

YOUR
STORIES
OUR
HISTORY

KANSAS
HISTORICAL
SOCIETY



The Kansas State Historical Society was established in 1875 as the repository and caretaker of State records.

4 Divisions

State Archives Cultural Resources
Museum Administration

Collections and services accessed in person and virtually, annually serving more than 15.5 million people around the world.

State and federal historic preservation programs serve individuals and businesses in communities large and small across Kansas.

Currently

- Custodian of state archeological resources
- Custodian of 15 state historic sites
- Custodian of artifact and archival collections documenting state history
- Archival reading room open 5 days per week for public research
- Kansas Museum of History will reopen in 2025

SHPO

State Historic

Preservation Office

Who is the SHPO?

Patrick Zollner, Executive Director, KSHS



We assist with identification, designation and preservation of historic architectural and archeological resources.

We are subject matter experts in historic architecture, history, art history and archeology.

National Historic Preservation Act

Doug Burgum, Secretary of the Interior



National Historic Preservation Act of 1966 declared by Congress that historic preservation is a policy of the federal government

Administered by National Park Service/DOI

Enabling legislation for creation of SHPOs / THPOs

- Advisory Council on Historic Preservation
- Secretary of the Interior's *Standards*
- National Register of Historic Places
- Historic Preservation Fund
- Section 106
- CLGs



It Begins with a Survey

Identifying & gathering data on a community's historic resources



- Buildings
- Sites
- Structures
- Objects
- Landscapes
- Districts

KHRI Kansas Historical Resources Inventory

The screenshot shows the KHRI website interface. At the top, the URL is <https://khri.kansasgis.org>. The page title is "Kansas Historic Resources Inventory" with a "Login" link. Below the title are navigation tabs: "Home", "Search", "Search Results", "Details", and "Interactive Map". There are also buttons for "Create PDF", "Create Link", and "View on Map".

The main content area displays details for a specific resource:

- 091-5800-00072**
- Allshouse, Frances, House**
- 4926 STATE LINE RD**
- Westwood Hills**

LOCATION:

- County: Johnson
- Address: 4926 STATE LINE RD
- Address Remarks:
- City: Westwood Hills
- Zip: 65205
- Parcel ID: 061-02-0-20-07-017.00-0

Legal Description:

- Legal Description Remarks: blk 3 lot 7
- Latitude, Longitude 1:
- Latitude, Longitude 2:
- Latitude, Longitude 3:
- Latitude, Longitude 4:
- Datum:

DESCRIPTION:

- Historic Name:** Allshouse, Frances, House
- Alternate Name:**
- Historic Function:** Domestic
- Subcategory:** Single Dwelling
- Historic Function Remarks:**
- Present Function:** Domestic
- Subcategory:** Single Dwelling
- Present Function Remarks:**
- Residential/Commercial/Religious Style:** Colonial Revival
- Secondary Style:**
- Barn Type:** Not Applicable
- Bridge Type:** Not Applicable
- Landscape Type:**

A map of the area is shown, highlighting the location of the house in Westwood Hills. A photograph of the house, a two-story white colonial-style home with a dark roof and a white porch, is displayed below the description.

- Identification & Documentation
- Determine Listing Eligibility
- Historical Research
- Local Planning
- Disaster Preparedness
- Tourism / Marketing
- Local Interest & Awareness
- khri.kansasgis.org

National Register of Historic Places



Official list of buildings, sites, districts, objects, structures of historical and / or aesthetic value worthy of preservation.

Generally, 50 years or older.

Must meet one of four criteria of eligibility and retain integrity.

Why? Recognition, Protection, Documentation, Eligibility for Financial Incentives

Register of Historic Kansas Places



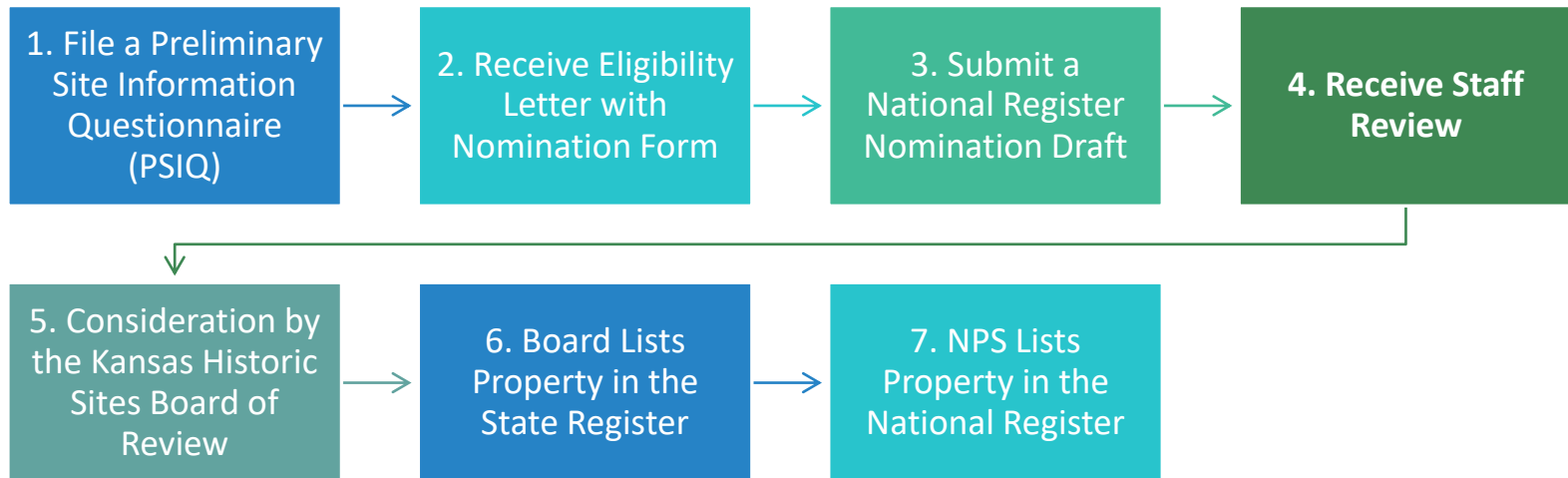
Official list of buildings, sites, districts, objects, structures of historical and / or aesthetic value worthy of preservation.

Generally, 50 years or older.

May possess more local / state than national significance.

Nomination Process

Multi-year procedure, in-depth research, community engagement.



Once you're listed...

YOUR KANSAS
STORIES OUR HISTORICAL
HISTORY SOCIETY

Register listing is a no-strings-attached honor. Unless...

“I don't want the government telling me what I can do with my property.”

“I won't be able to get my building insured.”

“I don't want to post a sign or a plaque.”

