Independent Consultant</p>	
<p><b>Amy Lowen</b> [REDACTED] 1<sup>st</sup> 3-yea term expires 9/18</p>	<p><i>Work:</i> Square One Specialists in Child &amp; Adolescent Dev.</p>	
<p><b>Doug Magee</b> [REDACTED] 1<sup>st</sup> 3-year term expires 9/17</p>	<p><i>Retired Attorney</i></p>	
<p><b>Maria McGary</b> [REDACTED] 1<sup>st</sup> 3-year term expires 4/18</p>	<p>Chief Admin. Officer National Stem Cell Fdn 502-379-8544</p>	
<p><b>Judy Schroeder</b> [REDACTED] 1<sup>st</sup> 3-year term expires 9/17</p>	<p><i>Work:</i> Metro United Way [REDACTED]</p>	
<p><b>Anne Wunsch</b> [REDACTED]</p>	<p><i>Retired</i></p>	

Board Membership is limited to two three-year terms, then a year off.

06/08/17

Portland Museum, Inc  
**Balance Sheet Standard**  
 As of May 31, 2017

	May 31, '17
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Checking and Savings Accts.	
Cash/Checking-PNC	149.82
Money Market-SYB	4,979.55
Money Market/Hilliard Lyons	21,057.56
Stock Yards Bank #9511	0.74
Total Checking and Savings Accts.	26,187.67
Total Checking/Savings	26,187.67
Other Current Assets	
Grant Receivable	
IMLS - Collections	18,071.15
Total Grant Receivable	18,071.15
Inventory	4,000.00
Other Current Assets	8,169.50
Total Other Current Assets	30,240.65
Total Current Assets	56,428.32
Fixed Assets	
Accumulated Depreciation	
Beech Grove Building Accum D...	-65,920.00
Beech Grove Imprv Accum Depr	-685,719.33
Equipment Accum Depr	-116,461.00
Lytle Street Accum Depr	-23,650.00
Parking Lot Accum Depr	-42,971.00
Squire Earick Building Accm Depr	-18,732.00
Squire Earick Imprv Accum Depr	-71,315.00
Total Accumulated Depreciation	-1,024,768.33
Buildings	
Beech Grove Building	45,000.00
Squire Earick Building	29,800.00
Total Buildings	74,800.00
Equipment	135,356.93
Exhibits	503,886.79
Improvements	
Beech Grove Improvements	1,726,948.55
Parking Lot Improvements	23,649.73
Squire Earick Improvements	243,514.59
Total Improvements	1,994,112.87
Land	29,595.00
Parking Lot	73,063.75
Total Fixed Assets	1,786,047.01
Other Assets	

06/08/17

Portland Museum, Inc  
**Balance Sheet Standard**  
 As of May 31, 2017

	May 31, '17
Endowment Investment B	88,975.00
Total Other Assets	88,975.00
<b>TOTAL ASSETS</b>	<b>1,931,450.33</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Other Current Liability	
Payroll Taxes Payable	
Federal	-4,886.82
Local Occupational Tax With...	724.72
Medicare-Employee	-643.23
Medicare-Employer	-643.26
Social Security-Employee	2,432.78
Social Security-Employer	2,432.84
State Tax Withheld	1,518.76
Payroll Taxes Payable - Other	-1,063.88
Total Payroll Taxes Payable	-128.09
Total Other Current Liability	-128.09
Wages Payable	17,458.35
Total Other Current Liabilities	17,330.26
Total Current Liabilities	17,330.26
Long Term Liabilities	
Mortgage Refinance-SYB 2013	276,268.38
Total Long Term Liabilities	276,268.38
Total Liabilities	293,598.64
Equity	
Opening Bal Equity	-1,059.30
Perm. Restricted - Endowment	
Endowment Fund Balance	50,689.50
Total Perm. Restricted - Endowm...	50,689.50
Retained Earnings	-177,572.69
Temporarily Restricted	
Temp Restrict - Program	
IMLS-Collections	14,779.94
Metro-EAF Youth Enrichment	7,657.24
Metro EAF Educator	1,752.02
Louisville Gas and Electric	5,000.00
Total Temp Restrict - Program	29,189.20
Temp. Restrict. - Capital	
Brown FDN-B	37,776.88
Capital Campaign General	38,457.03

06/08/17

Portland Museum, Inc  
**Balance Sheet Standard**  
As of May 31, 2017

	May 31, '17
Lampton-Bookarts	24,118.00
Mildred Horn Foundation	605.45
Ogle Foundation	201.87
Cralle Foundation	1,056.82
	<hr/>
Total Temp. Restrict. - Capital	102,216.05
TRNA - Unrealized Gain/Loss	57,886.12
	<hr/>
Total Temporarily Restricted	189,291.37
Unrestricted	
Endowment Fund Balance	5,276.50
Operating Fund Balance	-4,314.50
Unrestricted - Other	1,593,846.50
	<hr/>
Total Unrestricted	1,594,808.50
Net Income	-18,305.69
	<hr/>
Total Equity	1,637,851.69
	<hr/>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>1,931,450.33</b>
	<hr/> <hr/>

---

**Form 8879**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879e](http://www.irs.gov/form8879e).

Name of exempt organization

Employer identification number

Portland Museum, Inc.

Name and title of officer

Nathalie Andrews  
Executive 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>228,145.</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 2015 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 Strothman & Company PSC to enter my PIN [REDACTED]  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 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 2015 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 ▶ \_\_\_\_\_

### 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 2015 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**

**Form 990**  
**Return of Organization**  
**Exempt From**  
**Income Tax**

Form **990**

Extended to May 15, 2017  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Portland Museum, Inc.**  
Doing business as: \_\_\_\_\_  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2308 Portland Avenue**  
City or town, state or province, country, and ZIP or foreign postal code: **Louisville, KY 40212**

**D** Employer identification number: [REDACTED]

**E** Telephone number: **502-776-7678**

**G** Gross receipts \$: **228,204.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number: \_\_\_\_\_

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

**J** Website: **www.goportland.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1975** **M** State of legal domicile: **KY**

**Summary**

**1** Briefly describe the organization's mission or most significant activities: **See Schedule O**

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	8
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	0
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
<b>6</b> Total number of volunteers (estimate if necessary)	6	60
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	225,612.	182,793.
<b>9</b> Program service revenue (Part VIII, line 2g)	45,644.	3,328.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,367.	36,721.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,334.	5,303.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	312,957.	228,145.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,396.	124,102.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	11,089.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	175,218.	179,290.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	279,614.	303,392.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	33,343.	-75,247.

