Jeff Adams, Director Ashley Minery, Planner Darby Terrell, Planner



106 East Morgan Street, Suite 207 Brevard, NC 28712

828.884.3205 planning.transylvaniacounty.org

# Joint Historic Preservation Commission May 14, 2024 at 4:00 PM Little River Baptist Church 51 Little River Church Rd. Penrose, NC 28766 SPECIAL MEETING

# AGENDA

### CALL TO ORDER

- I. WELCOME
- II. PUBLIC COMMENT (15-minute time limit. Speakers are limited to three minutes.)

# III. AGENDA MODIFICATIONS

# IV. CONSENT AGENDA

- A. Minutes (March 12, 2023)
- V. OLD BUSINESS
  - A. The Inn at Brevard

# VI. NEW BUSINESS

- A. Nonprofit Grant Funding
- B. America: 250th Celebration
- C. Staff's Report

# VII. PRESENTATION

A. May Preservation Month-Little River History

VIII. PUBLIC COMMENT (15-minute time limit. Speakers are limited to three minutes.)

# IX. COMMISSIONER MEMBERS' COMMENTS

### ADJOURNMENT



106 East Morgan Street, Suite 207 Brevard, NC 28712 828.884.3205

Jeff Adams, Director Ashley Minery, Planner Darby Terrell, Planner

# Joint Historic Preservation Commission Meeting March 12, 2024 at 4:00 PM Cooperative Extension Conference Room, 106 E. Morgan Street

# **MINUTES**

# CALL TO ORDER

- I. WELCOME: Mr. John Koury called the meeting to order at 4:05PM. Ms. Geralyn Connell, Ms. Katherine Buzby, Ms. Marcy Thompson, Ms. Ellen Harris, and Ms. Niki Ransdell, and Mr. Billy Parrish were present. Ms. Nicole Bentley and Mr. Andrew Wing were absent (excused). A quorum was present. Mr. Jeff Adams and Ms. Ashley Minery (Planning Department staff) were present. No members of the public were present.
- **II. PUBLIC COMMENT:** (15-minute time limit. Speakers are limited to three minutes) There were no public comments.
- **III.** AGENDA MODIFICATIONS: There were no proposed agenda modifications.

# IV. CONSENT AGENDA:

A. Minutes (January 30, 2024)

There was no discussion of the consent agenda. <u>Ms. Buzby moved to approve the consent</u> agenda as amended. Mr. Parrish seconded the motion. All present members voted in favor and the motion carried.

# V. OLD BUSINESS:

- A. <u>The Inn at Brevard</u>: Mr. Adams gave an update on the draft letter to the Inn at Brevard owners. It has been reviewed by the County attorney and was being reviewed by the City of Brevard's attorney at the time of the meeting. Mr. Adams assured the Commission the letter would be sent with updated dates and deadlines when it is approved by both legal departments.
- B. <u>May Preservation Month</u>: Commission members discussed activities to celebrate Preservation Month. The May JHPC meeting will be held in the Little River community at a historic venue. The event will be advertised and the commission hopes to see a

high attendance. Ms. Rebecca Suddeth of the Transylvania Heritage Museum will also be giving walking tours. Staff will also write a press release on events to be distributed by the Transylvania Times.

### VI. NEW BUSINESS:

- A. <u>Staff's Report</u>: Ms. Minery informed the commission that Transylvania County Commissioners had tasked the JHPC with leading the planning efforts to celebrate America's 250<sup>th</sup> Anniversary. Grant possibilities were briefly discussed, along with other local groups that might be interested in the project. The next regularly scheduled meeting on Tuesday, May 14, 2024, at 4:00PM.
- VII. PUBLIC COMMENT: There was no public comment.

VIII. COMMISSION MEMBERS' COMMENTS: Mr. Parrish thanked staff for their work. <u>Ms. Thompson</u> moved to adjourn the meeting. Mr. Parrish seconded the motion. All present members voted in favor and the meeting adjourned at 4:40PM.

# ADJOURNMENT

Ashley Minery, Planner

Katherine Buzby, Secretary

Jeff Adams, Director Ashley Minery, Planner Darby Terrell, Planner



106 East Morgan Street, Suite 207 Brevard, NC 28712 828-884-3205

planning.transylvaniacounty.org

# Agenda Item: V.A.

### Memorandum

From:	Ashley Mine	Ashley Minery, Planner				
То:	Transylvania	a County Joint Historic Preservation Commission				
Date:	Date: May 8, 2024					
Meeting	; Date:	May 14, 2024				
Subject:		The Inn at Brevard				
Contact	Info:	Ashley.Minery@transylvaniacounty.org or (828)884-1710				
Attachm	nent(s):	None				
Purpose:		Discuss the capital damage/ repair for the Inn at Brevard and possible removal of local designation status and recent contact with property owners and potential buyers.				
Background:		The JHPC discussed this subject at the past several meetings and continued it until the next meeting. Staff has received advice from both SHPO and County and City legal teams.				
Financial Impact:		None				
Strategic Plan Goal		<u>Goal 6:</u> "County government is service driven, transparent and performance based with more active and engaged citizens."				
& Strategy:		Strategy 6E: "Provide timely, accurate, transparent and informative				
		communication to the public and across the organization with superior				
		customer service delivery."				
Recomn	nendations:	Staff recommends the Transylvania County Joint Historic Preservation				
		Commission discuss this subject and decide on a course of action.				

