

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


Applicant/Program: St. James Court Historic Foundation DBA Conrad -Caldwell House Museum/ Louisville on Our Lawn

Executive Summary of Request:
 The Conrad Caldwell House Museum is requesting \$650 for the cost of 10 cocktail tables, 24 padded chairs, 12 square tables, and 33 rectangular tables for a total seating of 228. This includes special seating for sponsors.

 Louisville on Our Lawn is an outdoor dining experience taking place on Saturday, May 28th at 7pm on the grounds of the Museum.

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

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

<u>6</u>		<u>\$650.⁰⁰</u>	<u>3-10-2016</u>
District #	Council Member Signature	Amount	Date

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

Councilman David James is on the board for the 60th Anniversary for St. James Art Show Festival

Approved by:

_____	_____
Appropriations Committee Chairman	Date

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

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: St. James Court Historic Foundation DBA Conrad-Caldwell House Museum

Program Name and Request Amount: Louisville On Our Lawn- \$650.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No

Prepared by: *Allison Oliver*

Date: *3-4-10*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: Saint James Court Historic Foundation DBA Conrad-Caldwell House Museum
(as listed on: <http://www.conradcaldwell.org>)

Main Office Street & Mailing Address: 1402 Saint James Court, Louisville, KY 40208

Website: www.conradcaldwell.org

Applicant Contact: Kate Meador **Title:** Executive Director

Phone: 502-636-5023 **Email:** kmeador@conradcaldwell.org

Financial Contact: Kate Meador **Title:** Executive Director

Phone: 502-636-5023 **Email:** kmeador@conradcaldwell.org

Organization's Representative who attended NDF Training: Kate Meador

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): 1402 St. James Court, Louisville

Council District(s): District 6 **Zip Code(s):** 40208

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: Louisville on Our Lawn

Total Request: (\$) 650 **Total Metro Award (this program) in previous year: (\$)** 0

Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- IRS Exempt Status Determination Letter
- Current Year Projected Budget
- List of Board of Directors (include term & term limits)
- Current financial statement
- Most recent IRS Form 990 or 1120-H
- Articles of Incorporation
- Cost estimates from proposed vendor if request is for capital expense
- Signed lease if rent costs are being requested
- IRS Form W9
- Evaluation forms if used in the proposed program
- Annual audit (if required by organization)
- Faith Based Organization Certification Form, if required
- Staff including the 3 highest paid staff

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	Amount: (\$)

Has the applicant contacted the BBB Charity Review for participation? Yes No

Has the applicant met the BBB Charity Review Standards? Yes No



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The historic Conrad-Caldwell House Museum (CCHM) is a non-profit organization whose mission is to sustain and preserve our house and its heritage. We hope to educate, inspire, and engage our community. We strive to create lasting memories, relationships and a desire to return to the museum. Through our programs and projects, we also strive to instill pride in Louisville's history. The Conrad-Caldwell House Museum is a fully restored Richardsonian Romanesque victorian mansion located in the heart of Old Louisville in one of the largest Victorian neighborhoods in the nation. Annually, we welcome over 10,000 guests from all over the world through our doors. We offer special group tours and field trips and host lectures and seminars in conjunction with our special exhibits. Throughout the year, we are involved in several community events including the St. James Art Show, Hidden Treasures Garden Tour, and the Holiday Home Tour. We hold several fundraisers throughout the year as well. Additionally, we have two halls that we rent out for weddings, bridal showers, corporate events and meetings.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

This Memorial Day weekend, the Conrad-Caldwell House Museum (CCHM) is inviting locals and out-of-town guests to kick off the season of wearing ones white. "Louisville on Our Lawn" is an outdoor dining experience on the grounds of CCHM taking place on Saturday, May 28th at 7:00pm (set-up is from 6:00-7:00pm). This is a 21+ event.

The purpose of the evening is to dress in one's finest white attire, create and bring a delicious picnic dinner and craft elaborate, fabulous table decorations (all in white, of course). Prizes will be given to those with the best centerpiece, the best dressed, and the best table setting. Throughout the evening guests will participate in fun aspects of the evening including twirling napkins around before tucking in, dancing to fantastic jazz music and lighting up the sky with sparklers at the end of the evening.

This Old Louisville event will feature a local jazz band, silent auction, wine grab, and desserts provided by local vendors.

Guests are required to dress head to toe in white, provide white linens, cloth napkins, glass cups and china dishes. CCHM will provide white tables, white chairs, white lights, white portable restrooms, white prizes and white decorations.

We want to showcase an architectural gem, located in a beautiful neighborhood in Louisville, in a new and different way. Museums are always looking to attract younger and different audiences and it is our hope that this will be a great way to do so.

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

We are requesting funds to cover the cost of 10 cocktail tables, 24 padded chairs, 12 square tables, and 33 rectangular tables for a total seating of 228. This includes special seating for our sponsors. The total cost for these items is \$650.

Funds provided by sponsors/CCHM:

Sound system: \$100

Jazz Band: \$500

Decorations: \$200

Printing Costs: \$250

Volunteers: \$145

Portable Restrooms: \$250

Funds provided by Metro:

Tables: \$650



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

"Louisville on Our Lawn" is a fundraiser for CCHM. With the money raised by this event, we plan to use it for ongoing historic preservation endeavors including making the museum more handicap accessible.

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

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

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: Our evaluation plan is two-fold: asking guests prior to the event where they heard about the event and providing an email survey after the event. As guests are purchasing their tickets, we will capture their email address to send a survey after the event.

The event capacity is 204 paid guests. Our goal is to sell out the event at \$35 a ticket. The ticket sales will be considered a fundraiser for the organization.

Our marketing consultants, Force Media, will use Google Ad-words conversion tracking and Google Analytics Goal Tracking to monitor and report the results of conversions from online campaigns. Remarketing opportunities will be possible through these reports as well.

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

CCHM has many collaborative relationships with organizations within the community: Old Louisville Arts Council, Old Louisville Neighborhood Council, the Brennan House, Louisville Convention and Visitors Bureau, the Frazier Museum, the Kentuckiana Heritage Consortium, the Cultural Consortium. As a community organization, CCHM supports these organizations by assisting with marketing and support. In the case of this event, we will be asking these organizations to help us spread the word about our event, as well as asking them to provide a silent auction item.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits		145	145
B: Rent/Utilities			
C: Office Supplies		250	250
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials		800	800
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment	650	650	1300
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	650	1845	2495
	26 %	74 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	10000
Other (please specify)	
Total Revenue for Column 2 Expenses **	10000 11845 KAM

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$145	minimum wage x 5 volunteers x 4 hours
Blooms Florist- decorations	\$100	retail price
Essential Details- decorations	\$100	retail price
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$345	

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

Agency Fiscal Year Start Date: January

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	3/4/2016
Legal Signatory: (please print):	Kate Meador	Title:	Executive Director
Phone:	502-636-5023	Extension:	
Email:	kmeador@conradcaldwell.org		

Internal Revenue Service

Department of the Treasury

District
Director

P.O. Box 2508
Cincinnati, OH 45201

Date: JAN 20 1993

Person to Contact:

Kathy Harbin

Telephone Number:

513-684-3957

Refer Reply to:

EP/EO

Employer Identification Number:

St. James Court Historic
Foundation Inc.
1402 St. James Ct.
Louisville, KY 40208-2127

Dear Sir or Madam:

This is in response to your inquiry of January 8, 1993, requesting a copy of your determination letter.

