

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

Applicant/Program: Spin A Yarn Storytelling Festival

Executive Summary of Request:
On June 6, 2015 the Lou Tate Foundation, Inc. will host the 7th annual Spin A Yarn Storytelling Festival at the Little Loomhouse, located at 328 Kenwood Hill Road. This year the festival will feature the following entertainment suitable for all ages: storytellers, bluegrass music, tours of the Loomhouse cabins, weaving and spinning demonstrations, Cherokee indian history education, and children's fair.

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.

21 District # [Signature] Primary Sponsor Signature \$3,785.00 Amount June 2, 2015 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.

Barbara Nichols, a board member, also works as Administrative Clerk in District 21

Approved by:

Appropriations Committee Chairman Date

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

**OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 6/3/15 TIME 1:40**

LOU TATE FOUNDATION, INC.

General Information

Organization Number	0141264
Name	LOU TATE FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	10/1/1979
Organization Date	10/1/1979
Last Annual Report	6/7/2014
Principal Office	P.O. BOX 9124 328 KENWOOD HILL RD. LOUISVILLE, KY 40209
Registered Agent	LESLIE CLEMENTS 328 KENWOOD HILL RD. PO BOX 9124 LOUISVILLE, KY 40209

Current Officers

President	<u>Leslie Clements</u>
Vice President	<u>Sara Reyna-Byler</u>
Secretary	<u>Kathy Buskill</u>
Treasurer	<u>John Wakeley Purple</u>
Director	<u>Mary Stuart Reichard</u>
Director	<u>Barbara Terranova</u>
Director	<u>Rosemary Hauck McCandless</u>
Director	<u>Mona Cattan-Lewis</u>
Director	<u>Stephanie Brown</u>
Director	

	<u>Sylvia Arnold Kinsfather</u>
Director	<u>Barbara Nichols</u>
Director	<u>Melissa Amos-Jones</u>
Director	<u>Ruth Bennett</u>
Director	<u>Stefanie Buzan</u>
Director	<u>Bruce Howard</u>

Individuals / Entities listed at time of formation

Director	<u>SUE KENDRICK</u>
Director	<u>VIVIAN HYATT</u>
Director	<u>CHARLES L MOBERLY</u>
Director	<u>JOHN E RYAN JR</u>
Director	<u>THELMA HOGAN</u>
Incorporator	<u>SUE KENRICK</u>
Incorporator	<u>VIVIAN HYATT</u>
Incorporator	<u>CHARLES L MOBERLY</u>
Incorporator	<u>JOHN E RYAN JR</u>
Incorporator	<u>THELMA HOGAN</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.

<u>Annual Report</u>	6/7/2014	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	5/24/2014 5:36:29 PM	1 page	<u>PDF</u>
<u>Annual Report</u>	2/15/2013	1 page	<u>PDF</u>
<u>Principal Office Address Change</u>	1/20/2012 11:11:47 AM	1 page	<u>PDF</u>
<u>Annual Report</u>	1/20/2012	1 page	<u>PDF</u>
<u>Annual Report</u>	3/3/2011	1 page	<u>PDF</u>
<u>Annual Report</u>	5/20/2010	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	2/16/2009	1 page	<u>tiff</u> <u>PDF</u>
<u>Annual Report</u>	1/22/2009	1 page	<u>PDF</u>
<u>Annual Report Amendment</u>	1/22/2009	1 page	<u>PDF</u>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		The Lou Tate Foundation, Inc.	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 328 Kenwood Hill Rd., P.O. Box 9124, Louisville, KY, 40209-9124			
Website: www.littleloomhouse.org			
Applicant Contact:	Leslie Clements	Title:	President, Board of Directors
Phone:	502-641-3179	Email:	lesliemclements@yahoo.com
Financial Contact:	John Wakeley Purple	Title:	Treasurer
Phone:	502-368-6406	Email:	treasurer@littleloomhouse.org
Organization's Representative who attended NDF Training: John Wakeley Purple			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	328 Kenwood Hill Rd. Louisville, KY, 40214		
Council District(s):	21, Dan Johnson	Zip Code(s):	40214
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Spin A Yarn Storytelling Festival			
Total Request: (\$)	\$3,785.00	Total Metro Award (this program) in previous year: (\$)	\$2,000.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	NDF	Amount: (\$)	1,175.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