Jeff Adams, Director Ashley Minery, Planner Darby Terrell, Planner



# Agenda Item: VI-A

### <u>Memorandum</u>

From:	Ashley Mine	Minery, Planner				
То:	Transylvania County Joint Historic Preservation Commission					
Date:	Date: May 8, 2024					
Meeting I	Date:	May 14, 2024				
Subject:		Non- Profit Funding Allocation				
Contact li	nfo:	Ashley.Minery@transylvaniacounty.org or (828)884-1710				
Attachme	ent(s):	1. Non- Profit Agency Funding Applications				
Purpose:		Discuss and Allocate Transylvania County's Non- Profit Agency Funding for Historical Organizations				
Background:		As part of Transylvania County's 2023-2024 Fiscal Year's Budget, \$10,000 worth of funding is to be allocated to local Historic Organizations (Transylvania Heritage Museum, Inc, Transylvania County Historical Society, and Veterans History Museum of the Carolinas) by the Joint Historic Preservation Commission.				
Financial Impact:		None				
Recommendations:		Staff recommends the Transylvania County Joint Historic Preservation Commission review the applications and allocate the available funding between the three organizations.				



# TRANSYLVANIA COUNTY

Non-Profit Agency Funding Application

Fiscal Year 2025

101 South Broad Street Brevard, NC 28712 Phone: 884-3100 Fax: 884-3119

SECTION I						
		ORGANIZATIONAL INF	ORMATION			
Organization Name		Chief Executive				
3	vania Heritage Museum		Susan Breedlove			
Mailing Address	Ŭ		Phone Number			
P.O. Bo	ox 2347		828-884-2347			
Contact Person for App	propriation	E-Mail				
Hale C	Campbell, Treasurer		program.transylvaniaheritage@gmail.com			
Contact Person for Cor	ntract Signature		E-Mail			
Susan	, Breedlove, President		susan@breedloveproperties.com			
City	State	Zip	Fax Number			
Brevard	North Carolina	28712				
Tax-Exempt Status (Che	eck only one)		Received County funding in last three years?			
▼ 501(c)(3) □ 501(c)() <-insert #			X Yes 🗌 No			
Type of Application			Amount of funding requested			
$\boxed{X}$ One-time Project	$\mathbf{X}$ Continuation	Expansion	\$9,500			

### SECTION II

### SERVICE SUMMARY

1. Mission Statement

Please provide the organization's Mission Statement and/or general organizational information.

The mission of the Transylvania Heritage Museum (THM) is to protect and preserve the heritage of Transylvania County. Our interactive exhibits, multi-age educational programs, cultural events, and special collections foster an understanding of local culture to ensure it is appreciated by people of today and preserved for those of tomorrow. Our organizational tagline is *Connecting Community, History & Life.* 

### 2. Funding Uses

How do you plan to use the requested funding? (for client services, personnel, operating expenses, capital, etc.)

Requested funds will be used for Client Services: 1). Develop and install exhibits and provide supporting programs related to Transylvania County history and cultural heritage. 2) Provide educational programs to Transylvania County students. These students are the future custodians of Transylvania County heritage and by creating positive and memorable experiences with local history and historical sites, we can ensure that heritage is preserved for future generations. 3) Enhance current technology to improve visibility of Museum exhibits and programs, (One time Website update) increase public access to collections, and provide opportunities for on site visitors to engage in exhibits in a more meaningful way. (One time Kiosk Installation.)

FY 25 Non-Profit Grant Application

### 3. Need Statement and Service Goals

#### What are the identified needs and how will this service address those needs?

The THM's mission is to protect and preserve the cultural heritage of Transylvania County which is a need expressed in the County's Strategic Plan, Goal #3, Strategy C. The County identifies the need to provide residents resources to enhance education for all ages (Goal #2, Strategy A) and to educate both residents and visitors about the countys history and heritage (Goal #5, Strategy C)

Exhibits and supporting educational programs, (Goal #2, Strategy A, Goal #3, Strategy C. Goal #5, Strategy C) Educational programming for students, (Goal #2, Strategy A, Goal #5, Strategy C) Website updates with access to virtual tours and collections, (Goal #2, Strategy A, Goal #5, Strategy C) Interactive Kiosk with access to collections. (Goal #2, Strategy A, Goal #5, Strategy C)

#### 4. Target Population/Citizen Impact

Describe the target population that will be served with the requested funds. How many citizens will be directly impacted by the program funds.