Our records indicate that by a determination letter issued in August of 1988, your organization was recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(2).

The classification was based on the assumption that your operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

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

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

(2)

St. James Court Historic Foundation Inc.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

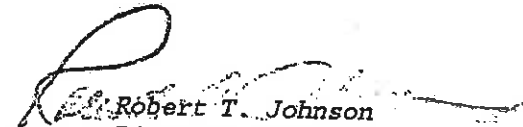
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, you may contact us at the address or telephone number shown in the heading of this letter.

This is an affirmation letter.

Sincerely yours,


Robert T. Johnson
District Director



**John Y. Brown III
Secretary of State**

Certificate of Existence

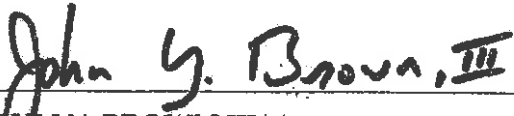
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

THE ST. JAMES COURT HISTORIC FOUNDATION, INC.

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The effective date of reinstatement is July 13, 2001.

I further certify that THE ST. JAMES COURT HISTORIC FOUNDATION, INC. is a corporation duly organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is February 4, 1987, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 13th day of July, 2001.



JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
Radler/0225227

Louisville on Our Lawn Budget
May 28, 2016
Conrad-Caldwell House Museum

Project Expenses	Proposed Metro Funds	Non-Metro Funds	Total Funds
Sound system		\$100	\$100
Jazz Band		\$600	\$600
Tables	\$650		\$650
Sponsor Table		\$300	\$300
Decorations		\$200	\$200
Printing Costs		\$250	\$250
Volunteers		\$145	\$145
Portable restrooms		\$250	\$250
Total	\$650	\$1,700	\$2350

2016 Proposed Budget

	Jan - Dec 15	YTD Budget	\$ Over Budget	FY 2016 BUDGET
Income				
Admissions	41,796.29	30,500.00	11,296.29	\$45,000.00
Capital Campaign	12,907.67	0.00	12,907.67	HOLD
Donation	14,193.59	18,000.00	-3,806.41	\$20,000.00
Previous Period Income	295.59			\$0.00
Events	41,846.90	61,218.00	-19,371.10	\$45,000.00
Grants-Restricted	0.00	10,000.00	-10,000.00	\$10,000.00
Membership	1,550.00	1,500.00	50.00	\$2,000.00
Rental Halls	50,755.82	28,000.00	22,755.82	\$50,000.00
Sales	8,233.00	12,000.00	-3,767.00	\$8,500.00
Uncategorized Income	975.96			\$0.00
West Wing Income	12,801.11	21,287.00	-8,485.89	\$6,000.00
Miscellaneous Income	79.82			\$0.00
Other Income	261.81			\$0.00
Total Income	185,697.56	182,505.00	3,192.56	\$186,500.00
Cost of Goods Sold				
Gift Shop COGS	4,900.14	5,000.00	-99.86	\$5,000.00
	4,900.14	5,000.00	-99.86	\$0.00
	180,797.42	177,505.00	3,292.42	\$181,500.00
Total COGS				
Gross Profit				
Expense				
Parking	20.00			\$0.00
Employee Meals	25.00			\$0.00
T. Rowe Price Donation Stock	30.00			\$30.00
Miscellaneous	197.32			\$0.00
Special Tours	4,006.31			\$0.00
Gift Shop	366.94			\$0.00
Reconciliation Discrepancies	74.44			\$0.00
Spirit Ball	14,284.98	18,230.00	-3,945.02	\$0.00
Collections Care	322.58			\$500.00
Rentals	237.80			\$0.00
Exhibit Expenses	572.24	1,000.00	-427.76	\$500.00

Credit Card Fees	1,642.47	1,500.00	142.47	\$1,650.00
Bank fees	-1,678.41			\$0.00
Diemas	9.00	612.00	-803.00	\$0.00
Board expenses	66.73	150.00	-83.27	\$150.00
Contract Labor	4,102.89	2,000.00	2,102.89	\$2,000.00
Dues & Subscriptions	290.00	700.00	-410.00	\$700.00
Event expenses	3,312.52	3,858.00	-545.48	\$11,250.00
Inspections	411.55	1,519.00	-1,107.45	\$1,000.00
Insurance	12,346.63	10,015.00	2,331.63	\$12,000.00
Interest	98.55	300.00	-201.45	\$0.00
Maintenance & Repairs	11,732.59	12,000.00	-267.41	\$22,000.00
Marketing	5,837.86	4,800.00	1,037.86	\$5,000.00
Office Supplies	2,401.59	2,500.00	-98.41	\$2,500.00
Payroll Expenses	45,745.04	60,470.00	-14,724.96	\$66,000.00
Personnel Expense	229.00	0.00	0.00	\$200.00
Professional Fees	2,150.00	3,310.00	-1,160.00	\$5,000.00
Tax	26,703.65	7,675.00	19,028.65	\$12,000.00
Training & Staff Development	305.00	250.00	55.00	\$350.00
Security System	583.50	541.00	42.50	\$600.00
Utilities	20,686.02	25,000.00	-4,313.98	\$20,000.00
Volunteer Expenses	606.93	500.00	106.93	\$600.00
Website	95.97	300.00	-204.03	\$100.00
West Wing Expenses	387.77	6,000.00	-5,612.23	\$0.00
Facilities Equipment	0.00	0.00	0.00	\$10,000.00
Cleaning	0.00	0.00	0.00	\$2,000.00
Over/Short	10.00			\$0.00
Total Expense	158,214.46	163,230.00	-5,015.54	\$176,130.00

**St James Court Historic Foundation, Inc.
Board Appointments and Terms**

Name	Term		Gender		Age				Race/Ethnicity						Skill Set/Expertise																				
	Term Ends	1st or 2nd Term	Male	Female	35 and Under	36-50	51-65	Over 65	Native American	Asian American	Hispanic American	African American	Caucasian	Other	Finance / Accounting	Personnel / HR	Admin / Management / NP / Foundation Exp	Community Service	Policy Devel	Program Eval	Marketing / PR	Education	Special Events	Grant Writing	Fundraising	Strategic Planning	Media / Communications	Legal	Conservation / Preservation	Operations	Old Louisville Connection				
Norm Nezelkewicz	2018	2nd	X				X					X				X	X						X						X						
Mary Martin	2018	2nd		X		X						X				X	X											X							
Candace Milligan	2018	2nd		X		X						X				X	X						X					X							
John Crum	2016	2nd	X				X					X				X		X						X					X						
Jason Smith	2016	2nd	X			X						X				X					X														
Barb Caldwell Huber	2016	1st		X			X					X				X	X											X							
Beth Caldwell	2016	1st		X				X				X					X												X						
James Brooks	2017	2nd	X					X				X					X												X						
Diane Kleier	2017	2nd		X			X					X				X	X											X							
Ann Triplett	2017	2nd		X			X					X				X	X																		
Madonna Wilson	2017	2nd		X			X					X				X	X						X					X							
Barbara Nelson	2017	1st		X				X				X					X				X														
Stephen Peterson	2017	1st	X									X					X											X							
Herb Warren	2017	1st	X					X				X					X								X										
Whitney Kirzinger	2018	1st		X								X					X																		
Chazz Peterson	2018	1st	X				X					X																							
Cindee Quake-Rapp	2018	1st		X			X					X																							
Payton Ritchie	2018	1st	X				X					X					X																		
Derek Stephens	2018	1st	X				X					X					X																		