“I don't want to give tours or let tourists on my property.”

“I can't dispose of my property however I want.”

Review & Compliance

Section 106

Federal dollars spent on project.

State Preservation Law
K.S.A. 75-2724

State or other government dollars spent on project.

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SOCIETY



Certified Local Government

The Certified Local Government (CLG) is a cooperation between Local Government, the SHPO and the NPS

CLG is certified by NPS as a community partner in historic preservation.

MUST

- Establish an Ordinance
- Establish a Historic Preservation Commission (HPC)
- Maintain Active Survey of Local Historic Resources
- Establish a Local Landmark Program
- Participate in the National Register Process

MAY

- Establish Design Guidelines for Specified Local Properties & Districts.
- Designate Local Landmarks & Districts.
- Design Review of Local Landmarks & Local Districts.
- Administer a Local Incentive Program (Loans, Grants, Tax Incentives...)
- Other Preservation-related Functions Allowed By Local Ordinance.

Financial Incentives for Historic Preservation



Heritage Trust Fund (HTF) grants for projects on listed properties.

Historic Preservation Fund (HPF) grants assist communities planning preservation of historic resources.

Kansas Rural Preservation (KRP) grants for historic properties in rural locations with populations < 30,000.

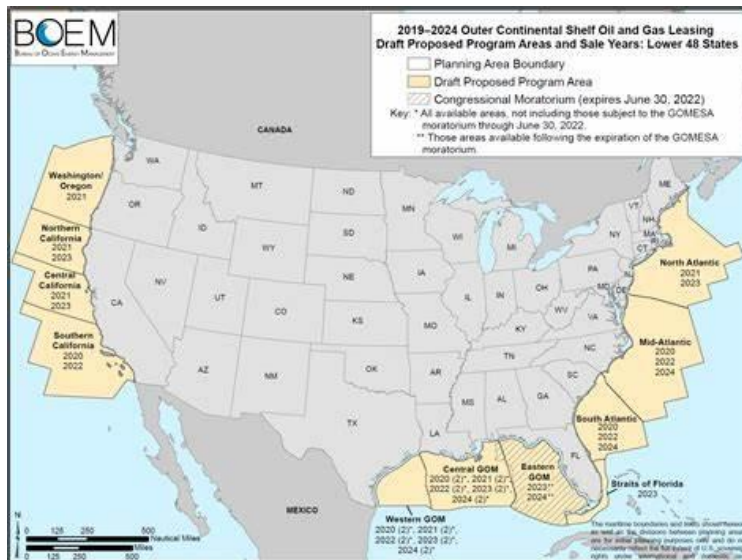
Tax Credits Federal / state income tax credits to property owners rehabilitating historic buildings according to the Standards.

- Surveys for Archeology & other Cultural Properties.
- Preservation Planning.
- Educational Programs for Students.
- Brochures featuring Heritage Tourism.
- Development of Design Guidelines.
- Conferences & Training.
- National Register Nominations.
- Disaster and Crisis Planning.

SHPO Funding and Financial Incentives

Where does the money come from?

- Outer continental shelf oil lease revenues, and Mortgage Registration Fees – not taxes.
- Passed from National Park Service to the SHPOs.
- SHPOs pass 10% of annual allocation to CLGs.



When to apply?

- Grants: Annual applications available at end of year.
- Credits: rolling acceptance.

Historic Preservation Certification State Rehabilitation Tax Credit

Percentage of investment returned as income tax credits.

Separate Federal and State programs. Both apps come to SHPO.

Property must be listed in State or National Register.

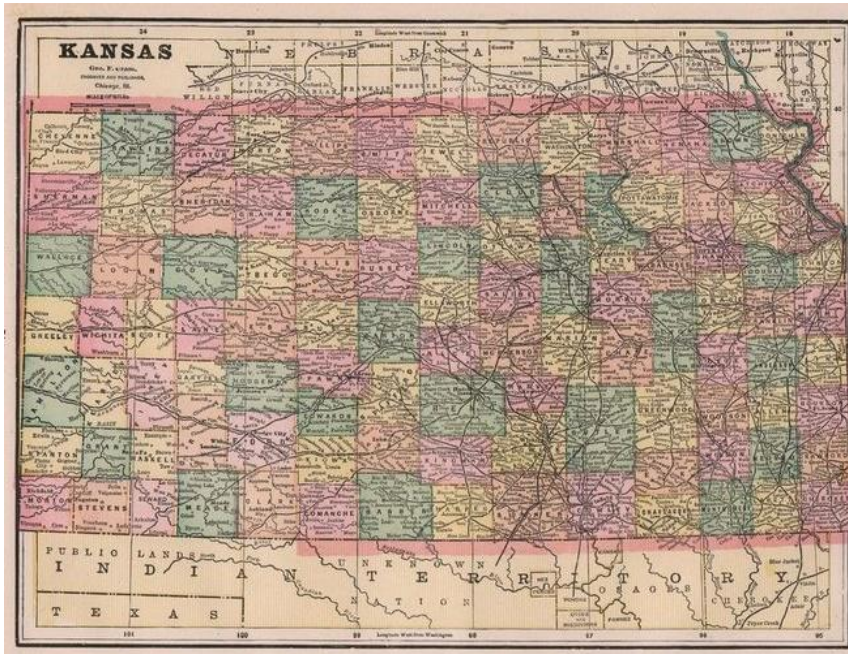
Projects must meet the Secretary's *Standards*.

Historic Preservation Certification: Federal



- 20% of qualified expenses.
- Structure is National Register listed or eligible
- Building must be income-producing
- Rehabilitation must meet the Standards
- Rehabilitation must be substantial per IRS
- Must retain ownership for 5 years
- Can be combined with the state tax credit program

Rehabilitation Tax Credit: State

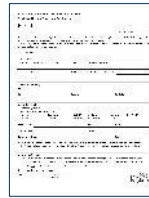


- State incentive enacted in 2001
- All State or National Register-listed buildings qualify
- Transferable / saleable. Allows private residences, non-profits, governments, schools to participate in program
- Credit amount – 25-40% – based on project and community size
- Certified 501(c)3 organizations are eligible for 30%
- Must apply/be approved before work begins

Applying for the State Credit: Overview

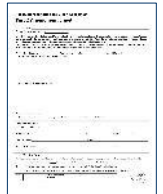
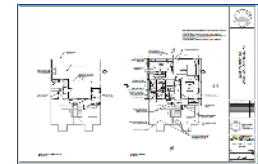
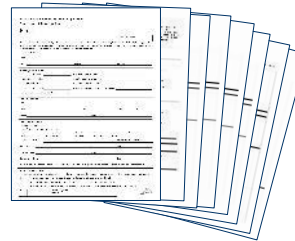
- Part 1 – Certification