Our target population is the current residents and all those who visit Transylvania County. In 2023, THM had approximately 7,820 people visit our museums (Transylvania Heritage and Silvermont House Museum) and attend programs and special events. Our Teaching Trunks, an educational program established in 2010, were checked out three times during the year. We hosted 18 school tours, serving 725 Transylvania County students. By enhancing the technology of the Museum, we will be able to expand our services to a broader audience, allowing people to enjoy virtual tours and access featured collections via our website.

#### 5. Public Purpose

Explain how your program will expand or provide a complement to services that the County can legally provide or how you will provide these services in a more cost effective manner than government. Please identify what statutory authority the County has to fund this activity (please see Appendix B of the instructions.)

THM preserves and promotes the history and cultural heritage of Transylvania County through the goals outlined in the TC Strategic Plan. (Goal #5, Strategy C, Goal #2, Strategy A, Goal #3, Strategy C).

North Carolina G.S. § 160A 488 states that the county is authorized to establish and support museums so long as the facility is open to the public. The county can contract with any nonprofit organization to establish and support museums, and may appropriate funds to any such nonprofit organization for the purpose of establishing and supporting such museums. Neighboring counties support their heritage/history museums by line item or by committing a percentage of Occupancy taxes. Henderson County provides space and \$100,000 in funding to their Heritage Museum each year.

#### 6. Partnerships

Describe the organization's relationship to County departments, if any. How does the organization coordinate its services with the County services?

THM works with Transylvania County Parks and Recreation to operate the Silvermont Second Floor House Museum. We collaborate with Transylvania

County Library Staff, sharing resources and coordinating events and programs. THM provides educational resources to Transylvania County Schools and hosts school visits to THM, Silvermont and the Allison Deaver House. THM provide special tours to county departments when requested and displays history exhibits in county buildings. The THM also cares for a provides the public access to many of the county's artifacts.

### 7. Strategic Plan

<u>Cite the goal and strategy your request will support and advance in the Transylvania County Strategic Plan.</u>

Goal #2, Strategy A: Provide resources to support quality educational opportunities. Goal #3, Strategy C: Protect and Preserve Cultural Heritage. Goal #5, Strategy C: Preserve and educate the public about the cultural heritage of the community. Goal #1 addresses quality of life which includes access to Museums. Strategy 3 mentions the importance of creating a Sense of Place. Local Museums that showcase the unique heritage of the county accomplishes this most effectively.

### SECTION III

### PERFORMANCE MEASUREMENT

### **Key Activities**

What key activities will you provide to your customers in order to accomplish the service goal(s) highlighted in statement number 3 above?

THM will provide a venue to showcase the history and cultural heritage of Transylvania County through exhibits, programs and the collections of artifacts. THM will operate the Second Floor House Museum at Silvermont for the County, providing onsite programming and increasing the public's access to the collections housed there. THM will provide programming for Transylvania County students and host class visits to several historic sites within the county. An updated website will provide access to historic content and featured collections to a wider audience and the interactive kiosk will allow on-site visitors to peruse collections and engage with local history in a meaningful way.

### Service Outcomes

Since you will not have actual numbers for FY25 you may either use projected data or actual data as of the submission of this application. Please note your method in the box below.

Actual Data as of this submission

Outcomes	FY 2023		FY 2024		FY 2025
Outcomes	Target	Actual	Target	Actual	Target
# of visitors	2500	2820	2500	*	3000
Attendance at events/programs	4500	5000	4500	*	5000
Students/Youth Served	500	725	500	*	750
Days Silvermont Museum is Open	48	64	48	*	64

SECTION IV			
BUE	DGET DETAILS		
Service Budget			
REVENUE	FY 2023	FY 2024	FY 2025
Funds Received/Requested from Transylvania County	\$5,000	\$5,000	\$9,500
Other Grant Income	\$11,400	\$23,000	\$18,500
Membership	\$5,435	\$6,500	\$7,000
General Contributions	\$9,546	\$3,500	\$4,000
Program Revenue	\$8,981	\$11,650	\$12,000
Corporate Sponsors	\$3,500	S10,000	\$11,000
Total Revenue	\$43,862	\$59,650	\$62,000
Percentage of Revenue Provided from County Funding (Note: Percentage will automatically calculate.)	11%	8%	15%