St. James Court Historic Foundation, Inc.
Profit & Loss
January 1 through February 17, 2016

	<u>Jan 1 - Feb 17, 16</u>
Ordinary Income/Expense	
Income	
Admissions	
Group	835.00
Regular	2,622.00
Total Admissions	<u>3,457.00</u>
Donation	
Individual	541.51
Total Donation	<u>541.51</u>
Events	
Holiday House Tour	60.00
Total Events	<u>60.00</u>
Membership	500.00
Rental Halls	
Caldwell Hall	5,361.87
C. Hall Kitchen	250.00
Haskins Hall	510.00
Total Rental Halls	<u>6,121.87</u>
Sales	
Gift Shop	754.18
Total Sales	<u>754.18</u>
Total Income	11,434.56
Cost of Goods Sold	
Special Events	15.90
Gift Shop COGS	74.50
Total COGS	<u>90.40</u>
Gross Profit	11,344.16
Expense	
miscellaneous	-7.83
Collections Care	105.00
Credit Card Fees	96.08
Contract Labor	
Housekeeping	59.00
Total Contract Labor	<u>59.00</u>
Dues & Subscriptions	240.00
Event expenses	
Victorian Tea	-142.50
Total Event expenses	<u>-142.50</u>

St. James Court Historic Foundation, Inc.

Profit & Loss

January 1 through February 17, 2016

	<u>Jan 1 - Feb 17, 16</u>
Insurance	
Commercial Business	689.79
D&O	94.38
Workers' Compensation	47.17
Total Insurance	<u>831.34</u>
Maintenance & Repairs	
Fire ext.	171.95
Janitorial Supplies	106.71
Masonry	108.41
Total Maintenance & Repairs	<u>387.07</u>
Marketing	41.34
Office Supplies	
Printer & Ink	69.97
FAX	10.00
General	103.75
Postage and shipping	49.00
Total Office Supplies	<u>232.72</u>
Payroll Expenses	
Payroll-Hourly Expenses	5,200.01
payroll Preparation Expense	95.45
Payroll Expenses - Other	2,978.99
Total Payroll Expenses	<u>8,274.45</u>
Tax	
Sales Tax	157.21
Emp. Withholding	2,892.71
License Fees	282.67
Payroll Tax	
FUTA	138.48
Payroll Tax - Other	1,689.58
Total Payroll Tax	<u>1,828.06</u>
Unemployment	<u>373.69</u>
Total Tax	5,534.34
Security System	187.50
Utilities	
Gas & Electric	1,771.49
Phone	189.68
Total Utilities	<u>1,961.17</u>
Volunteer Expenses	<u>75.19</u>
Total Expense	<u>17,874.87</u>
Net Ordinary Income	<u>-6,530.71</u>
Net Income	<u><u>-6,530.71</u></u>

Form **990**

Department of the Treasury
Internal Revenue Service

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

COPY

A For the 2014 calendar year, or tax year beginning **1/1/14**, and ending **12/31/14**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **ST JAMES COURT HISTORIC FOUNDATION**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1402 SAINT JAMES COURT**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **LOUISVILLE KY 40208**

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

E Telephone number: **502-636-5023**

F Name and address of principal officer: **JOHN CRUM**

G Gross receipts \$: **158,540**

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

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

J Website: **WWW.CONRADCALDWELL.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1987**

M State of legal domicile: **KY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	25,414	30,115
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,622	57,552
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,496	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,994	37,835
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	205,526	125,502
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	35,402	45,663
	16b	Total fundraising expenses (Part IX, column (D), line 25) 12,492		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93,881	66,691
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,283	112,354
19	Revenue less expenses. Subtract line 18 from line 12	76,243	13,148	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,074,644	1,071,677
	22	Net assets or fund balances. Subtract line 21 from line 20	26,456	10,341
			1,048,188	1,061,336

Part II Signature Block

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

Sign Here

Signature of officer: **JOHN CRUM** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **Mary C Morrow** Preparer's signature: **[REDACTED]** Date: **11/10/15** Check self-employment tax:

Firm's name: **Mary Morrow & Associates** Firm's EIN: **[REDACTED]**
 Firm's address: **1347 S 3rd St Ste 304 Louisville, KY 40208-3300** Phone no.: **502-419-8025**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ **53,385** including grants of \$) (Revenue \$)

VARIOUS PROGRAMS INTREPERTING AND EXHIBITING VICTORIAN LIFESTYLES, INCLUDING CUSTOMS, ARCHITECTURE, FURNISHINGS, CLOTHING, LITERATURE, MUSIC AND FOOD.

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ **5,188** including grants of \$) (Revenue \$)

4e Total program service expenses **58,573**

Part IV Checklist of Required Schedules

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Form 990 (2014) **ST JAMES COURT HISTORIC FOUNDATION**

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **None**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
KATE MEADOR
LOUISVILLE
1402 ST JAMES CT
KY 40208
502-636-5023

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN CRUM	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) JAMES BELL	0.00									
TREASURER	0.00	X		X			0	0	0	
(3) MADONNA WILSON	0.00									
SECRETARY	0.00	X		X			0	0	0	
(4) MALEVA CHAMBERLAIN	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) DIANE GLASER-KLEIER	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) MARY MARTIN	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) NORMAN NEZELKEWICZ	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) JASON SMITH	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) ANN TRIPLETT	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) HERB WARREN	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) BARB CALDWELL HUBER	0.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BETH CALDWELL	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) CHAD BARNES	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) JAMES BROOKS	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) CANDACE CORNETTE MILLIGAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) DR BARBARA NELSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) RHEANNE DODSON FALKNER	0.00									
DIRECTOR	0.00	X					0	0	0	
(18) STEPHEN PETERSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	b Membership dues	1,250				
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	23,246				
	f All other contributions, gifts, grants, and similar amounts not included above	5,619				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	30,115				
Program Service Revenue	2a MUSEUM ADMISSION	26,536	26,536			
	b RENTAL HALLS	24,733	24,733			
	c OLEAA/OTHERS	5,444	5,444			
	d LECTURES	839	839			
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	57,552				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	21,287			
		(ii) Personal				
		b Less: rental exps.	14,091			
	c Rental inc. or (loss)	7,196				
	d Net rental income or (loss)	7,196	7,196			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	43,024			
b Less: direct expenses		16,402				
c Net income or (loss) from fundraising events		26,622				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	6,562				
	b Less: cost of goods sold	2,545				
	c Net income or (loss) from sales of inventory	4,017	4,017			
Miscellaneous Revenue	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.	125,502	68,765	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	40,520	21,070	13,372	6,078
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,143	2,640	1,741	762
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,310	1,655	1,655	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,005	3,005		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,305	2,183	122	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	18,287	9,143	7,315	1,829
b INSURANCE	13,280	6,640	5,312	1,328
c MAINTENANCE - GENERAL	11,860	5,930	4,744	1,186
d MARKETING	2,909	1,600		1,309
e All other expenses	11,735	4,707	7,028	
25 Total functional expenses. Add lines 1 through 24e	112,354	58,573	41,289	12,492
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	51,282	1	42,447
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,775	3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,669	8	20,700
	9 Prepaid expenses and deferred charges	2,015	9	1,497
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,009,602		
	b Less: accumulated depreciation	10b 3,499	10c 756,173	1,006,103
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	465	14	430
	15 Other assets. See Part IV, line 11	250,265	15	500
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,074,644	16	1,071,677	
Liabilities	17 Accounts payable and accrued expenses	6,570	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	19,582	24	8,606
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	304	25	1,735
	26 Total liabilities. Add lines 17 through 25	26,456	26	10,341
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,048,188	27	1,061,336
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,048,188	33	1,061,336	
34 Total liabilities and net assets/fund balances	1,074,644	34	1,071,677	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	125,502
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,354
3	Revenue less expenses. Subtract line 2 from line 1	3	13,148
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,048,188
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,061,336