On June 6, 2015, the Lou Tate Foundation, Inc. will host our seventh annual Spin A Yarn Storytelling Festival at the Little Loomhouse, located at 328 Kenwood Hill Road. This year the Spin A Yarn Storytelling Festival will feature the following entertainment suitable for all ages:

- 15 local storytellers will charm the audience with a variety of stories and humor
- Bluegrass music from regionally acclaimed musician Jeff Guernsey and Tammy Burke
- Tours of the historic Little Loomhouse cabins
- Weaving and spinning demonstrations
- Cherokee Indian history education tent
- Children's Fair –
 - Children can experience and participate in multiple stages of textile creation and transformation
 - School of Folk will perform and host an onstage workshop for the children.
 - Children's face painting

Parking for the event will be provided offsite at DeSales High School 425 W. Kenwood Drive. Patrons will park and then ride the TARC trolley to the Little Loomhouse. Available throughout the entire event.

The festival puts the Loomhouse center stage as a gathering spot enabling the neighborhood and Metro Community to come together, enjoy the amenities and learn the rich history of our heritage.

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

Expenses	Estimated Cost		
	Metro	Non-Metro	
Yarn	\$75.00		
Roving/Fiber	\$40.00		
Muslin	\$35.00		
Dyes	\$75.00		
Cardboard Looms	\$150.00		
Basket Reed	\$75.00		
Dye Buckets	\$20.00		
Fleece Carders	\$60.00		
Rubber Bands	\$5.00		
Plastic Gloves	\$10.00		
Display Posters	\$200.00		
Handouts	\$70.00		
Total			\$815.00
Printing	\$450.00	\$100.00	
Sound Sys & Video	\$450.00		
Stage Maintenance		\$200.00	
Performers Gifts		\$500.00	
T-shirts/Volunteers & Public	\$1,600.00		
Folk School Performance	\$200.00		
3 100ft 12 gu Ext. cords	\$270.00		
Total	\$2,970.00	\$800.00	\$3,770.00
Total Event Cost			\$4,585.00



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The Little Loomhouse is a designated Louisville Landmark. Any proceeds from this event will be used for our preservation fund. We are currently raising money for repairs and stabilization of the historic cabins.

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

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

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

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.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our vision is for the Lou Tate Foundation to be the national leader of introducing weaving, textile arts and their history from The Little Loomhouse Louisville Landmark cabins.

Our mission is to continue the legacy of founder Lou Tate, master weaver, by ensuring the preservation of The Little Loomhouse Louisville Landmark cabins and by educating students of all ages about the history of weaving and textile arts through diverse programs, residencies and community partnerships.



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:

The over arching goal of the Spin a Yarn Storytelling Festival is to make the Little Loomhouse a community gathering spot to increase community awareness in the programs and services it provides. Through the Storytelling Festival, the Little Loomhouse hosts visitors from all over the city, state and region. The success is not just determined by the number of people that attend but also by the number of people that return to participate in one of the many Little Loomhouse creative experiences. We collect this information by asking our visitors how they became acquainted with the Little Loomhouse and whether or not they enjoyed their visit. 2014 marked the introduction of our interactive children's fair at Spin a Yarn. Based on Patron feedback of the programs popularity, we have made a significant expansion to the children's fair to include additional activities in 2015.

Through measuring attendance at the festival each year, we have been able to determine that participation in the Storytelling Festival has tripled since the 130 patrons that gathered at our first festival in 2009. In 2015, we will continue to count each patron and provide them with a comment card. The comment cards are designed to gather information to be used by our board of directors to enhance the patron experience at the Storytelling Festival from year to year in order to better serve our community. We ask each individual patron to complete a comment card and deposit it in a "comment card box" located at the trolley boarding station prior to their departure from the festival.

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.

The Iroquois Neighborhood Association and Civic Club assists the Festival by providing volunteers, passing out flyers, posting notices and attending the event.

The South Louisville Business Association members assist the Festival by donating prizes, posting flyers at their businesses and attending the event.

Tale Talk, a local storytellers association volunteers storytellers and promote the event.

Preservation Louisville, The Kentuckiana Heritage Consortium and the Louisville Historical League promote the event within their membership.

DeSales High School encourages their students to volunteer for community services hours through volunteer work at the Festival.