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,089,449.	2,016,410.
<b>21</b> Total liabilities (Part X, line 26)	318,209.	310,409.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,771,240.	1,706,001.

**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: **Nathalie Andrews, Executive Director**  
Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **Joseph D. Johnston**  
Preparer's signature: *Joseph D. Johnston*  
Date: *5/10/17*  
Check if self-employed:  **PTM**

Firm's name: **Strothman & Company PSC**  
Firm's address: **325 W. Main St. Suite 1600  
Louisville, KY 40202-4251**  
Firm's EIN: [REDACTED]  
Phone no.: **(502) 585-1600**

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

Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

The Portland Museum celebrates the history and culture of Portland, KY through public programs, exhibitions, collections, research & publications.

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 X

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 X

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 \$ including grants of \$ ) (Revenue \$ ) Collections management is the care and storage of collections cataloging, storage materials and overhead associated with the program

4b (Code: ) (Expenses \$ 262,311. including grants of \$ ) (Revenue \$ ) Community and education programs in the schools, field trips, art classes, workshops, and educational materials provided for the schools. Provided for over 1,100 people

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 3,328. ) Temporary and special exhibits, research and construction of exhibits on local history for the museum and special projects with the schools and community.

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

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

4e Total program service expenses 262,311.

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

Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		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? <i>If "Yes," complete Schedule L, Part III</i> .....		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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b <i>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</i> .....		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? <i>If "Yes," complete Schedule R, Part VI</i> .....		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	

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	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.	8													
b Enter the number of voting members included in line 1a, above, who are independent		0												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Nathalie Andrews, Executive Director - 502-776-7678**  
**2308 Portland Avenue, Louisville, KY 40212-1036**





Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 182,793.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		182,793.			
Program Service Revenue	2 a Admission	Business Code 519100	3,328.	3,328.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,328.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,721.		36,721.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 5,362.				
		b Less: direct expenses	b 59.			
c Net income or (loss) from fundraising events			5,303.		5,303.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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		Business Code				
11 a						
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		228,145.	3,328.	0.	42,024.	

**Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,000.	69,000.		
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	45,000.	30,000.	12,000.	3,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,102.	6,913.	2,578.	611.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,000.		5,000.	
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 Sch O.)	29,092.	29,092.		
12 Advertising and promotion	20.	20.		
13 Office expenses	22,166.	19,650.	2,013.	503.
14 Information technology				
15 Royalties				
16 Occupancy	50,504.	44,191.	5,050.	1,263.
17 Travel	1,758.	1,538.	176.	44.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,859.	52,377.	5,986.	1,496.
23 Insurance	10,641.	9,311.	1,064.	266.
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 Books, Publications, and	250.	219.	25.	6.
b				
c				
d				
e All other expenses				
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>303,392.</b>	<b>262,311.</b>	<b>33,892.</b>	<b>7,189.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 659-720)

Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	143,186.	1	118,903.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	28,590.	3	3,385.
	4	Accounts receivable, net		4	
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,000.	8	4,000.
	9	Prepaid expenses and deferred charges	8,169.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,811,372.		
	b	Less: accumulated depreciation	10b 1,024,768.	10c	1,786,604.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	93,510.	12	103,518.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>2,089,449.</b>	<b>16</b>	<b>2,016,410.</b>	
Liabilities	17	Accounts payable and accrued expenses	23,849.	17	25,295.
	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	294,360.	23	285,114.
	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		25	
	26	<b>Total liabilities. Add lines 17 through 25</b>	<b>318,209.</b>	<b>26</b>	<b>310,409.</b>
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	1,507,306.	27	1,412,817.
	28	Temporarily restricted net assets	213,494.	28	242,744.
	29	Permanently restricted net assets	50,440.	29	50,440.
	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	<b>Total net assets or fund balances</b>	<b>1,771,240.</b>	<b>33</b>	<b>1,706,001.</b>	
34	<b>Total liabilities and net assets/fund balances</b>	<b>2,089,449.</b>	<b>34</b>	<b>2,016,410.</b>	

**Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,145.
2	Total expenses (must equal Part IX, column (A), line 25)	2	303,392.
3	Revenue less expenses. Subtract line 2 from line 1	3	-75,247.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,771,240.
5	Net unrealized gains (losses) on investments	5	10,008.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,706,001.

**Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- 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 \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	315,039.	48,995.	199,427.	225,612.	182,793.	971,866.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	315,039.	48,995.	199,427.	225,612.	182,793.	971,866.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						971,866.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	315,039.	48,995.	199,427.	225,612.	182,793.	971,866.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,500.	36,429.	35,600.	37,367.	36,721.	175,617.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						1147483.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	85,682.
<b>13</b> 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**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	84.70 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	15	83.78 %
<b>16a</b> 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b</b> 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a</b> 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b</b> 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18</b> 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"/>	

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> 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**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

Employer identification number

Portland Museum, Inc.

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

Portland Museum, Inc.



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	E. Robert Muir III 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Louisville Gas & Electric Company Community Investment Grant  220 West Main Street  Louisville, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Portland Museum, Inc.



**Part III** Noncash Property (see instructions). Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

**Portland Museum, Inc.**

**Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (d) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) **\$** \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

**Portland Museum, Inc.**

Employer identification number

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(f)(4)(B)(i) and section 170(f)(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.

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$ **509,556.**

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

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

b Assets included in Form 990, Part X ▶ \$

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2015

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	93,510.	105,359.	84,767.	65,965.	63,546.
b Contributions					5,277.
c Net investment earnings, gains, and losses	10,008.	-11,849.	20,592.	18,802.	-2,858.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	103,518.	93,510.	105,359.	84,767.	65,965.

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

- a Board designated or quasi-endowment  51.00 %
- b Permanent endowment  49.00 %
- c Temporarily restricted endowment  %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part XVI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,595.		29,595.
b Buildings		2,140,144.	770,371.	1,369,773.
c Leasehold improvements				
d Equipment		132,077.	116,461.	15,616.
e Other		509,556.	137,936.	371,620.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,786,604.