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JAMES COURT HISTORIC FOUNDATION

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s):

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

Schedule A (Form 990 or 990-EZ) 2014 **ST JAMES COURT HISTORIC FOUNDATION**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,802	48,400	61,107	25,143	30,115	192,567
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27,802	48,400	61,107	25,143	30,115	192,567
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						192,567

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	27,802	48,400	61,107	25,143	30,115	192,567
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,416		3,560	2,496		8,472
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						201,039
12 Gross receipts from related activities, etc. (see instructions)					12	128,425
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	95.79%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	94.90%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014 **ST JAMES COURT HISTORIC FOUNDATION**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2014 **ST JAMES COURT HISTORIC FOUNDATION**



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			



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

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ST JAMES COURT HISTORIC FOUNDATION



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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Schedule D (Form 990) 2014 **ST JAMES COURT HISTORIC FOUNDATION**

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000		25,000
b Buildings		967,940		967,940
c Leasehold improvements		5,408	139	5,269
d Equipment		6,039	1,493	4,546
e Other		5,215	1,867	3,348
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,006,103



Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	1,535
(3) DEPOSITS	200
(4) SALES TAX PAYABLE	
(5) P/Y ADJ	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,735

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

Schedule D (Form 990) 2014 **ST JAMES COURT HISTORIC FOUNDATION**

Part X Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XI Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XII Supplemental Information.

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

Part III, Line 4 - Collections and Relation to Exempt Purpose

THE BUILDING/HOUSE IS HISTORIC AS WELL AS THE FURNITURE, ART AND OTHER COLLECTIBLES CONTAINED WITHIN. THIS IS ALL MAINTAINED IN A MUSEUM VENUE.



Part XIII Supplemental Information (continued)

Area with horizontal dotted lines for supplemental information.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ST JAMES COURT HISTORIC FOUNDATION

Number

Part I

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

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

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

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

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

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

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



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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	SPIRIT BALL (event type)	ART SHOW (event type)	1 (total number)	(add col. (a) through col. (c))	
1 Gross receipts	20,846	11,805	6,013	38,664	
2 Less: Contributions					
3 Gross income (line 1 minus line 2)	20,846	11,805	6,013	38,664	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,399	1,106	1,660	15,165
	10 Direct expense summary. Add lines 4 through 9 in column (d)				15,165
11 Net income summary. Subtract line 10 from line 3, column (d)				23,499	

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

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

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

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



11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a		%
b	An outside facility	13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Employer identification number

ST JAMES COURT HISTORIC FOUNDATION

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) MARY MORROW & ASSOCIATES	ACCOUNTING	33,100	BOOKKEEPING/TAX		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

ST JAMES COURT HISTORIC FOUNDATION

Employer identification number

Form 990 - Organization's Mission

TO PRESERVE THE CONRAD-CALDWELL HOUSE ON ST JAMES COURT AS AN OUTSTANDING
EXAMPLE OF VICTORIAN ARCHITECTURE, TO INTERPRET AND EXHIBIT VICTORIAN
LIFESTYLES AND ACHIEVEMENTS IN LOUISVILLE AS AN EDUCATION RESOPURCE AND TO
PROVIDE A CULTURAL AND SOCIAL CENTER FOR THE CITY.

Form 990, Part I, Line 6

VOLUNTEERS SERVE AS MUSEUM DOCENTS. ADDITIONAL VOLUNTEERS HELP WITH
DECORATING, SETTING-UP, AND SERVING AT EVENTS

Form 990, Part III, Line 4d - All Other Accomplishment

VARIOUS PROGRAMS INTREPRETING AND EXHIBITING VICTORIAN LIFESTYLES AND
ACHIEVEMENTS IN LOUISVILLE.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

JAMES BELL

ACCOUNTANT

PAID FOR WORK

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

TREASURER AND EXECUTIVE DIRECTOR REVIEWED BEFORE PRESENTATION AT BOARD
MEETING THEN APPROVED.

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

BOARD REVIEW ANNUALLY

Name of the organization

Employer identification number

ST JAMES COURT HISTORIC FOUNDATION



Form 990, Part VI, Line 15a - Compensation Process for Top Official

EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTOR AND APPROVES COMPENSATION.

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

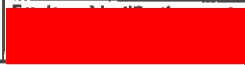
POLICY STATEMENTS ARE AVAILABLE BY REQUEST

Form 990, Part IX, Line 24e - Other Expenses

Description	Amount
OFFICE SUPPLIES	
\$ 0	\$ 2,652
SECURITY SYSTEM	
\$ 992	\$ 993
INSPECTIONS	
\$ 1,355	\$ 0
VOLUNTEER APPRECIATION	
\$ 1,304	\$ 0
MERCHANT & BANK FEES	
\$ 0	\$ 1,241
CONTRACT LABOR	
\$ 457	\$ 458
DUES & SUBSCRIPTIONS	
\$ 446	\$ 446
MISCELLANEOUS/ROUNDING	
\$ 0	\$ 606
INTEREST	
\$ 0	\$ 478

Name of the organization

ST JAMES COURT HISTORIC FOUNDATION



WEBSITE

\$ 153 \$ 154 \$ 0

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2014
Attachment Sequence No. **179**

Name(s) shown on return

ST JAMES COURT HISTORIC FOUNDATION

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	554
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,464

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	252
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,270
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

ST JAMES COURT HISTORIC FOUNDATION

Form 4562 (2014)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with columns for property type, date placed in service, business use percentage, cost, basis, recovery period, method/convention, depreciation deduction, and elected section 179 cost. Includes rows 25-29 for depreciation calculations.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for vehicle use information with columns for Vehicle 1 through Vehicle 6 and rows 30-36 for miles driven and availability questions.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with rows 37-41 for employer questions regarding vehicle use policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for amortization with columns for description of costs, date amortization begins, amortizable amount, code section, amortization period, and amortization for this year. Includes rows 42-44.