FY 25 Non-Profit Grant Application		

EXPENSES	FY 2023	FY 2024	FY 2025
Salaries and Related Expenses	\$1,736	0	\$12.000
Operating Expenses	\$5,099	\$19,811	\$15.000
Direct Program Expenses	\$22,893	\$27,480	\$25,000
Capital Expenses			
Repairs/Restoration/Federal Grant		\$250	\$250
Other (specify): Insurance	\$1,459	\$1,459	\$1,459
Reserve Fund		\$10,650	\$8,291
Total Expenses	\$31,188	\$59,650	\$62,000
Will any portion of the County funding be used to match gra	Yes	X No	
I have reviewed and am aware of the accountability re- partnership services and restrictions related to K-12 pro projects. (Appendices A, B, C and D of the Inst	X Yes	🗆 No	

Fiscal Officer (Business Manager)

Executive Director (Program Manager)

Date

Date



NORTH CAROLINA

# TRANSYLVANIA COUNTY

Non-Profit Agency Funding Application

Fiscal Year 2025

101 South Broad Street Brevard, NC 28712 Phone: 884-3100 Fax: 884-3119

SECTION I							
ORGANIZATIONAL INFORMATION							
Organization Name		Chief Executive					
Transvlvania Co	unty Historical Society	Marjorie Lilliard					
Mailing Address		CY CORDENA FOR CASE	Phone Number				
PO Box 2061 ,E	Brevard, NC 28712		828-453-4579				
Contact Person for A	ppropriation	E-Mail					
Marjorie Lilliard			tchsociety@yahoo.com				
Contact Person for C	Contract Signature		E-Mail				
Marjorie Lilliard			tchsociety@yahoo.com				
City	State	Zip	Fax Number				
Brevard	NC	28712					
Tax-Exempt Status (	Check only one)	Received County funding in last three years?					
X 501(c)(3)			🖳 Yes 🗌 No				
Type of Application		Amount of funding requested					
One-time Project	Continuation	Expansion	\$16,000				

# SECTION II

# SERVICE SUMMARY

1. Mission Statement

Please provide the organization's Mission Statement and/or general organizational information.

Preserving the cultural and architectural history of Transylvania County through research, historic documentation, and interpretation.

### 2. Funding Uses

How do you plan to use the requested funding? (for client services, personnel, operating expenses, capital, etc.)

The requested funds are specifically for a waysides project. We will install four interpretive panels of the house around the grounds that will give information to the after hours visitors to the Allison-Deaver House.

3. Need Statement and Service Goals

What are the identified needs and how will this service address those needs?

We have an urgent need to raise money for restoration of the house. The restoration project will require donorship and grant monies to afford the project in its entirety. This year, we are implementing more efforts to communicate this need. Part of this effort requires focus in ways to get more exposure to our need and the house in general.

4. Target Population/Citizen Impact

Describe the target population that will be served with the requested funds. How many citizens will be directly impacted by the program funds.

The Allison-Deaver House is open on Saturdays and by appointment only. Oftentimes, there are people who come to the house when it is not open. We know this because of our newly installed security cameras. It is almost a daily basis when people come. This service will provide an abbreviated house tour on interpretive panels placed around the house and grounds.

5. Public Purpose

Explain how your program will expand or provide a complement to services that the County can legally provide or how you will provide these services in a more cost effective manner than government. Please identify what statutory authority the County has to fund this activity (please see Appendix B of the instructions.)

The Allison-Deaver House has an ongoing effort to raise funds to restore the house, specifically the double porches. This year, through thorough assessments, it is determined that the restoration will need to address the foundation of the house as well, raising the projected costs. We are consistent with Appendix B, Item 5; Historic Preservation. We are also providing services under Appendix B, Item 2; Arts Programs and Museums.

6. Partnerships

Describe the organization's relationship to County departments, if any. How does the organization coordinate its services with the County services?

The Transylvania County Historical Society coordinates with the Local History Room at the Transylvania County Library, the Joint Preservation Foundation, and the Silvermont Mansion.

7. Strategic Plan

Cite the goal and strategy your request will support and advance in the Transylvania County Strategic Plan.

Our project will support Goal 1, Strategy C, Goal 3, Strategy 3, and Goal 5, Strategies C and D.

This year we will create four wayside panels for the Allison Deaver House and Grounds property as communication measures about the history of the house and the value we place on preserving it. We will contract the job to Curatorial InSight who has a proven track record in projects like ours. Curatorial InSight is a private, non-profit service organization that has provided exhibition development, staff training, interpretive and curatorial services to cultural organizations and museums since 1998. With a strong record of design and development process through education and technical assistance. (Bio and Sample

### Service Outcomes

Since you will not have actual numbers for FY25 you may either use projected data or actual data as of the submission of this application. Please note your method in the box below.