**Part VIII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>Marketable Securities</b>	<b>103,518.</b>	<b>End-of-Year Market Value</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</b>	<b>103,518.</b>	

**Part IX Investments - Program Related.**

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

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

**Part X Other Assets.**

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

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

**Part XI Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	

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

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	238,153.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b> 10,008.		
	<b>b</b> Donated services and use of facilities	<b>2b</b>		
	<b>c</b> Recoveries of prior year grants	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	10,008.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	228,145.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	228,145.

**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	303,392.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2a</b>		
	<b>b</b> Prior year adjustments	<b>2b</b>		
	<b>c</b> Other losses	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	303,392.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	303,392.

**Supplemental Information.**

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

**Part X, Line 2:**

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. Federal and state tax returns of the entity are generally open to examination by the relevant taxing authorities for a period of three years from the date the returns are filed.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

Portland Museum, Inc.

Employer identification number

**Form 990, Part I, Line 1, Description of Organization Mission:**

The Portland Museum celebrates the history and culture of Portland, KY  
through public programs, exhibitions, collections, research &  
publications.

**Form 990, Part III, Line 4d, Other Program Services:**

Planning and development, long range planning, board and staff  
development through materials and workshops.

**Form 990, Part VI, Section B, line 11:**

A copy of the return is presented to the board of directors prior to the  
filing date. The board reviews the return and approve the return once any  
and all conflicts are resolved.

**Form 990, Part VI, Section B, Line 12c:**

The members of the board are required to disclose any known conflicts of  
interest in board meetings.

**Form 990, Part VI, Section C, Line 19:**

Items are available upon request.

**Form 990, Part XII, Line 2c:**

The Executive Committee is responsible for selection of the independent  
auditors and oversight of the audit.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>Portland Museum, Inc.</b>	Employer identification number (EIN) or <b>[REDACTED]</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2308 Portland Avenue</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Louisville, KY 40212</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**Nathalie Andrews, Executive Director**

- The books are in the care of **▶ 2308 Portland Avenue - Louisville, KY 40212-1036**  
Telephone No. **▶ 502-776-7678** Fax No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **May 15, 2017**

5 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**Additional time is needed to gather third party information in order to file a complete and accurate return**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ CPA** Date **▶**

RESTATED ARTICLES OF INCORPORATION

OF

ROOSEVELT COMMUNITY SCHOOLS, INC.

AUG 26 1986

*Dorel R. Davis*  
SECRETARY OF STATE

We, THE UNDERSIGNED, duly elected President and Secretary of the Roosevelt Community Schools, Inc., hereby certify that said corporation is a nonstock, nonprofit corporation incorporated on January 3, 1975, under the laws of the Commonwealth of Kentucky, and Chapter 173 of the Kentucky Revised Statutes more particularly.

We further certify that the following Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation as theretofore amended, and that they supercede said Articles of incorporation and all amendments thereto.

We further certify that Articles I through IX all incorporate amendments to the Articles of incorporation as heretofore amended, and that except for these amendments, these Restated Articles of incorporation set forth without change the corresponding provisions of the Articles of incorporation as heretofore amended, and that they supercede said Articles of incorporation as amended.

We further certify that the following Restated Articles of Incorporation were adopted at a special meeting of the Board of Directors of the corporation held on August 13, 1986, that a quorum was present, and that said Articles received the unanimous vote of the members present who were entitled to cast votes.

ARTICLE ONE

The name of said corporation shall be Port and Museum, Inc.

ARTICLE TWO

The duration of the corporation shall be perpetual.

ARTICLE THREE

The Corporation is organized and shall be operated exclusively for educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 or corresponding provisions of any later Federal tax laws, including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

To enrich the lives and educational opportunities of Portland residents and visitors, the purposes of the Corporation shall be more specifically stated to include, but not be limited to the following:

1. Owning and operating a museum;
2. developing and maintaining collections of art, artifacts, and documents relating to Portland, Kentucky and its relationship to the Ohio River system, Louisville, Jefferson County, Kentucky, the nation, and the world;
3. celebrating and complementing the culture and heritage of Portland through programs, exhibits, concerts, publications, productions, and other means;
4. providing educational services, including publications, programs, classes, exhibitions, and other means, to residents, the public-at-large, and schools, both public and private;
5. conducting professional research into the history, heritage and culture of Portland and, recognizing the importance of Portland's heritage as a maritime center, into the history and present usage of the Ohio River, the Falls of the Ohio, navigation of the Ohio, the Western Waters, and other continental rivers of North America;
6. operating an arts program of classes, arts education, exhibition, and performance, both in the museum and at remote sites;
7. encouraging the preservation of the built environment of Portland, its landmarks, buildings, bridges, and other historical and cultural assets through education, exhibition, example, and other means.

#### ARTICLE FOUR

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

#### ARTICLE FIVE

The Corporation shall be empowered to do all acts reasonable and necessary and within the laws of the State of

Kentucky, in particular those enumerated in KRS 273.171, to further its purposes set out in Article IV, except as follows and as otherwise stated in these articles:

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

b) Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954 or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

#### ARTICLE SIX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

ARTICLE SEVEN

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE EIGHT

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 or corresponding provisions of any later Federal tax laws, as the Board of Directors shall determine.

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

ARTICLE NINE

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263.

Chasteen Bush  
Chasteen Bush, Chairperson

Helen Franz  
Helen Franz, Secretary

STATE OF KENTUCKY  
COUNTY OF JEFFERSON

The foregoing Restated Articles of Incorporation were acknowledged before me this 15<sup>th</sup> day of August, 1986 by Chasteen Bush, Chairperson, and Helen Franz, Secretary of the Roosevelt Community School, Inc., a Kentucky Corporation, on behalf of the Corporation.

Witness my hand and official seal this 15<sup>th</sup> day of August, 1986.