Federal Asset Report

Form 990, Page 1

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
3	OFFICE EQUIPMENT	6/01/12	591		X	295	7 HY 200DB	410	52
5	OFFICE EQUIPMENT	10/25/13	140		X	70	5 MQ200DB	74	26
6	ACCESSORY	10/19/13	140		X	70	7 MQ200DB	73	19
7	HUMIDIFIER	1/14/13	149		X	74	7 MQ200DB	93	16
11	WEST WING IMPROVEMENTS	6/30/13	5,408			5,408	39 MMS/L	0	139
			<u>6,428</u>			<u>5,917</u>		<u>650</u>	<u>252</u>
Other Depreciation:									
2	SOFTWARE	6/01/12	419		X	209	3 MOAmort	320	70
4	SOFTWARE	8/19/13	455		X	227	3 MOAmort	259	76
8	LAND	1/01/87	25,000			25,000	0 -- Land	0	0
9	BUILDING	1/01/87	724,346			724,346	0 -- Memo	0	0
10	COLLECTIONS	1/01/87	186,227			186,227	0 -- Memo	0	0
12	APPLIANCES	1/01/14	3,528			3,528	5 MO S/L	0	706
13	FIXTURES	1/01/14	2,554			2,554	7 MO S/L	0	365
14	ANTIQUE FURNITURE	1/01/87	57,367			57,367	0 -- Memo	0	0
15	FURNITURE 2014	6/30/14	539			539	7 MO S/L	0	39
16	SOFTWARE 2014	7/01/14	1,108		X	554	3 MOAmort	0	646
17	EQUIPMENT 2014	7/01/14	1,430			1,430	7 MO S/L	0	102
18	APPLIANCE 2014	7/01/14	201			201	7 MO S/L	0	14
	Total Other Depreciation		<u>1,003,174</u>			<u>1,002,182</u>		<u>579</u>	<u>2,018</u>
	Total ACRS and Other Depreciation		<u>1,003,174</u>			<u>1,002,182</u>		<u>579</u>	<u>2,018</u>
Amortization:									
1	LOGAN DESIGN	6/01/12	520			520	15 MOAmort	55	35
			<u>520</u>			<u>520</u>		<u>55</u>	<u>35</u>
	Grand Totals		<u>1,010,122</u>			<u>1,008,619</u>		<u>1,284</u>	<u>2,305</u>
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,010,122</u>			<u>1,008,619</u>		<u>1,284</u>	<u>2,305</u>

AMT Asset Report

FYE: 12/31/2014

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
3	OFFICE EQUIPMENT	6/01/12	591			X	295	7 HY 200DB	410	52
5	OFFICE EQUIPMENT	10/25/13	140			X	70	5 MQ200DB	74	26
6	ACCESSORY	10/19/13	140			X	70	7 MQ200DB	73	19
7	HUMIDIFIER	1/14/13	149			X	74	7 MQ200DB	93	16
11	WEST WING IMPROVEMENTS	6/30/13	5,408				5,408	39 MMS/L	75	139
			<u>6,428</u>				<u>5,917</u>		<u>725</u>	<u>252</u>
Other Depreciation:										
8	LAND	1/01/87	0				0	0 HY	0	0
9	BUILDING	1/01/87	0				0	0 HY	0	0
10	COLLECTIONS	1/01/87	0				0	0 HY	0	0
12	APPLIANCES	1/01/14	0				0	0 HY	0	0
13	FIXTURES	1/01/14	0				0	0 HY	0	0
14	ANTIQUUE FURNITURE	1/01/87	0				0	0 HY	0	0
15	FURNITURE 2014	6/30/14	0				0	0 HY	0	0
17	EQUIPMENT 2014	7/01/14	0				0	0 HY	0	0
18	APPLIANCE 2014	7/01/14	0				0	0 HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		<u>6,428</u>				<u>5,917</u>		<u>725</u>	<u>252</u>
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>6,428</u>				<u>5,917</u>		<u>725</u>	<u>252</u>

CONRADCALD ST JAMES COURT HISTORIC FOUNDATION
Bonus Depreciation Report

11/10/2015 10:21 AM

FYE: 12/31/2014

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
2	SOFTWARE	6/01/12	419		0	0	210	209
4	SOFTWARE	8/19/13	455		0	0	228	227
16	SOFTWARE 2014	7/01/14	1,108		0	554	0	554
3	OFFICE EQUIPMENT	6/01/12	591		0	0	296	295
5	OFFICE EQUIPMENT	10/25/13	140		0	0	70	70
6	ACCESSORY	10/19/13	140		0	0	70	70
7	HUMIDIFIER	1/14/13	149		0	0	75	74
	Form 990, Page 1		<u>3,002</u>		<u>0</u>	<u>554</u>	<u>949</u>	<u>1,499</u>
	Grand Total		<u>3,002</u>		<u>0</u>	<u>554</u>	<u>949</u>	<u>1,499</u>

Depreciation Adjustment Report
All Business Activities

FYE: 12/31/2014

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	3	OFFICE EQUIPMENT	52	52	0
Page 1	1	5	OFFICE EQUIPMENT	26	26	0
Page 1	1	6	ACCESSORY	19	19	0
Page 1	1	7	HUMIDIFIER	16	16	0
Page 1	1	11	WEST WING IMPROVEMENTS	139	139	0
				<u>252</u>	<u>252</u>	<u>0</u>


Future Depreciation Report
FYE: 12/31/15

FYE: 12/31/2014

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
3	OFFICE EQUIPMENT	6/01/12	591	37	37
5	OFFICE EQUIPMENT	10/25/13	140	16	16
6	ACCESSORY	10/19/13	140	14	14
7	HUMIDIFIER	1/14/13	149	11	11
11	WEST WING IMPROVEMENTS	6/30/13	5,408	138	138
			<u>6,428</u>	<u>216</u>	<u>216</u>
Other Depreciation:					
2	SOFTWARE	6/01/12	419	29	0
4	SOFTWARE	8/19/13	455	76	0
8	LAND	1/01/87	25,000	0	0
9	BUILDING	1/01/87	724,346	0	0
10	COLLECTIONS	1/01/87	186,227	0	0
12	APPLIANCES	1/01/14	3,528	705	0
13	PIXTURES	1/01/14	2,554	365	0
14	ANTIQUE FURNITURE	1/01/87	57,367	0	0
15	FURNITURE 2014	6/30/14	539	77	0
16	SOFTWARE 2014	7/01/14	1,108	185	0
17	EQUIPMENT 2014	7/01/14	1,430	204	0
18	APPLIANCE 2014	7/01/14	201	29	0
	Total Other Depreciation		<u>1,003,174</u>	<u>1,670</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,003,174</u>	<u>1,670</u>	<u>0</u>
Amortization:					
1	LOGAN DESIGN	6/01/12	520	34	0
			<u>520</u>	<u>34</u>	<u>0</u>
	Grand Totals		<u>1,010,122</u>	<u>1,920</u>	<u>216</u>