# The 2024 and 2025 numbers are projected.

Outcomes	FY 2023		FY 2024		FY 2025	
Outcomes	Target	Actual	Target	Actual	Target	
Annual Fundraising Campaign/ Donations/ Memorials	30,000.00	16,227.00	20,000.00		25,000.00	
Allison Deaver House/McGaha Chapel tours	3,000.00	1,643.00	3,000.00		3,000.00	

# SECTION IV

# **BUDGET DETAILS**

Service Budget			
REVENUE	FY 2023	FY 2024	FY 2025
Funds Received/Requested from Transylvania County	\$6,500.00	\$4,000.00	\$16,000.00
Annual Fundraising	\$16,227.00	\$20,000.00	\$25,000.00
Pisgah Collective Rent	\$6,300.00	\$6,500.00	\$6,500.00
Allison-Deaver/McGaha Chapel tours	\$1,643.00	\$2,000.00	\$3,000.00
Interest	\$3.01	\$4.00	\$4.00
Special Events	\$2,872.00	\$3,000.00	\$3,000.00
Total Revenue	\$33,545.01	\$35,504.00	\$53,504.00
Percentage of Revenue Provided from County Funding (Note:			
Percentage will automatically calculate.)	19.40%	11.30%	29.90%
EXPENSES	FY 2023	FY 2024	FY 2025
Salaries and Related Expenses	\$11,500.00	\$15,000.00	\$15,000.00
Operating Expenses	\$12,660.00	\$13,000.00	\$13,000.00
Direct Program Expenses	\$8,000.00	\$4,000.00	\$4,000.00
Capital Expenses	\$6,100.00	\$4,000.00	\$4,000.00
Repairs/Restoration/Federal Grant	\$3,645.00	\$4,000.00	\$4,000.00
Insurance	\$2,847.50	\$2,847.50	\$3,000.00
Dues	\$444.00	\$450.00	\$450.00
Total Expenses	\$45,196.50	\$43,297.50	\$43,450.00

Will any portion of the County funding be used to match grants?	Yes	х
I have reviewed and am aware of the accountability requirements, list of partnership services and restrictions related to K-12 programs and capital projects. (Appendices A, B, C and D of the Instructions)	X	No
Kadie Sanders	15-Mar-24	
Fiscal Officer (Business Manager)	Date	
	!5-Mar-24	
Marjorie O. Lillard		
Executive Director (Program Manager)	Date	

1



# TRANSYLVANIA COUNTY

Non-Profit Agency Funding Application

Fiscal Year 2025

101 South Broad Street Brevard, NC 28712 Phone: 884-3100 Fax: 884-3119

SECTION I					
		ORGANIZATIONAL IN	IFORMATION		
Organization Name			Chief Executive		
Vetera	ns History Museum of	the Carolinas	David Morrow		
Mailing Address			Phone Number		
21 E. Main St.			828-884-2141		
Contact Person for	Appropriation		E-Mail		
Michel J. Robertson			veteranshistorymuseumcarolinas@gmail.com		
Contact Person for	Contract Signature		E-Mail		
Michel J. Robertson			mirobertson@comporium.net		
City	State	Zip	Fax Number		
Brevard	NC	28712	N/A		
Tax-Exempt Status	(Check only one)		Received County funding in last three years?		
☑ 501(c)(3)	□ 501(c)()<-insert #	□ 4947(a)(1) or 527	🗹 Yes 🗆 No		
Type of Application			Amount of funding requested		
☑ One-time Project □ Continuation □ Expansion			6,000		

# SECTION II

SERVICE SUMMARY

1. Mission Statement

Please provide the organization's Mission Statement and/or general organizational information.

The mission of the Veterans History Museum of the Carolinas (VHMC) is to honor our nation's veterans, to educate the community about our military history and the sacrifices of our service men and women, and to preserve unique and important historic artifacts. The museum reflects a love of country and gratitude to those who serve by remembering and celebrating their service.

2. Funding Uses

How do you plan to use the requested funding? (for client services, personnel, operating expenses, capital, etc.)

VHMC plans to use the requested funding to present a unique educational program which pays tribute to the men and women of the American and UN military forces who fought and died to preserve the Republic of Korea during the Korean War from 1950-1953. The free event, held at Brevard College, will feature guest speakers Patrick O'Donnell (Korean War veteran & Past President of the Korean War Veterans Center Chapter 301) and Tom Comshaw (veteran, historian, and author). We will include performers from the Korea Center of Greenville and offer authentic Korean cuisine to attendees. 3. Need Statement and Service Goals

What are the identified needs and how will this service address those needs?

The Korean War is referred to as the "forgotten war," due to media censorship during the conflict. The event will provide a tribute to the people of South Korea, both civilian and military, who with assistance from the US and UN forces, prevailed against overwhelming odds and went on to build one of the world's most vibrant economies and democratic societies, while separated by a demilitarized zone and miles of barbed wire and guards. Very few Americans studied the Korean War in classrooms and our Korean War veterans have often been overlooked as we thank vets for their service. Besides a history of this conflict, attendees will gain understanding of the Korean culture through cultural performances and cuisine. The event also recognizes our country's Korean population and their contribution to our own rich cultural heritage.