My Commission Expires: 3/10/87



*Mally A. Leonard, NP*  
NOTARY PUBLIC KENTUCKY  
STATE-AT-LARGE  
*My Commission Expires*  
*3/10/87*

This document prepared by

*Jeffrey B. Segal*  
Jeffrey B. Segal, Attorney-at-Law  
Legal Aid Society  
425 West Muhammad Ali Boulevard  
Louisville, Kentucky 40202  
(502) 584-1354

*A 68135*  
LOGGED BY *Segal*  
AND RECORDED  
1986 AUG 28 PM 1:40  
PAID \$ *8.50*  
JIM POPP, MALONE J.C.G.  
*Jim Popp*

END OF DOCUMENT

**KENTUCKY HISTORICAL SOCIETY**

**INVOICE**

100 West Broadway  
Frankfort, KY 40601  
Phone (502) 564-1792 Fax (502) 564-4701

DATE: APRIL 24, 2017

**TO:**  
Cheri Bryant Hamilton  
601 W. Jefferson St.  
Louisville, KY 40202

**COMMENTS OR SPECIAL INSTRUCTIONS:**

Please address envelope c/o Historical Highway Marker Program. Marker will be installed by KYTC.  
Note: Please allow 6-8 weeks for delivery once marker is ordered.

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
	<p style="text-align: center;"><b>RED CROSS HOSPITAL</b></p> <p>County: Jefferson Location: Louisville</p>		2500.00
		SUBTOTAL	
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL DUE	<b>2500.00</b>

Please make all checks payable to **Kentucky Historical Society**

If you have any questions concerning this invoice, contact  
Becky Riddle, (502) 564-1792, ext. 4474.

**Thank you!**



# KENTUCKY HISTORICAL SOCIETY

# INVOICE

100 West Broadway  
Frankfort, KY 40601  
Phone (502) 564-1792 Fax (502) 564-4701

DATE: APRIL 21, 2016

**TO:**  
Teresa Lee  
2308 Portland Ave.  
Louisville, KY 40212

**COMMENTS OR SPECIAL INSTRUCTIONS:**

Please address envelope c/o Historical Highway Marker Program. Marker to be installed by KYTC.  
Note: Please allow 6-8 weeks for delivery

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
	<b>A LANDMARK CIVIL RIGHTS VICTORY</b>  County: Jefferson Location: Louisville		2500.00
		SUBTOTAL	
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL DUE	<b>2500.00</b>

Please make all checks payable to **Kentucky Historical Society**

If you have any questions concerning this invoice, contact  
Becky Riddle, (502) 564-1792, ext. 4474.

**Thank you!**



KENTUCKY TOURISM, ARTS AND HERITAGE CABINET  
KENTUCKY HISTORICAL SOCIETY

Matthew G. Bevin  
Governor

100 West Broadway  
Frankfort, Kentucky 40601  
Phone 502-564-1792  
Fax 502-564-4701  
[www.history.ky.gov](http://www.history.ky.gov)

Don Parkinson  
Secretary

Kent Whitworth  
Executive Director

Teresa Lee  
2308 Portland Ave.  
Louisville, KY 40212

Dear Teresa Lee,

The Kentucky Historical Society was pleased with number and quality of applications we received for the March 1 deadline. After review by our advisory committee, we have approved the applications that, we believe, will be excellent additions to the Kentucky Historical Markers. I am happy to report that your request for **A LANDMARK CIVIL RIGHTS VICTORY** was approved.

I have attached an invoice for the marker. As soon as we receive payment, we will begin the process of verifying the research and editing the text. Keep in mind that we may request more information or documentation from you during this process. Once we have a draft of the text ready, we will send it to you for your approval. When both you and KHS are happy with the text, we will have you sign off on it and the marker will be ordered. It takes about 6 weeks from the time the marker is ordered until it is completed and shipped to the D.O.T. facility in your district. Please keep that in mind as you are planning the date for your marker dedication. I have, also, attached information concerning the dedication planning process. Please complete the form and return to me 30 days prior to the dedication.

I am looking forward to working with you on this worthwhile project. If you have any questions or concerns, please feel free to contact me at (502) 564-1792, ext. 4474 or [becky.riddle@ky.gov](mailto:becky.riddle@ky.gov).

Sincerely,  
  
Becky Riddle, Coordinator  
Historical Marker Program



KENTUCKY TOURISM, ARTS AND HERITAGE CABINET  
KENTUCKY HISTORICAL SOCIETY

Matthew G. Bevin  
Governor

100 West Broadway  
Frankfort, Kentucky 40601  
Phone 502-564-1792  
Fax 502-564-4701  
[www.history.ky.gov](http://www.history.ky.gov)

Don Parkinson  
Secretary

Kent Whitworth  
Executive Director

Teresa Lee  
2308 Portland Ave.  
Louisville, KY 40212

Dear Teresa Lee,

The Kentucky Historical Society was pleased with number and quality of applications we received for the March 1 deadline. After review by our advisory committee, we have approved the applications that, we believe, will be excellent additions to the Kentucky Historical Markers. I am happy to report that your request for **A LANDMARK CIVIL RIGHTS VICTORY** was approved.

I have attached an invoice for the marker. As soon as we receive payment, we will begin the process of verifying the research and editing the text. Keep in mind that we may request more information or documentation from you during this process. Once we have a draft of the text ready, we will send it to you for your approval. When both you and KHS are happy with the text, we will have you sign off on it and the marker will be ordered. It takes about 6 weeks from the time the marker is ordered until it is completed and shipped to the D.O.T. facility in your district. Please keep that in mind as you are planning the date for your marker dedication. I have, also, attached information concerning the dedication planning process. Please complete the form and return to me 30 days prior to the dedication.

I am looking forward to working with you on this worthwhile project. If you have any questions or concerns, please feel free to contact me at (502) 564-1792, ext. 4474 or [becky.riddle@ky.gov](mailto:becky.riddle@ky.gov).

Sincerely,  
  
Becky Riddle, Coordinator  
Historical Marker Program

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**PORTLAND MUSEUM, INC.**

**JUNE 30, 2016 AND 2015**

## CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	3
FINANCIAL STATEMENTS:	
STATEMENTS OF FINANCIAL POSITION	5
STATEMENTS OF ACTIVITIES	6
SCHEDULES OF FUNCTIONAL EXPENSES	7
STATEMENTS OF CASH FLOWS	8
NOTES TO FINANCIAL STATEMENTS	9

## **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees of  
Portland Museum, Inc.  
Louisville, KY

We have audited the accompanying financial statements of Portland Museum, Inc. (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2016 and 2015, 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 audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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 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 Portland Museum, Inc. as of June 30, 2016 and 2015, 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.