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

Fundraising Other Events

2014

For calendar year 2014, or tax year beginning , and ending

Name **ST JAMES COURT HISTORIC FOUNDATION** Employer Identification Number 

	(a) Other event <u>FLEUR DE LIS ON</u> (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	6,013		6,013
	2 Less: Charitable contributions			
	3 Gross income (line 1 minus line 2)	6,013		6,013
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food/beverages			
	8 Entertainment			
	9 Other expenses	1,660		

Form **990**

Two Year Comparison Report

2013 & 2014

For calendar year 2014, or tax year beginning _____, ending _____

Name **ST JAMES COURT HISTORIC FOUNDATION** Taxpayer Identification Number XXXXXXXXXX

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants		5,619	5,619
	2. Membership dues and assessments	270	1,250	980
	3. Government contributions and grants	25,144	23,246	-1,898
	4. Program service revenue	55,622	57,552	1,930
	5. Investment income	61,496		-61,496
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	19,688	26,622	6,934
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory		4,017	4,017
	11. Other revenue	43,306	7,196	-36,110
	12. Total revenue. Add lines 1 through 11	205,526	125,502	-80,024
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	35,402	45,663	10,261
	17. Professional fundraising fees			
	18. Other professional fees	6,591	6,315	-276
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	676	2,305	1,629
	21. Other expenses	86,614	58,071	-28,543
	22. Total expenses. Add lines 13 through 21	129,283	112,354	-16,929
	23. Excess or (Deficit). Subtract line 22 from line 12	76,243	13,148	-63,095
Other Information	24. Total exempt revenue	205,526	125,502	-80,024
	25. Total unrelated revenue			
	26. Total excludable revenue	160,424	68,765	-91,659
	27. Total assets	1,074,644	1,071,677	-2,967
	28. Total liabilities	26,456	10,341	-16,115
	29. Retained earnings	1,048,188	1,061,336	13,148
	30. Number of voting members of governing body	16	18	
	31. Number of independent voting members of governing body	16	18	
	32. Number of employees	2	2	
	33. Number of volunteers	40	40	

Form **990T**

Two Year Comparison Report

2013 & 2014

For calendar year 2014, or tax year beginning _____, ending _____

Name **ST JAMES COURT HISTORIC FOUNDATION** Taxpayer Identification Number 

		2013	2014	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11.		
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. Total deductions. Add lines 12 through 22	23.		
	24. Taxable income before NOL. Subtract line 23 from 11	24.		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	-1,000
	27. Unrelated business taxable income.	27.	-1,000	1,000
	Tax & Credits	28. Income tax (corporate or trust)	28.	
29. Proxy tax		29.		
30. Alternative minimum tax		30.		
31. Total taxes		31.		
32. Other credits		32.		
33. General business credit		33.		
34. Credit for prior year minimum tax		34.		
35. Total credits		35.		
36. Net tax after credits		36.		
37. Recapture taxes		37.		
38. Total Taxes		38.		
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. Total payments	43.		
	44. Balance due/(Overpayment)	44.		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	47. Total due/(Refund)	47.		

Form **990**

Tax Return History

2014

Name **ST JAMES COURT HISTORIC FOUNDATION** Employer Identification Number [REDACTED]

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			60,982	25,144	28,865	
Membership dues			125	270	1,250	
Program service revenue			26,985	55,622	57,552	
Capital gain or loss						
Investment income			3,560	61,496		
Fundraising revenue (income/loss)			19,877	19,688	26,622	
Gaming revenue (income/loss)						
Other revenue			22,222	43,306	11,213	
Total revenue			133,751	205,526	125,502	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			57,700	35,402	45,663	
Professional fees				6,591	6,315	
Occupancy costs						
Depreciation and depletion			608	676	2,305	
Other expenses			109,690	86,614	58,071	
Total expenses			167,998	129,283	112,354	
Excess or (Deficit)			-34,247	76,243	13,148	
Total exempt revenue			133,751	205,526	125,502	
Total unrelated revenue						
Total excludable revenue			133,751	160,424	68,765	
Total Assets			1,063,661	1,074,644	1,071,677	
Total Liabilities			91,716	26,456	10,341	
Net Fund Balances			971,945	1,048,188	1,061,336	

Form **990T**

Tax Return History

2014

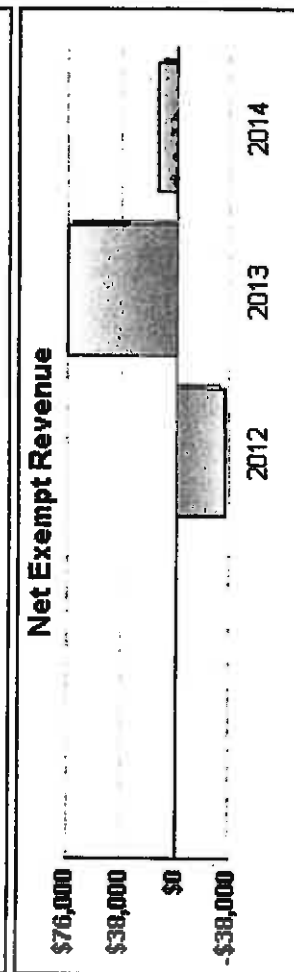
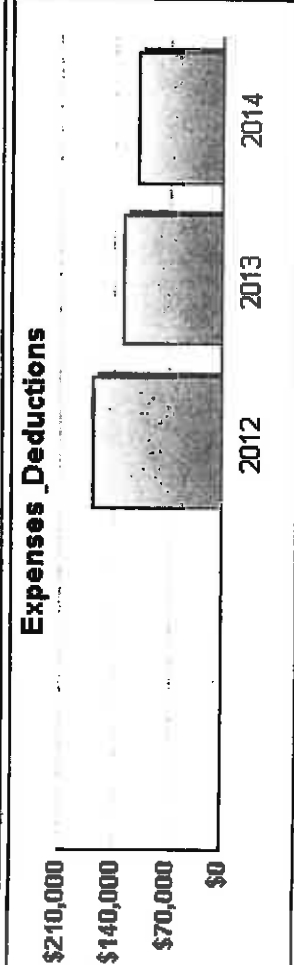
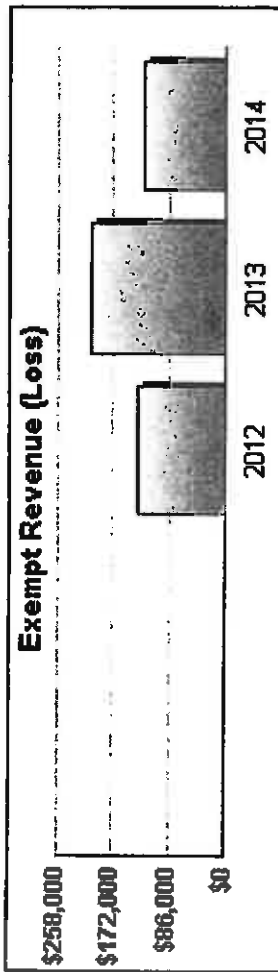
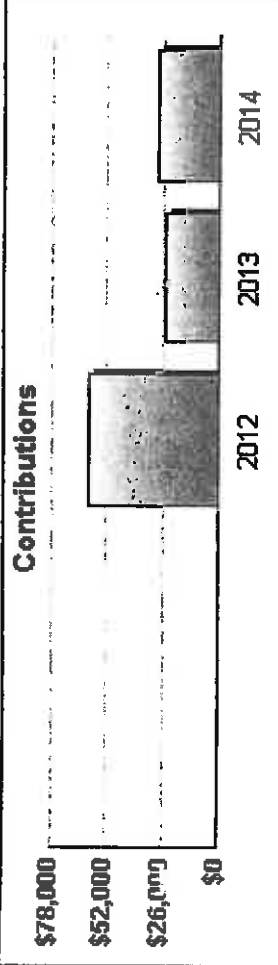
Name