- Form
- Photos



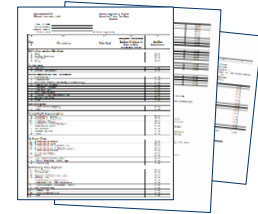
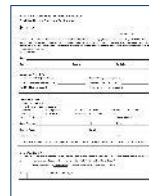
- Part 2 – Scope of Work

- Form
- Photos
- Plans / Drawings / Samples
- Amendment



- Part 3 – Completion

- Form
- Photos
- Expense Schedules 1 and 2



Secretary of the Interior's Standards for Rehabilitation



NPS.gov / Home / What We Do / The Secretary of the Interior's Standards for the Treatment of Historic Properties

The Secretary of the Interior's Standards for the Treatment of Historic Properties

Using the Standards and Guidelines for Preservation, Rehabilitation, Restoration & Reconstruction

The purpose of The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring & Reconstructing Historic Buildings (2017) is to provide guidance to historic building owners and building managers, preservation consultants, architects, contractors, and project reviewers prior to beginning work. It is always recommended that preservation professionals be consulted early in any project.

- [Introduction, Historical Overview, Preservation Standards & Guidelines, Rehabilitation Standards & Guidelines \(pp.1-162, PDF\)](#)
- [Restoration Standards & Guidelines and Reconstruction Standards & Guidelines \(pp.163-241, PDF\)](#)

The Standards for the Treatment of Historic Properties address four treatments: preservation, rehabilitation, restoration, and reconstruction. As stated in the regulations ([36 CFR Part 68](#)) promulgating the Standards, "one set of standards ... will apply to a property undergoing treatment, depending upon the property's significance, existing physical condition, the extent of documentation available, and interpretive goals, when applicable. The Standards will be applied taking into consideration the economic and technical feasibility of each project." These Standards apply not only to historic buildings but also to a wide variety of historic resource types eligible to be listed in the National Register of Historic Places. This includes buildings, sites, structures, objects, and districts.

IMPORTANT LINKS

- Standards & Guidelines for Preservation >
- Standards & Guidelines for Rehabilitation >
- Standards & Guidelines for Restoration >
- Standards & Guidelines for Reconstruction >
- Other Guidelines for Applying the Standards >
- History of the Standards >
- Rehabilitation Standards—Tax Credit Projects >
- Planning Successful Rehabilitation Projects >

Contact the SHPO to discuss your proposed treatments

- talk about Qualified Rehabilitation Expenses
- set up a site visit (not available for all projects)
- review the Secretary's Standards for Rehabilitation
- discuss any other questions you may have
- unnecessary beforehand; we will have the same conversation with you in review

785-272-8681 ext. 240 or e-mail kshs.taxcredits@ks.gov

Instructions

kansashistory.gov/preserve/pdfs/stc_application_instructions2019.pdf

Qualifying Rehabilitation Expenditures

EXAMPLES OF QRES

Permanent, attached to building, meets Standards

- Exterior Building Surfaces
- Masonry and Foundations
- Insulation
- Roofs and Guttering
- Windows, Doors and Storms
- Chimneys
- Painting on Structural Surfaces
- Walls
- Ceilings
- Floors
- Carpeting (if glued down excluding tiles)
- Tile
- Paneling
- Stairs
- Escalators and Elevators
- Lighting and Fixtures
- Electrical Wiring
- Data and Communication Wiring
- HVAC Systems and Components (can be geothermal)
- Plumbing and Fixtures (only the systems within the building are eligible)
- Fire Suppression Sprinkler Systems
- Kitchen and bathroom cabinets and countertops
- Architect/design fees; permits
- **Historic tax credit fees**

EXAMPLES OF NON-QRES

Impermanent, mobile, does not meet Standards

- Landscaping and Planters
- Parking Lots, Paving and Driveways, Sidewalks
- Storm Sewers including French drains
- Retaining Walls and Curbs
- Fencing (construction interim is allowed)
- New Construction or Enlargement Costs (increasing the volume of the building is not an eligible cost)
- Moving a building to a new location
- Demolition Costs (removal of a building from site)
- Porches, Porticos and Decks (if not original to the building)
- Enclosure of Decks/Porches making them interior rooms
- Seating (includes attached seating eg booths, pews)
- Millwork (if not original to the building)
- Furniture, Appliances and Appliance Hookups
- Outdoor Lighting remote from the building
- Awnings and Canopies; Signage
- Window Treatments (curtains, blinds, shutters)
- Carpets and rugs (if tacked or occasional)
- Acquisition Costs
- Feasibility Studies
- Any costs paid with insurance proceeds or grants
- Late fees
- Finance (including bond financing) and legal fees not pertaining to structural rehabilitation costs

Applying for the State Credit: Part 1

- Part 1 Qualified Historic Structure Certification
 - Form: Building and District Information
 - Photographs: Provide several general views of each visible exterior side of the property and all associated structures. Be sure the whole building can be seen in the photographs. If significant change is proposed inside, interior views, too. Review is facilitated if photos are:
 - clearly focused and not ultra high resolution
 - displayed right side up
 - individually labeled
 - grouped in a pdf

Demonstrates that the building maintains the character-defining features mentioned in the District nomination. Review schedule: allow 30 days

Kansas Rehabilitation Tax Credit Application
Qualified Historic Structure Certification

Part 1

STC Project Number: _____

Please read the instructions carefully before completing this application. Applications must be complete and submitted to KSHS for approval before certification can be awarded. This form may be submitted along with the Part 2 application.
 Type or print clearly. If additional space is needed, use continuation sheets or attach blank sheets. Be sure to include photos or documentation as requested in the application instructions.

Use the name in KHRI
 Westwood Hills Historic District

Property Name: _____

Historic District: _____

Currently Contributes to District: Yes No Individually Listed

Date of Construction: _____ Associated Structures Located on Property: _____

Address of Property

Street: _____

City: _____ County: _____ Zip Code: _____

Owner Information

Legal Property Owner: _____

Type of Ownership Entity (check one):

- Individual Corporation LLC/LP* Bank Insurance Non-Profit*
 Government School Dist. University Fiduciary Other: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Signature of Owner: _____ Date: _____

SIGN ME !