The School of Folk will promote our event with their constituents.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column {1+2}=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	\$3785.00	\$800.00	\$4585.00
J: Small Equipment	0	0	0
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	\$3785.00	800.00	\$4585.00
% of Program Budget	82 %	18 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	\$600.00
Fees Collected from Program Participants	\$200.00
Other (please specify)	0
Total Revenue for Columns 2 Expenses **	\$800.00

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor* /Type of Contribution	Value of Contribution	Method of Valuation
TARC Trolley	\$625.00 per day	\$2500 per day of New Cut Road Trolley Hop for 4 days
DeSales High School Parking Lot	\$200.00	100 cars @ \$2.00 per car
Storytellers, Band, MC and Crafts	\$3,300.00	2 musicians, 1 MC, 15 storytellers
Volunteer Workers	\$4575.90	30 volunteers@7 hours each \$21.79 per hour
Total Value of in-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	\$8700.90	

* 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, 2014

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 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee. *BARBARA G. NICHOLS IS A District 21 office staff helper and she is a DIRECTOR on the LOR TATE FOUNDATION, INC. Board of Directors.*

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Leslie Clements</i>	Date:	<i>May 4, 2014</i>
Legal Signatory: (please print):	<i>LESLIE CLEMENTS</i>	Title:	<i>PRESIDENT</i>
Phone:	<i>502-641-3179</i>	Extension:	
Email:	<i>leslieclements@y2hoo.com</i>		

District Director

Date: DEC-4 1981

You Tate Foundation, Inc.
16 Marion E. Taylor Building
Louisville, KY 40202

Our Letter Dated:
May 21, 1980
Person to Contact:
Don Carnes
Contact Telephone Number:
513-684-3578

Dear Sir or Madam:

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

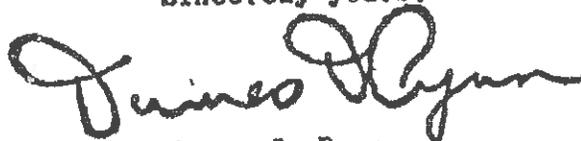
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and*. Your exempt status under section 501(c)(3) of the code is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

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and* organization.

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

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

Sincerely yours,



James J. Ryan
District Director

*170(b)(1)(A)(vi)

This supersedes our letter dated October 5, 1981, which held you to be a private foundation.

P.O. Box 2508, Cincinnati, Ohio 45201

bg

Letter 1050 (00) (7-77)

**Lou Tate Foundation, Inc
FY 2014 Budget**

Income

Contributed Support	\$29,876.00
Earned Revenue	\$8,932.00
Miscellaneous	\$10,938.00
Special Events	\$3,000.00

Gross Profit **\$52,746.00**

Expense

Gift Shop	\$4,800.00
Salary	\$18,000.00
Contract Services	\$3,000.00
Non- Personnel	\$4,000.00
Facilities	\$15,000.00
Other	\$2,000.00
Business	\$1,000.00

Total Expenses **\$47,800.00**

Net Income **\$4,946.00**

Lou Tate Foundation, Inc.
2014-2015 BOARD OF DIRECTORS

	Term Ends
Leslie Clements, President	2016
Sara Reyna-Byler, Vice President	2015
Kathy Buskill, Secretary	2016
Wakeley Purple, Treasurer	2017
Melissa Amos-Jones	2015
Sylvia Arnold-Kinsfather	2016
Ruth Bennett	2015
Stephanie Brown	2017
Mona Cattan	2016
Bruce Howard	2017
Barbara Nichols	2015
Mary-Stuart Reichard	2017

Directors shall serve for a term of three years or until their successors are elected. Directors shall serve two consecutive terms. After remaining off the board for one full year, a member may again be eligible for election to be on the board.

1:07 PM
04/20/15
Cash Basis

Little Loomhouse
Balance Sheet
As of March 31, 2015

Mar 31, 15

ASSETS

Current Assets

Checking/Savings

1010-01 - PNC Bank 9,084.71
1010-02 - Republic Bank 35,486.81
1010-10 - Cash in drawer 95.89

Total Checking/Savings 44,667.41

Other Current Assets

1070-01 - Certificates of Deposit 1,228.21
12100 - Inventory Asset -63.08
1410 - Inventory for sale
1410-01 - Gift Shop Inventory 265.88