ST JAMES COURT HISTORIC FOUNDATION

Employer Identification Number



	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form **990T**

Tax Return History

2014

Name

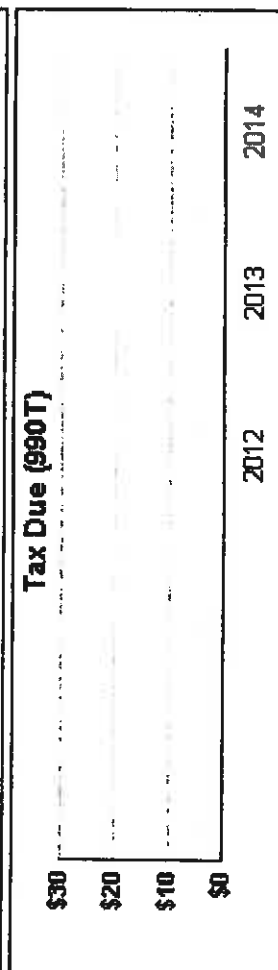
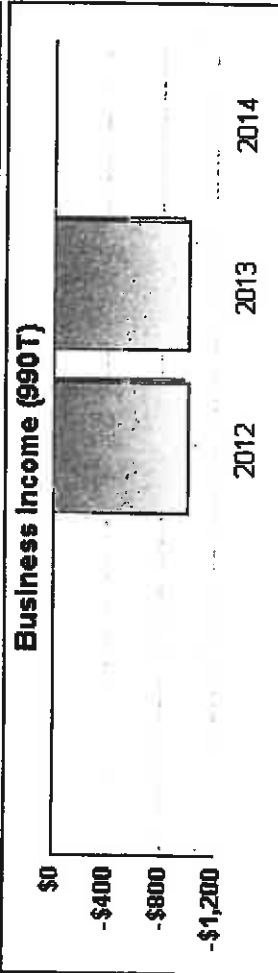
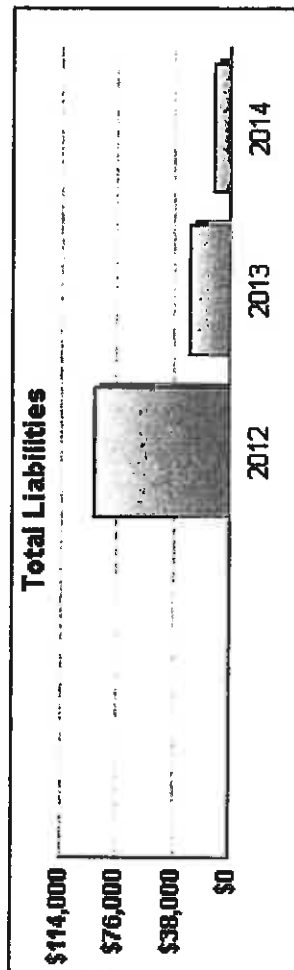
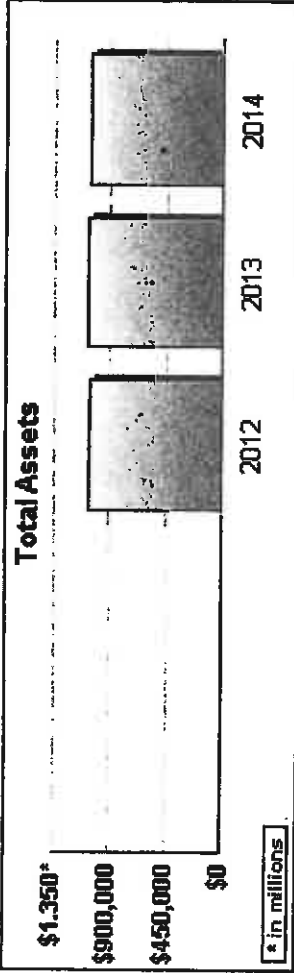
ST JAMES COURT HISTORIC FOUNDATION

Employer Identification Number



	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

FYE: 12/31/2014

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
EXHIBIT	\$			\$
WORLD WAR I	845	845		
LOUISVILLE'S RIVER	1,263	1,263		
OLEEA/OTHERS				
OLEEA	281	281		
OTHER	616	616		
Total	\$ 3,005	\$ 3,005	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OFFICE SUPPLIES	\$ 2,652		\$ 2,652	\$
SECURITY SYSTEM	1,985	992	993	
INSPECTIONS	1,355	1,355		
VOLUNTEER APPRECIATION	1,304	1,304		
MERCHANT & BANK FEES	1,241		1,241	
CONTRACT LABOR	915	457	458	
DUES & SUBSCRIPTIONS	892	446	446	
MISCELLANEOUS/ROUNDING	606		606	
INTEREST	478		478	
WEBSITE	307	153	154	
Total	\$ 11,735	\$ 4,707	\$ 7,028	\$ 0

CONRADCALD ST JAMES COURT HISTORIC FOUNDATION
Federal Statements

11/10/2015 10:21 AM

FYE: 12/31/2014

Schedule A, Part II, Line 1(e)

Description	Amount
Memberships Dues	1,250
CAPITAL CAMPAIGN	7,474
CALDWELL FAMILY	2,000
2ND ST	900
3RD ST	2,500
4TH ST	2,000
BELGRAVIA COURT	2,910
BOARD OF DIRECTORS	420
DINING AT THE MANSIONS	1,733
GIVE LOCAL LOUISVILLE	469
INDIVIDUALS	2,840
WEST WING IMPROVEMENTS	
IN-KIND DONATIONS - MARG YOUNG	
PRIOR PERIOD	
Total	5,619
	\$ 30,115

Schedule A, Part II, Line 8(e)

Description	Amount
HOLDINGS INCOME	\$
Total	\$ 0

Schedule A, Part II, Line 12

Description	Amount
MUSEUM ADMISSION	26,536
RENTAL HALLS	24,733
LECTURES	839
GAIN ON SALE OF HOLDINGS	
ART SHOW	11,805
EXHIBIT	
SPIRIT BALL	20,846

CONRADCALD ST JAMES COURT HISTORIC FOUNDATION
Federal Statements

FYE: 12/31/2014

Schedule A, Part II, Line 12 (continued)

Description	Amount
VICTORIAN TEAS	\$ 4,360
GARDEN PARTY	
SPEC PROG (LEADING LADIES)	
LECTURE	
HOLIDAY HOUSE TOUR	
GIFT SHOP	6,562
VARIOUS SMALL EVENTS	
THEFT OF COLLECTIBLES	6,013
FLEUR DE LIS ON FOURTH	5,444
OLEAA/OTHERS	21,287
Total	<u>\$ 128,425</u>

FILE: 12/31/2014

SPIRIT BALL

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
DECORATIONS	\$
MISCELLANEOUS	
Total	\$ 0

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

ARTICLES OF INCORPORATION
OF

FEB 04 1987 *AV*

THE ST. JAMES COURT HISTORIC FOUNDATION, INC.