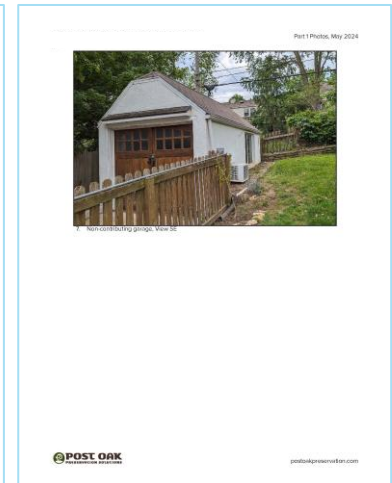
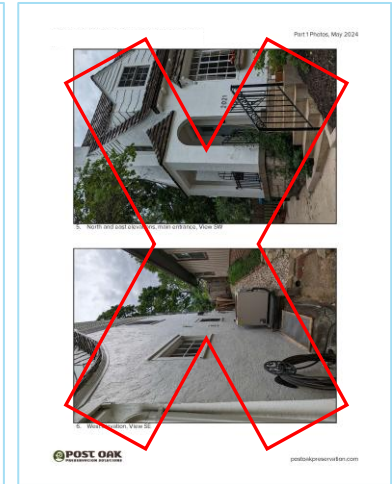
*All Pass-Through entities must fill out the Additional Owners form providing ownership information for each shareholder within the entity.
 **Non-Profit organizations must attach a copy of their 501(c)3 certification letter with this Part 1 in order to be eligible for the 30% credit.

State Office Use Only:

The State Historic Preservation Office has reviewed the Part 1 Application for the above-named property and determines that the property:

- Contributes to the significance of the listed historic district and is a "qualified historic structure" for the purpose of rehabilitation.
 Does not contribute to the significance of the listed historic district.
 Is an individually listed property.

Date: _____ SHPO/Deputy SHPO Signature: _____



Applying for the State Credit: Part 2

- Part 2 – Scope of Work
 - Form: Building and Project Information
 - use KHRI references
 - start/Completion Date: estimated. These are not firm
 - Scope of Work: Methods, Materials, Location...
 - err on side of more detail; you can add a page
 - describe the problem, and how you intend to remedy it
 - Photos: each Scope number must be represented by associated photo(s) mentioned in the scope and appropriately labeled
 - Plans / Drawings / Visual Samples: for simple projects, not necessary but always helpful; may be personally sketched or professionally rendered.
 - Reviewed for alignment with the Standards. Review schedule: 30 days. Submit Parts 1 and 2 together to expedite
 - Fee Payment Date starts the Review Clock

Kansas Rehabilitation Tax Credit Application

Description of Rehabilitation

Part 2

STC Project Number: _____

Please read the instructions carefully before completing this application. Applications must be complete and submitted to KSHS for approval before certification can be awarded. Type or print clearly. If additional space is needed, use continuation sheets or attach blank sheets. Be sure to include photos or documentation as requested in the application instructions.

Use the name in KHRI

Property Name: _____

Street: _____

City: _____ County: _____ Zip Code: _____

Building Information:

Date of Construction: _____ Primary Historic Materials: _____

Historic Use of Building: _____ New/Current Use of Building: _____

Proposed Start Date: _____ Proposed Completion Date: _____

Estimated Project Total: _____ Amount of Grant Funds, Insurance Money: _____

Floor area before/after Rehabilitation: _____

Proposed, not hard-fast

Estimate; must ≥ \$5000

Project Contact:

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Owner Information

Legal Property Owner(s): _____

Type of Ownership Entity (check one):

- Individual
- Corporation
- LLC/LP*
- Bank
- Insurance
- Non-Profit
- Government
- School Dist.
- University
- Fiduciary
- Other

Owner's Tax ID Number: _____ SSN or FEIN (circle one)

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Signature of Owner: _____ Date: _____

SIGN ME !

*All Pass-Through entities must fill out the Additional Owners form providing ownership information for each shareholder within the entity.

State Office Use Only:

The State Historic Preservation Office has reviewed the Part 2 Application for the above-named property and determines that the rehabilitation:

- The rehabilitation described meets the Secretary of the Interior's Standards for Rehabilitation.
- The rehabilitation described does not meet the Secretary of the Interior's Standards for Rehabilitation.
- The rehabilitation will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.

Date: _____ SHPO/Deputy SHPO Signature: _____



PART 2 – SCOPE OF WORK

Property Name: _____

In the sections provided, describe the proposed rehabilitation project. Be sure to include all work being done to the property and specific details about the work to be performed. Please attach additional sheets as necessary.

NUMBER 1	Architectural Feature:	Dining Room	Principal Material of Feature:	Plaster, Wood
	Approx. Date of Feature:	1930	Location of Feature:	1 st floor, SW corner

Describe existing feature and its current condition:

Original lath-and-plaster ceilings and walls; painted in 1970s. Original walnut wainscoting and trims in good shape, never refinished. Original 2-1/4" plank red oak flooring shows wear along main pathways. Light fixtures date from 1970s. Original wiring and outlets/switches.

Photo no.	1,2,3,6	Drawing no.	A-101
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Describe proposed work on feature (include methods, materials, specifics):

Ceilings and walls will receive nail hole repairs and a skim coat, and fresh latex paint. Wainscoting/trims will be wiped clean, lightly sanded and receive fresh coat acrylic urethane. Floors will be sanded and receive coat of acrylic urethane. New light fixtures, switches and grounded plugs to be installed.

NUMBER 2	Architectural Feature:	room	Principal Material of Feature:	
	Approx. Date of Feature:	19??	Location of Feature:	house

Describe existing feature and its current condition:

Old surfaces look dingy and unattractive; must be addressed. Dated light fixtures do not complement the historic ambience.

Photo no.		Drawing no.	
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Describe proposed work on feature (include methods, materials, specifics):

Paint, refinish wood. New historically-appropriate lighting. New rugs and dining room set.