Total 1410 - Inventory for sale 265.88

1950 - Undeposited Funds 75.00

Total Other Current Assets 1,506.01

Total Current Assets 46,173.42

Fixed Assets

1600 - Fixed operating assets

1620 - Buildings 434,000.00
Total 1600 - Fixed operating assets 434,000.00

1910 - Collections - art, etc

1910-01 - Coverlet Collection 50,000.00

Total 1910 - Collections - art, etc 50,000.00

Total Fixed Assets 484,000.00

TOTAL ASSETS 530,173.42

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Other Current Liabilities

2130 - Payroll Liabilities

2130-01 - Federal Withholding 313.00

2130-02 - Social Security 572.89

2130-03 - Social Security Company 531.04

2130-05 - Medicare 134.07

2130-06 - Medicare Company 124.28

2130-10 - KY Withholding 80.29

2130-11 - IN Withholding 39.02

1:07 PM
04/20/15
Cash Basis

Little Loomhouse
Balance Sheet
As of March 31, 2015

	Mar 31, 15
2130-20 · LouMetro Emp. Tax	29.52
2130-21 · Clark Co Tax	22.95
Total 2130 · Payroll Liabilities	1,847.06
2140 · Sales Tax Payable	287.48
2170 · Equipment rental deposits	160.00
Total Other Current Liabilities	2,294.54
Total Current Liabilities	2,294.54
Total Liabilities	2,294.54
Equity	
3010-10 · Unrestricted Net Assets	78,269.72
3100 · Temp. restricted net assets	
3110 · Use restricted net assets	
3111 · Use Restricted - Preservation	35,486.81
3119 · Use Restricted - General	3,550.00
Total 3110 · Use restricted net assets	39,036.81
Total 3100 · Temp. restricted net assets	39,036.81
3200 · Perm. restricted net assets	
3210 · Endowment Net Assets	434,000.00
Total 3200 · Perm. restricted net assets	434,000.00
32000 · *Unrestricted Net Assets	-12,563.38
Net Income	-10,864.27
Total Equity	527,878.88
TOTAL LIABILITIES & EQUITY	530,173.42

1:04 PM
04/20/15
Cash Basis

Little Loomhouse
Profit & Loss
July 2014 through March 2015

Jul '14 - Mar 15

Ordinary Income/Expense	
Income	
4000 · Contributed support	
4010 · Individ/business contributions	
Donations	695.33
4010-01 · In-kind Income	0.00
4010 · Individ/business contributions - Other	2,442.06
Total 4010 · Individ/business contributions	3,137.39
4250 · Nonprofit org. grants	
4250-01 · Ky Colonels Grant Income	5,564.06
Total 4250 · Nonprofit org. grants	5,564.06
4530 · State grants	
4530-02 · Local Govt Grants	1,175.00
Total 4530 · State grants	1,175.00
Total 4000 · Contributed support	9,876.45
5000 · Earned revenues	
5100 · Program-related sales/fees	
5100-01 · Classes	3,423.94
5100-02 · School field trips	390.00
5100 · Program-related sales/fees - Other	292.00
Total 5100 · Program-related sales/fees	4,105.94
5180 · Program service fees	2,203.12
5200 · Membership Dues	2,622.94
Total 5000 · Earned revenues	8,932.00
5490 · Misc income	
5490-01 · Gift Shop Sales	6,591.50
5490-03 · Consignment Sales	2,149.20
5490-05 · Equipment Sales & Rentals	784.00
5490-06 · Services	1,413.82
Total 5490 · Misc income	10,938.52
Total Income	29,746.97
Cost of Goods Sold	
5445 · Cost of Goods Sold	
5445-01 · Consignment Cost of Goods	2,132.03
5445 · Cost of Goods Sold - Other	437.10