*Baldwin CPAs, PLLC*

Louisville, Kentucky  
March 22, 2017

**STATEMENTS OF FINANCIAL POSITION  
PORTLAND MUSEUM, INC.  
JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
<b>ASSETS</b>		
Cash	\$ 110,081	\$ 105,713
Grants receivable	3,385	28,590
Inventory	4,000	4,000
Investments	103,518	93,510
Cash restricted for long-term purposes	8,822	37,473
Collections acquired since July 1, 1995	509,556	499,556
Land, building and equipment, net	<u>1,277,048</u>	<u>1,320,607</u>
Total assets	<u>\$ 2,016,410</u>	<u>\$ 2,089,449</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 25,295	\$ 23,849
Mortgage payable	<u>285,114</u>	<u>294,360</u>
Total liabilities	<u>310,409</u>	<u>318,209</u>
<b>NET ASSETS</b>		
Unrestricted	1,412,817	1,507,306
Temporarily restricted	242,744	213,494
Permanently restricted	<u>50,440</u>	<u>50,440</u>
Total net assets	<u>1,706,001</u>	<u>1,771,240</u>
Total liabilities and net assets	<u>\$ 2,016,410</u>	<u>\$ 2,089,449</u>

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

**STATEMENTS OF ACTIVITIES  
PORTLAND MUSEUM, INC.  
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015**

	2016				2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Revenue and support:</b>								
Contributions and grants	\$ 68,807	\$ 113,986	\$ -	\$ 182,793	\$ 40,952	\$ 184,660	\$ -	\$ 225,612
Admissions and program fees	3,328	-	-	3,328	45,644	-	-	45,644
Special events	5,362	-	-	5,362	5,199	-	-	5,199
Special events expense	(59)	-	-	(59)	(865)	-	-	(865)
Designated endowment distribution	33,731	-	-	33,731	34,433	-	-	34,433
Investment income	2,990	-	-	2,990	2,934	-	-	2,934
Unrealized gain (loss)	-	10,008	-	10,008	-	(11,849)	-	(11,849)
<b>Total revenue and support</b>	<b>114,159</b>	<b>123,994</b>	<b>-</b>	<b>238,153</b>	<b>128,297</b>	<b>172,811</b>	<b>-</b>	<b>301,108</b>
<b>Net assets released from restrictions:</b>								
Satisfaction of restriction	94,744	(94,744)	-	-	148,155	(148,155)	-	-
<b>Total revenue, support and reclassifications</b>	<b>208,903</b>	<b>29,250</b>	<b>-</b>	<b>238,153</b>	<b>276,452</b>	<b>24,656</b>	<b>-</b>	<b>301,108</b>
<b>Expenses:</b>								
Program services	241,324	-	-	241,324	225,830	-	-	225,830
Management and general	50,979	-	-	50,979	43,029	-	-	43,029
Fundraising	11,089	-	-	11,089	10,755	-	-	10,755
<b>Total expenses</b>	<b>303,392</b>	<b>-</b>	<b>-</b>	<b>303,392</b>	<b>279,614</b>	<b>-</b>	<b>-</b>	<b>279,614</b>
<b>Increase (decrease) in net assets</b>	<b>(94,489)</b>	<b>29,250</b>	<b>-</b>	<b>(65,239)</b>	<b>(3,162)</b>	<b>24,656</b>	<b>-</b>	<b>21,494</b>
Net assets at beginning of year	1,507,306	213,494	50,440	1,771,240	1,510,468	188,838	50,440	1,749,746
Net assets at end of year	<u>\$ 1,412,817</u>	<u>\$ 242,744</u>	<u>\$ 50,440</u>	<u>\$ 1,706,001</u>	<u>\$ 1,507,306</u>	<u>\$ 213,494</u>	<u>\$ 50,440</u>	<u>\$ 1,771,240</u>

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

**SCHEDULES OF FUNCTIONAL EXPENSES  
PORTLAND MUSEUM, INC.  
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015**

	2016				2015			
	<u>Program</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total</u>	<u>Program</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total</u>
Salaries	\$ 78,013	\$ 29,087	\$ 6,900	\$ 114,000	\$ 66,053	\$ 23,013	\$ 6,900	\$ 95,966
Payroll taxes and benefits	6,913	2,578	611	10,102	5,802	2,022	606	8,430
Professional fees	-	5,000	-	5,000	1,996	5,000	-	6,996
Advertising	20	-	-	20	-	-	-	-
Contract services	29,092	-	-	29,092	31,778	-	-	31,778
Supplies	6,666	529	132	7,327	8,177	189	47	8,413
Printing	7,328	838	209	8,375	8,389	959	240	9,588
Postage	2,860	327	82	3,269	2,203	252	63	2,518
Telephone	1,910	218	55	2,183	1,952	223	56	2,231
Insurance	9,311	1,064	266	10,641	9,440	1,079	270	10,789
Utilities	12,075	1,380	345	13,800	12,131	1,386	347	13,864
Security	1,955	223	56	2,234	1,955	223	56	2,234
Repairs and maintenance	18,198	2,080	520	20,798	11,787	1,347	337	13,471
Interest expense	11,963	1,367	342	13,672	10,509	1,201	300	12,010
Travel and conferences	1,538	176	44	1,758	2,915	333	83	3,331
Books, publications, and dues	219	25	6	250	219	25	6	250
Miscellaneous	886	101	25	1,012	924	108	27	1,059
Depreciation	52,377	5,986	1,496	59,859	49,600	5,669	1,417	56,686
<b>Total expenses</b>	<b>\$ 241,324</b>	<b>\$ 50,979</b>	<b>\$ 11,089</b>	<b>\$ 303,392</b>	<b>\$ 225,830</b>	<b>\$ 43,029</b>	<b>\$ 10,755</b>	<b>\$ 279,614</b>