Photo 1 Scope #1 Dining Room Looking southeast

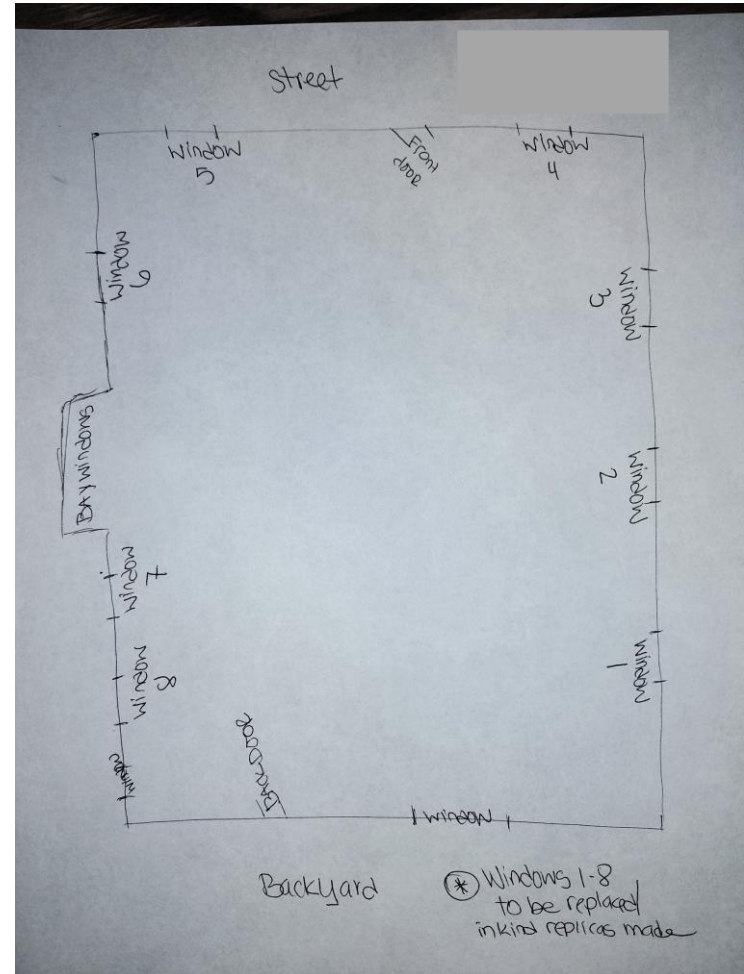
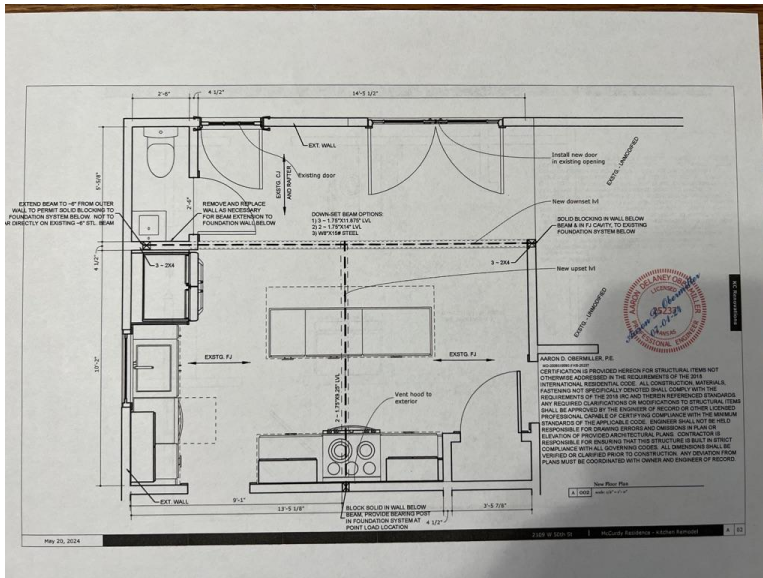
Preferred



Walls and woodwork for painting

Please don't

■ Plans / Drawings / Samples



Acceptable

Acceptable

Email individual application materials to kshs.shpo@ks.gov all at one time


Top Reasons for Delayed Review

- Form(s) not signed
- Fee not paid
<https://store.kshs.org/> click the Tax Credits icon at lower tier
- All photos combined in one document: separate parts 1 and 2
- Waiting for stray items

Pro tip: submit Parts 1 and 2 simultaneously

State Historic Preservation Office
Cultural Resources Division
6425 SW 6th Avenue
Topeka KS 66615-1099

Patrick Zollner, Executive Director



785-272-8681
fax 785-272-8682
kshs.shpo@ks.gov
kshs.org

Laura Kelly, Governor

May 29, 2025

Materials submitted for the project referenced above have been reviewed in accordance with the state preservation statute K.S.A. 75-2724.

1. The law requires the State Historic Preservation Officer (SHPO) be given the opportunity to comment on proposed projects affecting historic properties or districts. Properties listed in the National Register of Historic Places and/or the Register of Kansas Places are subject to review.


The SHPO has determined that the proposed project will not damage or destroy the listed property.

2. This letter APPROVES the Scope of proposed treatments as written and submitted in this Part 2.

This project may be subject to additional regulations, statutes, or ordinances. Please contact your local permitting office for information about any additional review requirements. Any change or addition to the Scope as described here must be submitted in an Amendment for review and approval before the change or addition is made. Work that is not proposed/reviewed/approved in the written Part 2 scope of work or Amendments cannot receive credits.

If you have any questions concerning the review of this project, contact Christopher Leitch at 785-272-8681, ext. 222 or at christopher.leitch@ks.gov.

Sincerely,




Katrina Ringle
Deputy State Historic Preservation Officer
Kansas Historical Society

Standard

State Historic Preservation Office
Cultural Resources Division
6425 SW 6th Avenue
Topeka KS 66615-1099

Patrick Zollner, Executive Director



785-272-8681
fax 785-272-8682
kshs.shpo@ks.gov
kshs.org

Laura Kelly, Governor


May 16, 2025

Thank you for submitting your Kansas Rehabilitation Tax Credit Application, Part 2 – Description of Rehabilitation. The project scope of work as submitted appears to meet the Secretary of the Interior's Standards for Rehabilitation with the following conditions.

#1	Windows	Condition of Proposed Treatment
		Dimensions, profiles and proportions of replacement frame and sills must EXACTLY match historic examples in situ. From photographs, in some situations it appears that repair rather than replacement would be in order; it is difficult to ascertain through layers of paint and caulking. Part 3 photos should clearly show before-and-after of each window with repaired/replaced frame and sill.
#2	Entryway	Approved
#3	Trellis	Approved
#4	Chimney	Approved
		Since the chimney was painted prior to the survey of the historic district, it may be repainted. It was likely not originally painted; removal of all paint to reveal the original brick surface would be preferred treatment.
#5	Fascia Board	Approved
#6	Paint	Condition of Proposed Treatment
		Pressurized water washing of historic surfaces should not exceed <u>400psi</u> . (Contractor estimate states under 600 psi.)

Conditional approval permits you to begin work on the project. Please be aware that work that is not proposed/reviewed/approved in the written Part 2 scope of work or Amendments cannot receive credits. Contact Tax Credit Reviewer Christopher Leitch at christopher.leitch@ks.gov, 785-272-8681, x222 with any question.

Sincerely,



Katrina Ringle
Deputy State Historic Preservation Officer
Kansas Historical Society

Conditional

Use the Amendment to add to, subtract from or change the Part 2 Scope of Work.

Numerous Amendments may be submitted for a project.

There is no additional fee for Amendment submittal.

Must be reviewed and approved before work proceeds.