1:04 PM
04/20/15
Cash Basis

Little Loomhouse
Profit & Loss
July 2014 through March 2015

	Jul '14 - Mar 15
Total 5445 · Cost of Goods Sold	2,569.13
Total COGS	2,569.13
Gross Profit	27,177.84
Expense	
59900 · POS Inventory Adjustments	-156.24
7200 · Salary expenses	
7220-01 · Employee salary	14,695.50
7220-90 · Salary - Other	87.26
7250-01 · Medicare	210.12
7250-02 · Social Security Tax	898.34
Total 7200 · Salary expenses	15,891.22
7500 · Contract service expenses	
7520 · Accounting expense	85.00
7540 · Professional services, other	1,065.12
7550 · Temporary help - contract	
7550-01 · Instructor fees	1,588.50
Total 7550 · Temporary help - contract	1,588.50
7590 · Services donated	139.90
Total 7500 · Contract service expenses	2,878.52
8100 · Non-personnel expenses	
8110 · Supplies	
8110-01 · Program supplies	576.55
8110 · Supplies - Other	138.37
Total 8110 · Supplies	714.92
8140 · Postage, shipping, delivery	251.49
8150 · Mailing services	5.00
8170 · Printing and Copying	
8170-01 · Newsletter printing	480.00
8170 · Printing and Copying - Other	207.19
Total 8170 · Printing and Copying	687.19
Total 8100 · Non-personnel expenses	1,658.60
8200 · Facilities and Equipment	
8201 · Building & fixture maint.	9,369.00
8202 · Grounds maintenance	0.00
8210 · Rent, parking, other occupancy	905.97
8220 · Utilities	3,219.45

1:04 PM
04/20/15
Cash Basis

Little Loomhouse
Profit & Loss
July 2014 through March 2015

	Jul '14 - Mar 15
Total 8200 · Facilities and Equipment	13,494.42
8300 · Travel and Meetings	
8310 · Travel	344.68
Total 8300 · Travel and Meetings	344.68
8500 · Other expenses	
8520 · Insurance - non employee	300.00
8530 · Dues expense	1,030.00
8540 · Staff development	39.00
8570 · Advertising Expenses	319.40
8590 · Other Costs	
8590-01 · Bank services	89.25
8590-02 · Credit processing expense	168.74
8590-10 · Cash Short/Over	-4.05
8590 · Other Costs - Other	121.15
Total 8590 · Other Costs	375.09
Total 8500 · Other expenses	2,063.49
8600 · Business Expenses	
8620-01 · Ky Sales Tax	191.41
8680 · Gift Shop expenses	1,676.01
8600 · Business Expenses - Other	0.00
Total 8600 · Business Expenses	1,867.42
Total Expense	38,042.11
Net Ordinary Income	-10,864.27
Net Income	-10,864.27

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

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.

A For the 2013 calendar year, or tax year beginning 7/1/2013 and ending 6/30/2014

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

C Name of organization LOU TATE FOUNDATION INC
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
328 KENWOOD HILL RD
 City or town State ZIP code
LOUISVILLE KY 40214
 Foreign country name Foreign province/state/country Foreign postal code

D Employer identification number _____

E Telephone number
(502) 367-4792

F Name and address of principal officer:
LESLIE CLEMENTS 328 KENWOOD HILL RD, LOUISVILLE, KY 40214

G Gross receipts \$ 59,695

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)

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

J Website: WWW.LITTLELOOMHOUSE.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1979 **M** State of legal domicile: KY

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To Promote the Landmark Home of Lou Tate, a Master Weaver, and the the Preservation of the Adjacent Cabins Where Her Weaving and Teachings Took Place.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)		37,924
	9 Program service revenue (Part VIII, line 2g)		12,950
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,836
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,713
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		11,716
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>2,523</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		37,116
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		48,832	
19 Revenue less expenses. Subtract line 18 from line 12		8,881	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 48,472	End of Year 57,892
	21 Total liabilities (Part X, line 26)	241	780
	22 Net assets or fund balances. Subtract line 21 from line 20	48,231	57,112

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name CAROLYN GREAVES Preparer's signature _____ Date 2/7/2015 Check if self-employed PTIN _____

Firm's name C.G. & FRIENDS TAX SERVICE Firm's EIN _____

Firm's address 227 GHEENS AVE, LOUISVILLE, KY 40214 Phone no. 502-368-4461

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

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The Mission of the Little Loomhouse is to Create a Center for Textile Art and Education as a Cultural Destination through the Preservation of the Three Historic Structures used by Lou Tate and the Education of Textile Art for All Ages

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 20,397 including grants of \$) (Revenue \$ 2,523)

ALL EXPENSES WERE USED TO PROMOTE & EDUCATE TEXTILE ART

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

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

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,397

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	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?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 1a (16), 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN WAKELY PURPLE (502) 387-4792 111 E TENNY AVE, LOUISVILLE, KY 40214