4. Target Population/Citizen Impact

Describe the target population that will be served with the requested funds. How many citizens will be directly impacted by the program funds.

at the event, museum guests, and social media contacts. The auditorium seats 350. We will film portions of the event and include them on our website and Facebook pages. And due to heavy publicity in various media sources, we expect an increase in museum attendance during and after the event and on our website and Facebook pages. Attendees will include specially invited Korean War veterans, students, members from Asheville's Korean churches, other veterans, and NC and SC citizens interested in history.

5. Public Purpose

Explain how your program will expand or provide a complement to services that the County can legally provide or how you will provide these services in a more cost effective manner than government. Please identify what statutory authority the County has to fund this activity (please see Appendix B of the instructions.)

Transylvania County has provided partnership services to VHMC in the past based on statutory authority G.S.1 160A-488, Arts Program and Museums and Historic Preservation. Local teachers from middle school through university level will use this program as an educational tool to enhance students' knowledge of the Korean War. We will include videos of speakers and cultural performances on our website's educational resources page for local and national educators, schools and history buffs The event is free of charge and offers a historical perspective broader than classroom time permits.

6. Partnerships

Describe the organization's relationship to County departments, if any. How does the organization coordinate its services with the County services?

VHMC has worked with the Transylvania County Public Library, Pisgah Forest Rotary Club, and Transylvania County Development Authority. We have worked with Brevard College's history department and Transylvania County Schools social studies administrators, as well as the Brevard/Transylvania County Chamber of Commerce.

7. Strategic Plan

Cite the goal and strategy your request will support and advance in the Transylvania County Strategic Plan.

Strategy 1B: VHMC is a gem tucked into the mountains of WNC. It is the only veterans history museum in WNC and greatly enhances and enriches the lives of our county's population. 2A: VHMC offers high caliber educational knowledge far beyond what is taught in classrooms. 3A: We offer visitors a unique experience. 5B: Local veterans describe the museum as a "safe place" to meet and share experiences where they are appreciated & valued. 5C: VHMC honors local veterans, our heritage.

SECTION III

### PERFORMANCE MEASUREMENT

### **Key Activities**

What key activities will you provide to your customers in order to accomplish the service goal(s) highlighted in statement number 3 above?

Our service goals include educting the public about the Korean War and sacrifices of the military and civilian populations; highlighting the economic and cultural success story of postwar South Korea; and introducing the public to Korean history, art, and cuisine. To accomplish these goals, we will offer lectures by a Korean War veteran and a nationally acclaimed author and historian, cultural performances by South Korean dance groups from the cultural center, and an array of Korean cuisine, offered free to attendees. Guests will mingle, converse, and learn from our invited Korean War veterans.

Service Outcomes

Since you will not have actual numbers for FY25 you may either use projected data or actual data as of the submission of this application. Please note your method in the box below.

We are using **actual** data for our FY 2023; however our figures for 2024 and 2025 are **projected**. We are closed in January and February, so we only have actual data for 2024 based on March of this month.

Outcomes	FY 2023		FY 2024		FY 2025
outcomes		Actual	Target	Actual	Target
Event attendance		N/A	350		N/A
Social media hits		N/A	1000		500
Increased museum attendance due to publicity & website		N/A	200		100

SECTION IV						
BUDGET DETAILS						
Service Budget						
REVENUE	FY 2023	FY 2024	FY 2025			
Funds Received/Requested from Transylvania County	\$1,000.00	\$6,000.00	\$7,000.00			
Donations Individual and Corporate	\$65,724.00	\$77,000.00	\$80,000.00			
Grants other tha Transylvania County	\$14,000.00	\$7,000.00	\$17,000.00			
Retail Sales	\$6,105.00	\$7,500.00	\$7,500.00			
Interest on investment accounts	\$1,338.00	\$3,500.00	\$4,800.00			
Fundraising event	\$8,475.00	\$0.00	\$0.00			
Total Revenue	\$96,642.00	\$101,000.00	\$116,300.00			
Percentage of Revenue Provided from County Funding (Note: Percentage will automatically calculate.)	1.00%	5.90%	6.00%			

EXPENSES	FY 2023	FY 2024	FY 2025
Salaries and Related Expenses	\$0.00	\$0.00	\$0.00
Operating Expenses	\$11,774.00	\$13,000.00	\$13,000.00
Direct Program Expenses	\$4,863.00	\$14,214.00	\$10,000.00
Capital Expenses	\$0.00	\$0.00	\$0.00
Repairs/Restoration/Federal Grant	\$12,000.00	\$2,000.00	\$2,000.00
Charitable donations	\$5,661.00	\$5,000.00	\$5,000.00
Grant Expenses	\$9,424.00	\$10,000.00	\$12,000.00
Subcontractors	\$5,605.00	\$6,000.00	\$6,500.00
Total Expenses	\$49,327.00	\$50,214.00	\$48,500.00
Will any portion of the County funding be used to match g		⊡ Yes	□ No
I have reviewed and am aware of the accountability re partnership services and restrictions related to K-12 pro projects. (Appendices A, B, C and D of the Inst	☑ Yes	🗆 No	
Michel Robertson: Much Challe For	12-Mar-24		
Fiscal Officer (Business Manager)		Date	
David Morrow Privid P. Manon		12-Mar-24	