Kansas Rehabilitation Tax Credit Application
Part 2 Amendment Sheet

Property Name: Use the name in KHRI
 Project Amendment Number: _____

Use this sheet to continue the Part 1 and Part 2 application or to amend an application already submitted. Any changes to the scope of work as it was presented in the Part 2 or later amendments, must be submitted to the SHPO office in the form of a new amendment. Work that has not been submitted to and approved by the SHPO cannot be claimed as a qualified rehabilitation cost. Photocopy additional sheets as needed. If proposing additional work, be sure to include photographs and any other necessary documentation as requested in the application instructions. No additional fees are charged for amendments.

Architectural Feature: Dining Room Approx. Date of Feature: 1930 Principal Material: Plaster, Wood
 Describe Existing Feature and its current condition:
Ceiling in dining room: when prepping for painting, observed cracks in decorative plaster moulding and termite damage to picture rail.

Describe proposed work on feature:
Consultant review of plaster damage and treatment plan to repair; repair of moulding; replace picture rail in same type and material; paint as previously proposed.


Additional info included:
 Photos Plans Specifications Estimates Other: _____

Owner Information
 Legal Property Owner(s): _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Email: _____
 Signature of Owner: _____ Date: _____

State Office Use Only:
 The State Historic Preservation Office has reviewed the Part 2 Application for the above-named property and determines that the rehabilitation:

The rehabilitation described meets the Secretary of the Interior's Standards for Rehabilitation.
 The rehabilitation described does not meet the Secretary of the Interior's Standards for Rehabilitation.
 The rehabilitation will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.

Date:	#	SHPO/Deputy SHPO Signature:	
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Applying for the State Credit: Part 3

- Part 3 – Completion
 - Form - submitted when all work has been completed
 - Photos and Photokey – photos of the finished work from the same POV of the “before” in Part 2
 - Expense Schedules 1 and 2, and invoice/receipt copies, to verify project expenses
 - When review and audit complete, owner will receive a certificate and instruction letter.

Use the Part 3 to certify that you did what was proposed and approved.

Start date should be after approval date; completion date is PIS year and credits will be available after that date.

If single or married filing jointly, include name and TIN to which credits will be assigned

There is no additional fee for Part 3 submittal.

Kansas Rehabilitation Tax Credit Application
Qualified Historic Structure Certification

Part 3

STC Project Number: _____

Upon completion of the rehabilitation project, fill out and submit this form with photographs of the finished work, along with KDOR Schedules 1 and 2. All materials must be submitted to the Kansas State Historic Preservation Office. Type or print clearly. If there are additional property owners, please use the Additional Ownership form to submit that information. Please refer to the application instructions and photo policy for submission requirements.

Property Name: _____ **Use the name in KHRI**

Street: _____

City: _____ County: _____ Zip Code: _____

Completed Project Data:

Project Starting Date (mm/dd/yy): _____ Square footage before project: _____

Project Completion Date (mm/dd/yy): _____ Square footage after project: _____

Total Qualified Expenses: \$ _____ **From Schedule 2**

Owner Information

Legal Property Owner(s): _____

Type of Ownership Entity (check one):

Individual Corporation LLC/LP* Bank Insurance Non-Profit

Government School Dist. University Fiduciary Other

Owner's Tax ID Number: _____ SSN or FEIN (circle one): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Signature of Owner: _____ **SIGN ME !** Date: _____

*All Pass-Through entities must fill out the Additional Ownership form providing ownership information for each shareholder within the entity.

State Office Use Only:

The State Historic Preservation Office has reviewed the Part 2 Application for the above-named property and determines that the rehabilitation:

The completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation"

The rehabilitation described does not meet the Secretary of the Interior's Standards for Rehabilitation.

Date:	#	SHPO/Deputy SHPO Signature:	

Use the Additional Ownership Form from Part 2 if not single or married filing jointly. This is how the credit can be allocated to more than one TIN.

We go one layer deep in joint ownerships.

**State Rehabilitation Tax Credit Application
Additional Ownership Form**

If the ownership entity for the property undergoing rehabilitation is a pass through entity or comprised of multiple owners, please fill out the following form to identify the shareholders, partners or members and additional owners. In the case of an LLC, any Tax Credit Certificates will be issued to the pass through entity, but any partners, shareholders, members or owners, who may be utilizing the credits, must be identified in order to have access to their portion of the credits. In the case of multiple owners with no organized entity, please list each owner and their ownership percentage; credits will be awarded to each property owner based upon their percentage. Please include an entry for each owner, partner, shareholder or members within the ownership or ownership entity (duplicate form as needed).

Property Name: Use the name in KHRI

Legal Property Owner(s): _____

Name of Partner/Shareholder/Additional Owner: _____

Type of Entity:

Individual Corporation LLC/LP Bank Insurance Non-Profit
 Government School Dist. University Fiduciary Other

Tax ID Number: _____ SSN or FEIN (circle one) _____ Ownership Percentage: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Name of Partner/Shareholder/Additional Owner: _____

Type of Entity:

Individual Corporation LLC/LP Bank Insurance Non-Profit
 Government School Dist. University Fiduciary Other

Tax ID Number: _____ SSN or FEIN (circle one) _____ Ownership Percentage: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Name of Partner/Shareholder/Additional Owner: _____

Type of Entity:

Individual Corporation LLC/LP Bank Insurance Non-Profit
 Government School Dist. University Fiduciary Other

Tax ID Number: _____ SSN or FEIN (circle one) _____ Ownership Percentage: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Property name and address Project xxxx



1. Primary (north) and east elevations, View SW Part 2 Scope Item #1: exterior painting



2. Primary (north) and west elevations, View SE Part 2 Scope Item #2: new roof



IMG_0749



IMG_0751



IMG_0752



IMG_0753



IMG_0754



IMG_0755



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IMG_0757



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IMG_0765



IMG_0766

Preferred: single pdf of labeled images

Please don't: single emailed pics w/no info

Preliminary Schedule
to K-35
Historic Preservation Credit

KANSAS DEPARTMENT OF REVENUE
Schedule of Detailed Historic Preservation Costs
Schedule II

Project Number:
Property Name:
Property Address:
SS # or EIN #:
Project Start Date: 6/6/24