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) STEPHANIE BROWN EDUC COORDINATOR	25.00	X					10,916		
(2) BARBARA TERRANOVA ARCHIVIST	5.00	X							
(3) MELISSA AMOS-JONES DIRECTOR	5.00	X							
(4) SYLVIA ARNOLOD-KINSFATHER DIRECTOR	5.00	X							
(5) RUTH BENNETT DIRECTOR	5.00	X							
(6) STEFANIE BUZAN DIRECTOR	5.00	X							
(7) MONA CATTAN DIRECTOR	5.00	X							
(8) BRUCE HOWARD DIRECTOR	5.00	X							
(9) BARBARA NICHOLS DIRECTOR	5.00	X							
(10) ROSEMARY McCANDLESS DIRECTOR	5.00	X							
(11) MARY STUART REICHARD DIRECTOR	5.00	X							
(12) LESLIE CLEMENTS PRES	10.00			X					
(13) SARA REYNA-BYLER VICE-PRES	10.00			X					
(14) KATHY BUSKILL SECRETARY	10.00			X					

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WAKELY PURPLE TREASURER	10.00			X						
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							10,916			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							10,916			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	3,312			
	c	Fundraising events	1c	4,941			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	11,500			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,171			
	g	Noncash contributions included in lines 1a-1f:	\$				
	h	Total. Add lines 1a-1f		37,924			
	Program Service Revenue			Business Code			
2a		CLASSES & SUMMER CAMPS		9,821			
b		SCHOOL FIELD TRIPS		1,412			
c		PROGRAM FEES & SERVICES		1,514			
d		MISC		203			
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		12,950				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a	6,068				
		b	Less: cost of goods sold	b	1,982		
		c	Net income or (loss) from sales of inventory		4,086		
Miscellaneous Revenue			Business Code				
11a	EQUIPMENT RENTALS		2,750				
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,750				
12	Total revenue. See instructions		57,713				

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,918	7,642	3,274	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	800	560	240	
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,460		1,460	
c	Accounting	100	100		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,680	3,680		
12	Advertising and promotion	3,428	2,197	304	927
13	Office expenses	1,170	388	606	176
14	Information technology				
15	Royalties				
16	Occupancy	17,467	2,661	14,027	779
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	960	15	945	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,236	847	2,965	424
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	SUPPLIES	2,765	1,941	824	
b	POSTAGE & SHIPPING	671		671	
c	SALES TAXES PAID	205			205
d	OTHER COSTS	974	366	596	12
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,832	20,397	25,912	2,523
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	46,183	1	56,521
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,289	8	1,371
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	48,472	16	57,892	
Liabilities	17	Accounts payable and accrued expenses	241	17	620
	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	160
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	241	26	780
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	48,231	27	57,112
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	48,231	33	57,112	
34	Total liabilities and net assets/fund balances	48,472	34	57,892	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,713
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,832
3	Revenue less expenses. Subtract line 2 from line 1	3	8,881
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,231
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	57,112

Part XII 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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

LOU TATE FOUNDATION INC

Employer identification number

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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



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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,691	26,648	30,505	37,419	32,983	153,246
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25,691	26,648	30,505	37,419	32,983	153,246
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						153,246

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	25,691	26,648	30,505	37,419	32,983	153,246
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	566	446			3	1,015
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			4,024	5,024	24,730	33,778
11 Total support. Add lines 7 through 10						188,039
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	81.50%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.29%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV

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

Part II Line 10 OTHER INCOME IS FROM SCHOOL OUTREACH PROGRAMS AND SUMMER CAMPS TO TEACH

WEAVING AND FROM FUND RAISING ACTIVITIES

Name of the organization

Employer identification number

LOU TATE FOUNDATION INC



Area with horizontal dashed lines for supplemental information.

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



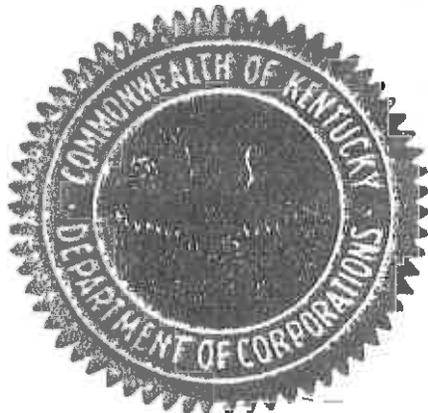
FRANKFORT,
KENTUCKY

CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION

I, **FRANCES JONES MILLS**, *Secretary of State of the Commonwealth of Kentucky*, do hereby certify that Amended Articles of Incorporation of

LOU TATE FOUNDATION, 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 6TH day of MARCH, 19 80.