The accompanying notes are an integral part of these financial statements

**STATEMENTS OF CASH FLOWS  
PORTLAND MUSEUM, INC.  
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015**

	2016	2015
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ (65,239)	\$ 21,494
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	59,859	56,686
Unrealized (gains) losses on investments	(10,008)	11,849
In-kind donation to collections	(10,000)	(2,500)
(Increase) decrease in operating assets:		
Grants receivable	25,205	(5,590)
Increase (decrease) in operating liabilities		
Accounts payable and accrued expenses	1,446	(32,986)
Net cash provided (used) by operating activities	1,263	48,953
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of equipment and building improvements	(16,300)	(67,824)
Release of restricted cash	28,651	22,612
Net cash provided (used) by investing activities	12,351	(45,212)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Proceeds from mortgage refinance	-	105,495
Payments on mortgage payable	(9,246)	(3,879)
Net cash provided (used) by financing activities	(9,246)	101,616
Net increase (decrease) in cash	4,368	105,357
Cash at beginning of year	105,713	356
Cash at end of year	<b>\$ 110,081</b>	<b>\$ 105,713</b>
<b>SUPPLEMENTAL INFORMATION</b>		
Interest paid	<b>\$ 13,672</b>	<b>\$ 12,010</b>

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

**NOTES TO FINANCIAL STATEMENTS  
PORTLAND MUSEUM, INC.  
JUNE 30, 2016 AND 2015**

**NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The Portland Museum, Inc. (the Museum) collects, exhibits and interprets information and artifacts relating to the Portland Neighborhood of Louisville, Kentucky, and provides programs in the arts and humanities to enrich the lives and educational opportunities of Portland families and visitors.

A significant portion of the Museum's funding is from competitive grants received from federal, state and local government agencies. From time to time, the Museum is compensated for program services that it performs for local government and others. The Museum receives donations and grants from foundations, businesses and individuals.

**Basis of Accounting**

The Museum prepares its financial statements in accordance with accounting principles generally accepted in the United States of America.

**Basis of Presentation**

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the Museum is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net assets categories follows:

Unrestricted Net Assets: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets: include gifts for which donor-imposed restrictions have not been met.

Permanently Restricted Net Assets: include amounts which the donor has stipulated that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Cash**

The Museum considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents. Cash restricted for capital expenditures is not included in cash, but is recorded as restricted cash.

**Grants Receivable**

Grants receivable consist primarily of reimbursement contracts billed but not received. All are considered collectible, so no allowance for doubtful accounts is necessary.

**Promises to Give**

Unconditional promises to give are recognized as revenues or gains in the period received and as assets, decreases of liabilities or expenses depending on the form of the benefits received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

**Inventory**

Inventory, consisting of gift shop merchandise, is stated at the lower of cost or market determined on a first-in, first-out basis.

**Investments**

The Museum carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets in the accompanying statement of activities.

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

The ASC establishes a framework for measuring fair value and expands disclosures required for fair value measurements. It also establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three levels. These levels, in order of lowest to highest priority are described as follows:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.

Level 2 – Observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the organization's own assumptions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Museum believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Restricted Cash**

The Museum holds cash designated as restricted for capital purchases. Restricted cash held by the Museum is classified as cash restricted for long-term purposes on the statement of financial position. Restricted cash for this purpose as of June 30, 2016 and 2015 was \$8,822 and \$37,473, respectively.

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**Collections**

*Collection items acquired prior to adoption of Accounting Standards Codification 958-360-25.* Collection items acquired by contribution prior to July 1, 1995 were not recognized in the financial statements. Purchases of collection items prior to July 1, 1995 were recorded as decreases in unrestricted net assets. Proceeds from deaccessions or insurance recoveries on collection items acquired prior to July 1, 1995 are reflected on the statement of activities based on the absence or existence and nature of donor-imposed restrictions.

*Collection items acquired after adoption of Accounting Standards Codification 958-360-25.* Collection items acquired on or after July 1, 1995 are recorded at cost if purchased and at appraised or fair value at date of accession if donated. Gains and losses from deaccessions are reported as changes in net assets based on the absence or existence and nature of donor-imposed restrictions.

**Land, Building and Equipment**

Donations of land, building and equipment are recorded as contributions at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. The cost of property and equipment purchased in excess of \$500 is capitalized. Land, building, and equipment is depreciated using the straight-line method over the estimated useful lives of the related assets.

**Contributions**

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**Expense Allocation**

Expenses are allocated to programs and supporting services on the basis of direct salaries and square footage.

**Income Tax Status**

The Museum is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Museum's tax-exempt purposes could be subject to taxation as unrelated business income. The Museum qualified for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

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.

**NOTE 2. CONCENTRATIONS OF CREDIT RISK**

Investments - Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of the Museum. To address the risk, the Museum maintains a formal investment policy that sets out investment guidelines, asset allocation guidelines and requires review of the investment manager's performance.

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**NOTE 3. INVESTMENTS**

Investments are valued using level 1 inputs based on unadjusted quoted market prices within active markets and consist of stocks. Cost, fair value and unrealized appreciation at June 30, 2016 and 2015 were as follows:

<u>June 30, 2016</u>	<u>Cost Basis</u>	<u>Fair Value</u>	<u>Unrealized Appreciation</u>
Common stock	<u>\$ 42,720</u>	<u>\$ 103,518</u>	<u>\$ 60,798</u>
 <u>June 30, 2015</u>			
Common stock	<u>\$ 42,720</u>	<u>\$ 93,510</u>	<u>\$ 50,790</u>

**NOTE 4. LAND, BUILDING AND EQUIPMENT**

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated useful lives on a straight-line basis. At June 30, 2016 and 2015 the cost and accumulated depreciation of such assets were as follows:

	<u>2016</u>	<u>2015</u>
Land	\$ 29,595	\$ 29,595
Buildings and improvements	2,140,144	2,125,244
Furniture and equipment	<u>132,077</u>	<u>130,677</u>
Total costs	2,301,816	2,285,516
Less accumulated depreciation	<u>(1,024,768)</u>	<u>(964,909)</u>
Land, building and equipment, net	<u>\$ 1,277,048</u>	<u>\$ 1,320,607</u>
Depreciation expense	<u>\$ 59,859</u>	<u>\$ 56,686</u>

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**NOTE 5. MORTGAGE PAYABLE**

Mortgage payable consists of 53 monthly payments of \$1,877, including interest at 4.5%, secured by a building, with a balloon payment due at maturity date of December 2019. The balance at June 30, 2016 and 2015 was \$285,114 and \$294,360, respectively.