Name of Taxpayer(s):
Project Completion Date: 11/18/24

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
Enter Box Number from Part 2 Application	Enter Item # from Schedule of Project Development Costs (Schedule I)	Invoice Date	Invoice #	Vendor Name	Description of Items Purchased	Check #	Date Paid	Total Costs	Ineligible Development Costs or Paid for with Grant or Other Nontaxable Income	Qualified Expenditures
		5-May-24	Inv 1	Moroney KC	Architect Design Fees	1	5-May-24	\$ 2,500.00	\$ -	\$ 2,500.00
		30-May-24	Inv 1	First National Bank of Omaha	Appraisal + Origination	2	30-May-24	\$ 700.00	\$ -	\$ 700.00
		5-Jun-24	Inv 1	KSHS	Tax Credit Fee	3	5-Jun-24	\$ 500.00	\$ -	\$ 500.00
		5-Jul-24	Inv 1	Custom Home Improvement	General contractor fees + Demolition and disposal	4	18-Jul-24	\$ 45,500.00	\$ 13,625.00	\$ 31,875.00
		5-Jul-24	Inv 2	Custom Home Improvement	General contractor fees + Framing materials and labor estimate	5	18-Jul-24	\$ 45,500.00	\$ 7,565.00	\$ 37,935.00
		19-Jul-24	Inv 3	Custom Home Improvement	General contractor fees + windows	6	19-Jul-24	\$ 45,500.00	\$ 8,249.11	\$ 37,250.89
		18-Jul-24	CO 1	Custom Home Improvement	General contractor Change order	7	3-Oct-24	\$ 17,518.27	\$ -	\$ 17,518.27
		14-Nov-24	CO 2	Custom Home Improvement	General contractor Change order	8	18-Nov-24	\$ 17,122.00	\$ -	\$ 17,122.00
		14-Dec-24	Inv 4	Custom Home Improvement	General contractor fees + interior pair	9	17-Dec-24	\$ 33,300.00	\$ 11,373.25	\$ 21,926.75
		30-Jan-25	Inv 5	Custom Home Improvement	General contractor fees	10	31-Jan-25	\$ 8,397.31	\$ -	\$ 8,397.31
		30-May-24	Inv 2	First National Bank of Omaha	Construction Interest	11	31-Jan-25	\$ 3,629.21	\$ -	\$ 3,629.21
		9-Jul-24	Inv 1	Linear Roofing	Roof and Gutters	12	9-Jul-24	\$ 7,073.96	\$ -	\$ 7,073.96
		9-Jul-24	Inv 2	Linear Roofing	Roof and Gutters Final	13	31-Jan-25	\$ 7,073.97	\$ -	\$ 7,073.97
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
TOTAL AMOUNT PAID								\$ 234,314.72	\$ 40,812.36	\$ 193,502.36

I declare under the penalties of perjury that to the best of my knowledge the above information is true and correct.

SIGN ME!

Signature of Officer / Owner

Owner

Title


3/14/25

Date

Subtract headings (h) and (i) for total in heading (j).
The Kansas Department of Revenue will allow only those qualified expenditures that have been paid. The total amount paid in heading (h) should equal the amount entered on Schedule I heading (c) Total Costs.

Approval and Certificate

6425 SW 6th Avenue
Topeka, KS 66615



Kansas
State Historical Society

phone: 785-272-8681
fax: 785-272-8682
Kshs.culturalresources@ks.gov

Laura Kelly, Governor
Patrick Zollner, Executive Director


Please find enclosed a tax credit certificate, issued by the Kansas State Historical Society, acknowledging completion of a qualified rehabilitation project on a qualified historic structure. All work to date appears to meet the Secretary of the Interior's Standards for Rehabilitation and has followed the scope of work set out in the Scope of Work previously approved by this office. This certificate verifies that this project was placed in service in tax year 2024 and, therefore, the property owner(s) is/are eligible to receive a state income tax credit equal to 40% of qualifying expenses.

A copy of this certificate will be provided to the Kansas Department of Revenue. Taxpayers may claim their credits by submitting schedule K-35 with their Kansas state tax return. The taxpayer(s) claiming the credits are required to keep this certificate on file with their tax records along with the enclosed KDOR certification letter.

Please contact me if you have any questions about this certificate or with any notifications of transfer of these credits to another taxpayer.

Sincerely,
Christopher Leitch
State Historic Preservation Office
Cultural Resources Division

We send these



TAX CREDIT CERTIFICATE
KANSAS STATE REHABILITATION TAX CREDIT PROGRAM

<p>APPROVED PROJECT</p> <p>PROJECT NUMBER</p> <p>PROJECT START DATE:</p> <p style="text-align: center;">June 06, 2024</p> <p>TOTAL QUALIFYING EXPENSES ALLOWED FOR CREDIT:</p> <p style="text-align: center;">\$193,502.00</p> <p>TAX CREDIT CERTIFICATE NUMBER:</p>	<p>OWNER OF PROPERTY</p> <p>NAME:</p> <p>DATE PROJECT PLACED IN SERVICE (COMPLETION DATE):</p> <p style="text-align: center;">November 18, 2024</p> <p>TOTAL STATE REHABILITATION TAX CREDIT REMAINING FOR THIS PROJECT:</p> <p style="text-align: center;">\$77,401.00</p>
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This certificate acknowledges completion of a qualified rehabilitation project on a qualified historic structure pursuant to K.S.A. 2001 Supp. 79-32.211, as amended, and regulations set forth by the Kansas State Historical Society.

Kansas State Rehabilitation Tax Credits may be used to offset income, privilege, or premium tax liability for the year in which the qualified rehabilitation plan was placed in service. Excess amounts may be carried over for deduction from such taxpayer's income, privilege, or premium tax liability in the next succeeding year or years until the total amount of the credit has been deducted from the tax liability, except that no such credit shall be carried over for deduction after the 10th taxable year succeeding the taxable year in which the qualified rehabilitation plan was placed in service.

A copy of this certificate will be provided to the Kansas Department of Revenue. You are required to keep this Tax Credit Certificate on file with your tax records. You may claim your credits by submitting Schedule K-35 with your income or privilege tax return. We encourage you to file your income tax return electronically. Electronic filing information can be found at webtax.org. Please contact the Cultural Resources Division of the Kansas State Historical Society with any questions about this certificate or requests to transfer these tax credits.

Katrina Ringler, Deputy State Historic Preservation
Officer Cultural Resources Division
Kansas State Historical Society

Date Issued: March 14, 2025

You fetch this

K-35
(Rev. 7/22)

KANSAS
HISTORIC PRESERVATION CREDIT

190418

For the taxable year beginning _____, 20____; ending _____, 20____

Name of taxpayer (as shown on return)	Social Security Number or Employer ID Number (EIN)
If partner, shareholder or member, enter name of partnership, S corporation, LLC or LLP	Employer ID Number (EIN)

PART A – HISTORIC STRUCTURE INFORMATION

PROJECT NUMBER: _____ CERTIFICATE NUMBER: _____

A. Property Location:

Name of Historic Property _____

Address of Property _____

City _____ State _____ Zip _____ County _____

PART B – REHABILITATION PROJECT INFORMATION

B. Project start date: _____ Completion Date: _____

C. Are you claiming an acquired credit? (See Instructions) No Yes If yes, you must enclose a copy of your Certificate of Transfer issued by the Kansas State Historical Society. If this is your first year to claim an acquired credit, skip lines 1 and 2 of Part C and enter the total amount of the tax credit transferred to you on line 3, Part C. For the 2nd and subsequent tax years, enter the amount of acquired credit carry forward on line 6, Part D.