Executive Director (Program Manager)

Date

Form	9	9	0-	EZ

Department of the Treasury Internal Revenue Service

# **Short Form**

OMB No. 1545-0047 2023

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AF	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and ending 1	2/31/202	23			
B	heck if ap	heck if applicable: C Name of organization D Employer identification numbers						
	Address c	change	VETERANS HISTORY MUSEUM OF THE CAROLINAS	82	2-2366521			
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	ephone nu	umber			
	nitial retu		21 E Main St	828-884-2141				
	⊦inal retur Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code F Gru	Group Exemption				
		on pending	Brevard, NC 28712 Nu	Number				
G /	Account	ting Method:	if the	organization is not				
I V	Vebsite	www.thev			ach Schedule B			
JТ	ax-exen	npt status (che	ck only one) – 🗹 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) or 🗌 527 (Form					
			Corporation Trust Association Other:					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	\$				
(Pai	t II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	- \$	94,642			
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions				
		Check if	the organization used Schedule O to respond to any question in this Part I		🗹			
	1		ns, gifts, grants, and similar amounts received	1	78,724			
	2	Program se	ervice revenue including government fees and contracts	2	8,475			
	3	Membershi	p dues and assessments	3	0			
	4	Investment	income	4	1,338			
	5a	Gross amo	unt from sale of assets other than inventory 5a	o				
	b	Less: cost	or other basis and sales expenses	5				
	с	Gain or (los	s) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0			
	6		d fundraising events:					
	а	Gross inco	ome from gaming (attach Schedule G if greater than					
Revenue		\$15,000) .		3				
ven	b	Gross inco	me from fundraising events (not including \$ 0 of contributions					
Re			aising events reported on line 1) (attach Schedule G if the					
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	נ				
	С	Less: direct	t expenses from gaming and fundraising events 6c	]				
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
		line 6c)		6d	0			
	7a	Gross sales	s of inventory, less returns and allowances 7a 6,10	5				
	b		of goods sold	2				
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	2,783			
	8		nue (describe in Schedule O)	8	0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91,320			
	10		similar amounts paid (list in Schedule O)	10	9,424			
	11		id to or for members	11	0			
ses	12		her compensation, and employee benefits	12	0			
Expenses	13		al fees and other payments to independent contractors	13	10,308			
ďx	14		r, rent, utilities, and maintenance	14	10,880			
ш	15		blications, postage, and shipping	15	2,493			
	16		nses (describe in Schedule O) .See Schedule O, Statement 1	16	16,222			
	17	Total expe	nses. Add lines 10 through 16	17	49,327			
ţs	18		deficit) for the year (subtract line 17 from line 9)	18	41,993			
sse	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Ä		-	r figure reported on prior year's return)	19	152,610			
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	20	5,056			
	21		or fund balances at end of year. Combine lines 18 through 20	21	199,659			
For	Paperv	work Reducti	on Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2023)			

Form 990-EZ (2023)					_	Page <b>2</b>
	s (see the instructions f	,		<b>D</b>		_
Check if the orga	inization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
00 Cook southers and inus	almonto		-			
<ul><li>22 Cash, savings, and inve</li><li>23 Land and buildings</li></ul>			•••••	147,314	23	193,081
J	in Schedule O)			5,296		6,578
25 Total assets			· · · · · · ·	152,610		199,659
	pe in Schedule O)	김 우리 전에 너무 다 주지 않			26	0
27 Net assets or fund bal	ances (line 27 of column	(B) must agree with	h line 21)	152,610		199,659
	ogram Service Accom					
	nization used Schedule	• •		'		Expenses
What is the organization's prim	ary exempt purpose?	See Schedule O, Sta	atement 2			uired for section c)(3) and 501(c)(4)
Describe the organization's pr	ogram service accompli	shments for each o	f its three largest o	rogram services.		nizations; optional for
as measured by expenses. In	a clear and concise m	anner, describe the			othe	rs.)
persons benefited, and other re						
28 Honor veterans from WWI						
veterans. Sponsor Quilts of		ly coffee and conver-	sation meetings for v	veterans only.		
(Continued on Schedule C						
(Grants \$	1,000) If this amount				28a	1,000
29 Educate children and adul						
specialized tours for group		college students. Pro	vide educational inte	eractive videos		
(Continued on Schedule C (Grants \$	11,000) If this amount	includes foreign are	nto chock horo		29a	2.0/2
30 Preserve important histori					29d	2,863
other special events such						
(Continued on Schedule O		ecognition events. Fi				
(Grants \$	1,000) If this amount	includes foreign gra	ints check here		30a	1,000
31 Other program services (					oou	1,000
(Grants \$	0) If this amount	includes foreign gra	ints, check here		31a	0
32 Total program service e	xpenses (add lines 28a t	through 31a)		· · · · □	32	4,863
	ectors, Trustees, and Key				struc	
	nization used Schedule					· · · · 🖞
		Man mark and	(c) Reportable	(d) Health benefits,		
(a) Name and	d title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employe		
(a) Name and	1 110	devoted to position	1099-NEC)	benefit plans, and deferred compensation		ther compensation
			(if not paid, enter -0-)			
David Morrow		10.00	0		0	0
President					1	
Philip Davis		10.00	0		0	0
Secretary					_	
Michel Robertson		25.00	0		0	0
Treasurer & CFO					_	
Janis Allen		25.00	0		0	0
Director of Communications		25.00				
Carl Newman	nd Analysia	25.00	0		0	0
Director of Business Planning a	nd Analysis	2.00				
Tom Bugala		2.00	0		0	0
Director		3.00			0	
John Flynn Director		3.00				0
Brent McCrimmon		2.00			0	0
Director		2.00				0
Bobby Kotlowski		25.00			0	0
Director		20.00			Ĩ	0
				1	1	
						000 57