Maturities of long-term debt for the next four years are as follows:

6/30/17	\$ 9,564
6/30/18	10,104
6/30/19	10,574
6/30/20	<u>254,872</u>
	<u>\$ 285,114</u>

**NOTE 6. TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets are available for the following purposes:

	<u>2016</u>	<u>2015</u>
Endowment earnings for operations	\$ 53,078	\$ 43,070
Program	107,564	36,521
Personnel, training and materials	73,280	96,430
Land, building and equipment	<u>8,822</u>	<u>37,473</u>
Total	<u>\$ 242,744</u>	<u>\$ 213,494</u>

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**NOTE 7. PERMANENTLY RESTRICTED NET ASSETS**

Endowment Investment and Spending Policies

The Uniform Prudent Management of Institutional Funds Act (UPMIFA) eliminates the requirement to maintain the historic dollar value of donor restricted endowments and instead focuses on donor intent and spending practices that are prudent for the uses, benefits, purposes and duration for which the endowment fund is established. The Museum has elected to maintain the historical dollar amount of the endowment as permanently restricted net assets. UPMIFA also places a time restriction on the earnings retained in the endowment fund. The Museum adopted FASB ASC 958-205 in the year ending June 30, 2011, which provides guidance and additional disclosures on the net asset classification of endowment funds.

The Museum has adopted investment policies seeking to provide long-term growth and moderate income. In consideration of the guidelines, the following investment objective should be met: 1) Provide over the long term through the management of a quality fixed income portfolio; 2) Provide over the long term through the management of a quality equity securities portfolio, results that will exceed those provided by the Standard and Poor's 500 Index. It is expected that the manager will attempt to reduce the volatility of returns inherent in the management of such investments; 3) Attempt to provide consistent and positive total rates of return in the range of 10%; and 4) Provide for the preservation of the purchasing power of capital to the greatest extent possible under the objectives and guidelines set forth.

The Museum has not adopted a spending policy.

Endowment net assets composition by type at June 30, 2016 and 2015 are as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
June 30, 2016	\$ -	\$ 53,078	\$ 50,440	\$ 103,518
June 30, 2015	\$ -	\$ 43,070	\$ 50,440	\$ 93,510

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

Changes in endowment net assets for the year ended June 30, 2016 and 2015 are as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Balance June 30, 2014	-	54,919	50,440	105,359
Investment return				
Realized income (loss)	-	-	-	-
Market value change	-	(11,849)	-	(11,849)
Contribution	-	-	-	-
Total investment return	-	(11,849)	-	(11,849)
Endowment income transfer	-	-	-	-
Distributions	-	-	-	-
Balance June 30, 2015	<u>\$ -</u>	<u>\$ 43,070</u>	<u>\$ 50,440</u>	<u>\$ 93,510</u>
Investment return				
Realized income (loss)	-	-	-	-
Market value change	-	10,008	-	10,008
Contribution	-	-	-	-
Total investment return	-	10,008	-	10,008
Endowment income transfer	-	-	-	-
Distributions	-	-	-	-
Balance June 30, 2016	<u>\$ -</u>	<u>\$ 53,078</u>	<u>\$ 50,440</u>	<u>\$ 103,518</u>

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**NOTE 8. DESIGNATED ENDOWMENT FUND**

In 1986, the Museum deposited monies into a Designated Endowment Fund (Endowment Fund A) at the Louisville Community Foundation to support the Museum's humanities programs. The fair value of the Endowment's investments at June 30, 2016 and 2015 was \$761,005 and \$792,451, respectively, and is not recorded in the accompanying financial statements because the Louisville Community Foundation has variance power. Such treatment is in accordance with Financial Accounting Standards Board in its Accounting Standards Codification 958-605, "Transfer of Assets to a Not-for-Profit Organization or Charitable Trust that Raises or Holds Contributions for Others." Distributions from the Louisville Community Foundation to the Museum were \$33,731 and \$34,433 for the years ended June 30, 2016 and 2015, respectively.

**NOTE 9. CONTRIBUTED MATERIALS AND SERVICES**

The Museum records various types of in-kind contributions. Contributed services are recognized at fair market value if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized at fair market value when received. The amounts reflected in the accompanying financial statements as in-kind contributions are offset by like amounts included in expenses or additions to property and equipment. In-kind contributions include collections and these were \$10,000 and \$2,500 for the years ended June 30, 2016 and 2015, respectively.

In addition, volunteers have donated approximately 371 hours to the Museum's program and support services. These contributions in-kind are not reflected in the financial statements since these services do not meet the criteria for recognition.

**NOTE 10. CONTINGENCY**

The Museum signed a no-interest promissory note for \$30,000 for roof repairs with Metro Louisville that becomes due and payable if the Museum fails to occupy the real property at 2308 Portland Avenue. The note is in effect until 2020, and is secured by a real estate mortgage on the property.

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**PORTLAND MUSEUM, INC.**  
**JUNE 30, 2016 AND 2015**

**NOTE 11. GOING CONCERN/NET ASSET BORROWING**

The Museum has experienced difficulty in obtaining sufficient unrestricted funds to provide working capital. The \$1,789,000 invested in land, buildings, equipment and collections exceeds the approximate \$1,415,000 in unrestricted net assets at June 30, 2016. As a result, approximately \$89,000 of restricted funds have been used over the years for working capital purposes, and borrowings of \$285,000 have been made on real estate holdings.

Management has obtained approximately \$100,000 in grants after June 30, 2016 for operating, programs and capital.

Management acknowledges that uncertainty remains over the ability of the organization to raise unrestricted funds.

**NOTE 12. SUBSEQUENT EVENTS**

Management has evaluated subsequent events for recognition or disclosure in the financial statements through March 22, 2017, which was the date at which the financial statements were available to be issued.