Frances Jones Mills
SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

OCT 1 1979 9:26
BREMER, Clerk
BY RP D.C.

ARTICLES OF INCORPORATION
LOU TATE FOUNDATION, INC.

OCT 01 1979

Donald P. Davis
SECRETARY OF STATE

We, the undersigned natural persons, hereby adopt
the following Articles of Incorporation, in accordance with
the provisions of the Kentucky Non-profit Corporation Acts,
codified as Section 273.161 through Section 273.390,
inclusive, of the Kentucky Revised Statutes.

Article I. NAME.

The name of the corporation is LOU TATE FOUNDATION, INC.

Article II. DURATION.

The period of the corporation's duration is perpetual.

Article III. PURPOSE.

The purposes of the corporation are educational,
literary, and civic, namely, to maintain and enlarge public
knowledge of and information about the art and craft of weaving,
and to do any and all things ordinary, necessary or incident
to the dissemination of such knowledge and/or information to
and among the general public; provided, however, that no
substantial part of the corporation's activities shall consist
of carrying on propaganda or otherwise attempting to influence
legislation.

Article IV. POWERS.

The corporation shall have all corporate powers
enumerated in KRS Section 273.171; provided, however, that

upon dissolution or final liquidation the corporation may not make distributions to members but instead any and all net assets upon such dissolution or final liquidation shall be transferred and conveyed to the United States of America, or if the United States fails to accept such transfer and conveyance within a reasonable time, then to such broadly-publicly-supported corporation organized for the same or generally similar purposes as shall be designated by the corporation's board of directors, or by a committee of said board of directors duly empowered to make such designation on behalf of the board of directors, which transferee corporation so designated may not be, and may not at any time have been, engaged in carrying on propaganda or otherwise attempting to influence legislation as a substantial part of its activities.

Article V. REGISTERED OFFICE AND AGENT.

The address of the initial registered office of the corporation is 416 Marion E. Taylor Building, Louisville, Kentucky 40202, and the name of its initial registered agent at such address is Earle B. Fowler.

Article VI. BOARD OF DIRECTORS.

The initial board of directors shall consist of those persons identified herein as the incorporators of the corporation, namely, the persons whose names and addresses appear in Article VII hereof, the same being incorporated in this Article VI by reference.

Article VII. INCORPORATORS.

The names and addresses of the Incorporators are as follows:

Sue Kendrick

Thelma Hogan

Vivian Hyatt

Michael E. Kirk

Charles L. Moberly

Ann E. Kiper

John E. Ryan, Jr.

Earle B. Fowler

Robert L. Douglas

Article VIII. MEMBERSHIP.

The incorporators whose names appear above shall constitute the initial group of members of the Foundation. Thereafter, eligibility for membership and voting rights shall be set forth in the by-laws.

IN WITNESS WHEREOF, the undersigned Incorporators have signed these Articles of Incorporation, in triplicate originals, this 26 day of September, 1979, at Louisville, Kentucky.

<u>Sue Kendrick</u>	<u>Robert L. Douglas</u>
<u>Virian Hyatt</u>	<u>Helma. Hogan</u>
<u>Charles L. Moberly</u>	<u>Michael E. Lutz</u>
<u>John E. Ryan Jr</u>	<u>Ann E. Kiper</u>
	<u>Earle B. Fowler</u>

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

The foregoing instrument was acknowledged before me this 27th day of September, 1979, by Earle B. Fowler, one of the Incorporators of Lou Tate Foundation, Inc.

Shirley D. [Signature]
Notary Public, State-at-Large, Kentucky
My commission expires: July 23, 1980

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Lou Tate Foundation, Inc.	
	Business name, if different from above d/b/a The Little Loomhouse	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 328 Kenwood Hill Rd. City, state, and ZIP code Louisville, Ky 40214 List account number(s) here (optional) 9	
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number
or
Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Leslie Clennett</i>	Date ▶ <i>5-4-15</i>
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General Instructions

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

Purpose of Form

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

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

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

Lou Tate Foundation, Inc.

PAID STAFF

As of May 31, 2015

Mary Anne Elliott

15,000 per year.