Form 99	10-EZ (2023)		P	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	B Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			No.
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34	RANS-SARAN	V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			NAME OF
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	and resolutions	V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1912/04/2012/0144	V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:0; section 4912:0; section 4955:0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b	05/0450	<b>V</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	10FE and 10F9			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1.11		
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	1953.2019	V
41	List the states with which a copy of this return is filed:			
	The second	828-88	4-214	1
	Leasted at a CENT of D L NO 00740	28		<u></u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V
	If "Yes," enter the name of the foreign country:	1212		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	• •	• •	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	ang databa	Yes	No
440	completed instead of Form 990-EZ	11-		999900
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	-	~
u	completed instead of Form 990-EZ	44b	COMPACTOR IN COMPACTOR	V
с	Did the organization receive any payments for indoor tanning services during the year?	440 44c		V
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			0011002
u	explanation in Schedule O	44d	STEREOR .	04355)
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	- Oa	(12) Add	Sin Mari
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b	aanteled.	V

Form <b>990-EZ</b>	(2023)
--------------------	--------

orm 9	90-EZ (2023)						F	Page
							Yes	No
16	Did the organization engage, directly or in							
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			46		V
art								
	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and com	plete the ta	bles f	or lin	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI				. [
							Yes	No
7	Did the organization engage in lobbying				iring the tax			
	year? If "Yes," complete Schedule C, Par					47		V
18	Is the organization a school as described in					48		V
19a	Did the organization make any transfers t					49a		V
b	If "Yes," was the related organization a se					49b		L
50	Complete this table for the organization's							
	employees) who each received more than	1 \$100,000 of comper		1		nter "N	lone."	
		(b) Average	(c) Reportable compensation	(d) Health be contributions to		Estimate	ed amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC/	benefit plans, an	d deferred ot	her con		
			1099-NEC)	compensa	ition			
lone								
	Total number of other employees paid ov	or \$100 000						
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors v	vno each rec	eived	more	tnar
	wrot, out of compensation northine organ							
	(a) Name and business address of each independent		(b) Type of conv		(a) Com			

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000	
		2

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

Sign Here	Signature of officer Michel Robertson, Treasurer Type or print name and title			Date			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN			
	Firm's address Phone no.						
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions						

Jeff Adams, Director Ashley Minery, Planner Darby Terrell, Planner



106 East Morgan Street, Suite 207 Brevard, NC 28712 828-884-3205

planning.transylvaniacounty.org

#### Agenda Item: V-B.

### From: Ashley Minery, Planner To: Transylvania County Joint Historic Preservation Commission May 8, 2024 Date: March 14, 2024 Meeting Date: America: 250th Celebration Subject: Ashley.Minery@transylvaniacounty.org or (828)884-1710 Contact Info: None Attachment(s): Discuss America: 250th Celebration Purpose: The Transylvania County Board of Commissioners has tasked the Joint Background: Historic Preservation Committee with planning the 250th Anniversary Celebration of America's founding. A Committee with representatives from interested organizations will likely be formed to navigate the planning process. **Financial Impact:** None **Strategic Plan Goal** Goal 6: "County government is service driven, transparent and performance & Strategy: based with more active and engaged citizens." Strategy 6E: "Provide timely, accurate, transparent and informative communication to the public and across the organization with superior customer service delivery." **Recommendations:** Staff recommends the Transylvania County Joint Historic Preservation Commission discuss America: 250th Celebration.

#### Memorandum