Portland Museum  
Staff List  
June 2017

Nathalie Andrews  
Executive Director  
(\$69,000 annual salary)

Katherine Taft  
Communications/Office Manager  
(\$31,700 annual salary)

Teresa Lee  
Museum Educator/Visitor Services  
(\$31,700 annual salary)

---

**PORTLAND MUSEUM, INC.**


---

**General Information**


---

<b>Organization Number</b>	0044536
<b>Name</b>	PORTLAND MUSEUM, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>Organization Date</b>	1/9/1975
<b>Last Annual Report</b>	5/12/2017
<b>Principal Office</b>	2308 PORTLAND AVE. LOUISVILLE, KY 40212
<b>Registered Agent</b>	PORTLAND MUSEUM, INC. 2308 PORTLAND AVE. LOUISVILLE, KY 40212

**Current Officers**


---

<b>President</b>	<u>Maria Brogli McGary</u>
<b>Secretary</b>	<u>Rosanne Kruzich</u>
<b>Treasurer</b>	<u>Sherry Cockrell</u>
<b>Director</b>	<u>Rosanne Kruzich</u>
<b>Director</b>	<u>Judy Schroeder</u>
<b>Director</b>	<u>Doug Magee</u>
<b>Director</b>	<u>Maria Brogli McGary</u>
<b>Director</b>	<u>Sherry Cockrell</u>
<b>Director</b>	<u>Anne Wunsch</u>
<b>Director</b>	<u>Amy Lowen</u>

**Individuals / Entities listed at time of formation**


---

<b>Director</b>	<u>ANITA PHILLIPS</u>
<b>Director</b>	<u>MAE DENNIS</u>
<b>Director</b>	<u>CHASTEEN BUSH</u>
<b>Director</b>	<u>CAROL CAPEHART</u>
<b>Director</b>	<u>JOHN FRENCH</u>
<b>Incorporator</b>	<u>FAITH SADLER</u>
<b>Incorporator</b>	<u>PATSY NEWLAND</u>
<b>Incorporator</b>	<u>CHASTEEN BUSH</u>
<b>Incorporator</b>	<u>JAMES BACK</u>
<b>Incorporator</b>	<u>ANITA PHILLIPS</u>

**Images available online**


---

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

<a href="#">Annual Report</a>	5/12/2017	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/29/2016	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/21/2015	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/11/2014	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	7/1/2013 10:53:03 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/1/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/8/2012	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	3/10/2011 1:30:25 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/10/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/9/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/9/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/30/2008	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/20/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/31/2006	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/1/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/2/2004	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	9/24/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	10/1/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/12/2001	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/25/2000	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/30/1999	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	11/16/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/3/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	9/13/1995	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	9/13/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/2/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	6/22/1988	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Restated Articles</a>	8/26/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	4/8/1986	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/7/1986	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Letters</a>	2/11/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Revocation of Certificate of Authority</a>	1/30/1986	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Revocation of Certificate of Authority</a>	1/30/1986	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Revocation of Certificate of Authority</a>	1/30/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Six Month Notice</a>	7/29/1985	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Six Month Notice</a>	7/29/1985	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

<a href="#">Statement of Change</a>	7/17/1981	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/29/1979	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1977	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/13/1977	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	10/1/1975	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	1/9/1975	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

---

## Activity History

---

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/12/2017 9:55:35 AM	5/12/2017 9:55:35 AM	
Annual report	3/29/2016 11:14:09 AM	3/29/2016 11:14:09 AM	
Annual report	8/21/2015 12:23:01 PM	8/21/2015 12:23:01 PM	
Annual report	8/11/2014 1:06:33 PM	8/11/2014 1:06:33 PM	
Annual report	7/1/2013 11:05:33 AM	7/1/2013 11:05:33 AM	
Registered agent address change	7/1/2013 10:53:03 AM	7/1/2013 10:53:03 AM	
Annual report	2/8/2012 4:41:36 PM	2/8/2012 4:41:36 PM	
Annual report	3/10/2011 1:43:11 PM	3/10/2011 1:43:11 PM	
Registered agent address change	3/10/2011 1:30:25 PM	3/10/2011 1:30:25 PM	
Annual report	3/9/2010 4:25:31 PM	3/9/2010 4:25:31 PM	
Annual report	2/9/2009 3:05:31 PM	2/9/2009 3:05:31 PM	
Annual report	6/30/2008 10:13:44 AM	6/30/2008 10:13:44 AM	
Annual report	2/20/2007 10:20:25 AM	2/20/2007 10:20:25 AM	
Annual report	8/31/2006 3:11:19 PM	8/31/2006 3:11:19 PM	
Annual report	8/1/2005	8/1/2005	
Annual report	7/2/2004	7/2/2004	
Annual report	11/3/1998	11/3/1998	
Sixty day notification	9/1/1998	9/1/1998	
Reinstatement	9/13/1995	9/13/1995	
Registered agent address change	9/13/1995	9/13/1995	
Admin Dis. A. report not in	11/2/1992	11/2/1992	
Restated articles	8/26/1986	8/26/1986	
Amendment previous name	8/26/1986	8/26/1986	<a href="#">ROOSEVELT COMMUNITY SCHOOL, INC.</a>
Amendment - Miscellaneous amendments	10/1/1975	10/1/1975	

## Microfilmed Images

---

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

Annual Report	12/31/2004 2:10:42 PM	1 page
Annual Report	9/24/2003	1 page
Annual Report	10/1/2002	1 page
Annual Report	9/12/2001	2 pages
Annual Report	8/25/2000	2 pages
Annual Report	8/30/1999	2 pages
Annual Report	11/16/1998	1 page
Administrative Dissolution	11/3/1998	1 page
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	2 pages
Statement of Change	9/13/1995	1 page
Reinstatement	9/13/1995	2 pages
Administrative Dissolution	11/2/1992	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	4 pages
Annual Report	7/1/1989	4 pages
Statement of Change	6/22/1988	1 page
Amendment	8/26/1986	6 pages
Restated Articles	8/26/1986	1 page
Reinstatement	4/8/1986	2 pages
Statement of Change	4/7/1986	2 pages
Revocation of Certificate of Authority	1/30/1986	1 page
Revocation of Certificate of Authority	1/30/1986	2 pages
Revocation of Certificate of Authority	1/30/1986	1 page
Six Month Notice	7/29/1985	1 page
Six Month Notice	7/29/1985	2 pages
Statement of Change	7/17/1981	2 pages
Statement of Change	5/29/1979	2 pages
Annual Report	7/1/1977	5 pages
Statement of Change	4/13/1977	2 pages
Amendment	10/1/1975	4 pages
Articles of Incorporation	1/9/1975	4 pages