PART C – COMPUTATION OF CREDIT AVAILABLE (Refer to the instructions on the back of this form)

1. Enter the total costs incurred to rehabilitate the historic structure (must be \$5,000 or more) 1.
2. Credit percentage allowed (see instructions) 2.
 - 25%
 - 30% city population between 9,500 and 50,000
 - 40% city population less than 9,500
 - 30% if qualified taxpayer is exempt from federal income taxation pursuant to section 501(c)(3) of the federal internal revenue code
3. Total credit available for this project (multiply line 1 by line 2) 3.
4. Enter your proportionate share percentage (see Instructions) 4.
5. Credit available to your return (multiply line 3 by line 4) 5.

PART D – COMPUTATION OF THIS YEAR'S CREDIT

6. Amount of carry forward from prior year. Enter the amount from line 10 of the prior year's Schedule K-35. (Not applicable the first year credit is claimed.) 6.
7. Total credit available this tax year (add lines 5 and 6) 7.
8. Enter your total tax liability for this tax year after all credits other than this credit 8.
9. Credit this tax year (enter the lesser of lines 7 or 8 here and on the appropriate line of Form K-40, K-41, K-120, K-120S or K-130 for nonrefundable credits) 9.

If line 9 is less than line 7, complete line 10.

PART E – COMPUTATION OF CREDIT CARRY FORWARD

10. Subtract line 9 from line 7. This is the amount of credit to carry forward to next year's return. Enter this amount on line 6 of next year's Schedule K-35. 10.

Transfers


Transfer credits when:

- You want to sell them, or
- You want to assign them to another TIN
- Form and Fee (when expenses exceed \$50k)

Historic Tax Credit Transfer Application-- General Project Information	Transfer Information	Assignor (Seller) Information	Assignee (Buyer) Information
<p>This section is for information about the Historic Rehabilitation Project. The information can be found on the State Rehabilitation Tax Credit Certificate</p> <p>Tax Credit Project Number*</p> <input type="text"/> <p>Enter the Project Number given on the certificate or application forms</p> <p>Building Name*</p> <input type="text"/> <p>Enter the name of the building as given on the Certificate</p> <p>Building Address*</p> <input type="text"/> <p>Address Line 1</p> <input type="text"/> <p>City</p> <p>Placed in Service Date*</p> <input type="text"/> <p>MM/YY DD, YYYY</p> <p>Enter the Placed in Service Date (Project Completion Date) from the Certificate</p> <p>Certificate Number</p> <input type="text"/> <p>Please enter the certificate number found on the current certificate (number will begin with SH followed by numbers)</p> <p>Phased Project*</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>is this a phased federal project? (Certificate will indicate)</p>	<p>Enter the relevant information for this transfer. A copy of the transfer agreement, with signatures of the Buyer and Seller, must be uploaded at the end of this section.</p> <p>The calculations of credits remaining are for this transfer only. They do not take into account any credits used by the owner or any other credit transfers being submitted concurrently.</p> <p>When entering credit and payment amounts, do not enter commas, only use numbers. Using separation commas may cause the data to not enter properly.</p> <p>Amount of Credits Held by the Seller (from Certificate)*</p> <input type="text"/> <p>Enter the total amount of credits granted from the existing certificate.</p> <p>Amount of Credits to be Transferred*</p> <input type="text"/> <p>Enter the total amount of credits granted from the existing certificate.</p> <p>Credits Remaining (auto calculated)</p> <input type="text"/> <p>Credits held by the Assignee after this transfer (only)</p> <p>Amount Paid for the Credits*</p> <input type="text"/> <p>Enter the amount the buyer paid for the credits per the transfer agreement.</p> <p>Payment Percentage (auto calculated)</p> <input type="text"/> <p>Calculated Percentage for Credit Payment</p> <p>Date of Transfer*</p> <input type="text"/> <p>MM/YY DD, YYYY</p> <p>Transfer Agreement*</p> <p><input type="button" value="Choose File"/> <input type="button" value="Remove File"/> No File Chosen</p> <p>Upload a copy of the Transfer Agreement signed by both the Buyer and Seller</p>	<p>Assignor (Seller) Information</p> <p>Please enter the information about the current owner of the Kansas Rehabilitation Tax Credits. This is information about the seller of the tax credits.</p> <p>Name of Current owner of the Tax Credits (Seller)*</p> <input type="text"/> <p>Please enter the name of the person or organization selling the tax credits.</p> <p>Seller's Address*</p> <input type="text"/> <p>Address Line 1</p> <input type="text"/> <p>Address Line 2</p> <input type="text"/> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> <p>Seller's Phone Number*</p> <input type="text"/> <p>Provide the current phone number of the seller</p> <p>Seller's Email*</p> <input type="text"/> <p>Provide the current email of the seller. Documents, correspondence and questions will be sent to this email.</p> <p>Seller's Tax ID Number*</p> <input type="text"/> <p>Provide the valid Tax ID (FEIN or EIN) of the seller.</p> <p>Type of Ownership*</p> <input type="text"/> <p>Indicate the type of ownership of the current seller</p>	<p>Assignee (Buyer) Information</p> <p>Name of the Tax Credit Buyer*</p> <input type="text"/> <p>Please enter the name of the person or organization buying the tax credits.</p> <p>Buyer's Address*</p> <input type="text"/> <p>Address Line 1</p> <input type="text"/> <p>Address Line 2</p> <input type="text"/> <p>City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></p> <p>Buyer's Phone Number*</p> <input type="text"/> <p>Provide the current phone number of the buyer</p> <p>Buyer's Email*</p> <input type="text"/> <p>Provide the current email of the buyer. Documents, correspondence completed paperwork and questions will be sent to this email.</p> <p>Buyer's Tax ID Number*</p> <input type="text"/> <p>Provide the valid Tax ID (FEIN or EIN) of the buyer.</p> <p>Type of Ownership*</p> <input type="text"/> <p>Indicate the type of ownership of the buyer</p> <p><input type="button" value="Save and Resume Later"/></p> <p><input type="button" value="Submit Form"/></p>

Technical Assistance

Call us for information and advice about the treatment of historic properties.



State Historic Preservation Office



785-272-8681 ext 222



kshs.shpo@ks.gov or christopher.leitch@ks.gov

YOUR
STORIES
OUR
HISTORY

KANSAS
HISTORICAL
SOCIETY

[KSHS.ORG](https://ksks.org)