Dwight R. Davis

SECRETARY OF STATE

I, THE UNDERSIGNED, for the purpose of forming a non-profit, non-stock, corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273 of the Kentucky Revised Statutes, hereby certify as follows:

ARTICLE I

The name of the Corporation shall be:

The St. James Court Historic Foundation, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal place of business of the Corporation is to be located at 1402 Saint James Court, Louisville, Kentucky, 40208.

The name and address of the registered agent for service of process is:

Ann D. Higbie
1428 St. James Court
Louisville, Kentucky 40208

ARTICLE IV

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

The purposes of the Corporation shall be more specifically stated as follows:

A. To maintain and preserve the Historic Home at 1402 St. James Court, which is on the National Register of Historic Districts.

B. To engage in educational and charitable activities designed to promote Louisville's Historic and Architectural Heritage.

C. To give the visitors of Louisville, as well as the residents an opportunity to visit and study the prime example of Victorian Architecture in the city.

ARTICLE V

The Corporation shall be irrevocably dedicated to, and operated exclusively for, non-profit purposes. No part.

of the net earnings of the Corporation shall inure to the benefit of or be distributed to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

The Corporation shall be empowered to do all acts reasonable and necessary and within the laws of the State of Kentucky, in particular those enumerated in KRS 273.171, to further its purposes set out in Article IV, except as follows and as otherwise sated in these Articles:

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

B. Notwithstanding any other provision of these Articles, the Corporation shall not carry on activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any

subsequent Federal tax laws. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

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

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

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

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

[5] the Corporation shall not make any taxable expenditures as defined in Section 4945(d) of

the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The name and address of the incorporators is:

Ann D. Higbie
1428 St. James Court
Louisville, Kentucky 40208

ARTICLE VIII

The names and addresses of the members of the initial Board of Directors are:

Ann D. Higbie	1428 St. James Court Louisville, Kentucky 40208
Craig Knobbe	1432 St. James Court Louisville, Kentucky 40208
Dr. Barbara Sowers	1445 St. James Court Louisville, Kentucky 40208
Margaret Greenwood	1415 St. James Court Louisville, Kentucky 40208
C. Louis Clark	1412 St. James Court Louisville, Kentucky 40208
Eurella M. Salyers	1440 St. James Court Louisville, Kentucky 40208
Gussie Smith	1421 St. James Court Louisville, Kentucky 40208

ARTICLE IX

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

ARTICLE X

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

ARTICLE XI

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

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office of the Corporation is then located, for such purposes

or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XII

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

IN TESTIMONY WHEREOF, witness the signatures of the Incorporator of this Corporation on this 29 day of January, 1987.

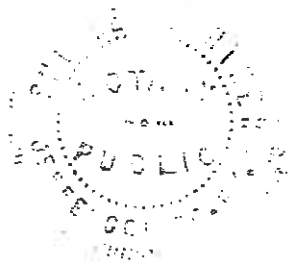
Ann D. Higbie
Ann D. Higbie, Incorporator

Before me, the undersigned authority, personally appeared Ann D. Higbie, and being first duly sworn, acknowledged that she was an incorporator of the aforementioned Corporation, and that she signed the foregoing Articles of Incorporation as her free act and deed.

Witness my signature and seal of office this 29th day of Jan, 1987.

My Commission Expires: _____
_____ Person County, KY
_____ expires Dec. 22, 1988.

Shirley Dunbar
NOTARY PUBLIC, STATE-AT-LARGE,
KENTUCKY



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Saint James Court Historic Foundation</i>		
	2 Business name/disregarded entity name, if different from above <i>Conrad-Caldwell House Museum</i>		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) <i>1402 St James Court</i>		Requester's name and address (optional)
	6 City, state, and ZIP code <i>Louisville, KY 40208</i>		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *[Handwritten Signature]*

Date ▶ *2/17/16*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

- An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
- Form 1099-INT (interest earned or paid)
 - Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

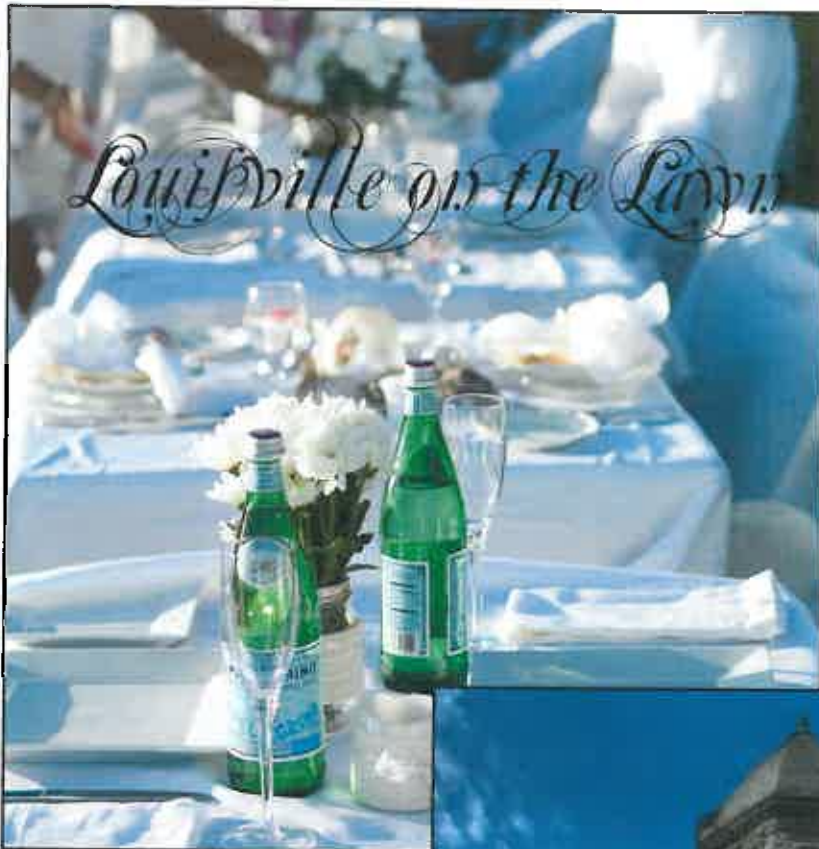
LOL



5.28.2016

6p.m. – 10p.m.

Enjoy an elegant evening of white attire, jazz, food, drink & dance on the lawn of the Conrad-Caldwell House Museum



Louisville on Our Lawn

Conrad-Caldwell House Museum

May 28, 2016

Follow-Up Survey

1. How did you hear about this event?

Radio ___ Website ___ Flier ___ Word of Mouth ___ Other _____

2. Where did you travel from for this event? _____

3. Did you stay overnight? _____

3. What were your overall impressions of the event? _____

4. What could we have done to make your experience better? _____

5. On a scale of 1-10, with 10 being the best, how likely would you be to return to the Conrad-Caldwell House Museum for another event? _____

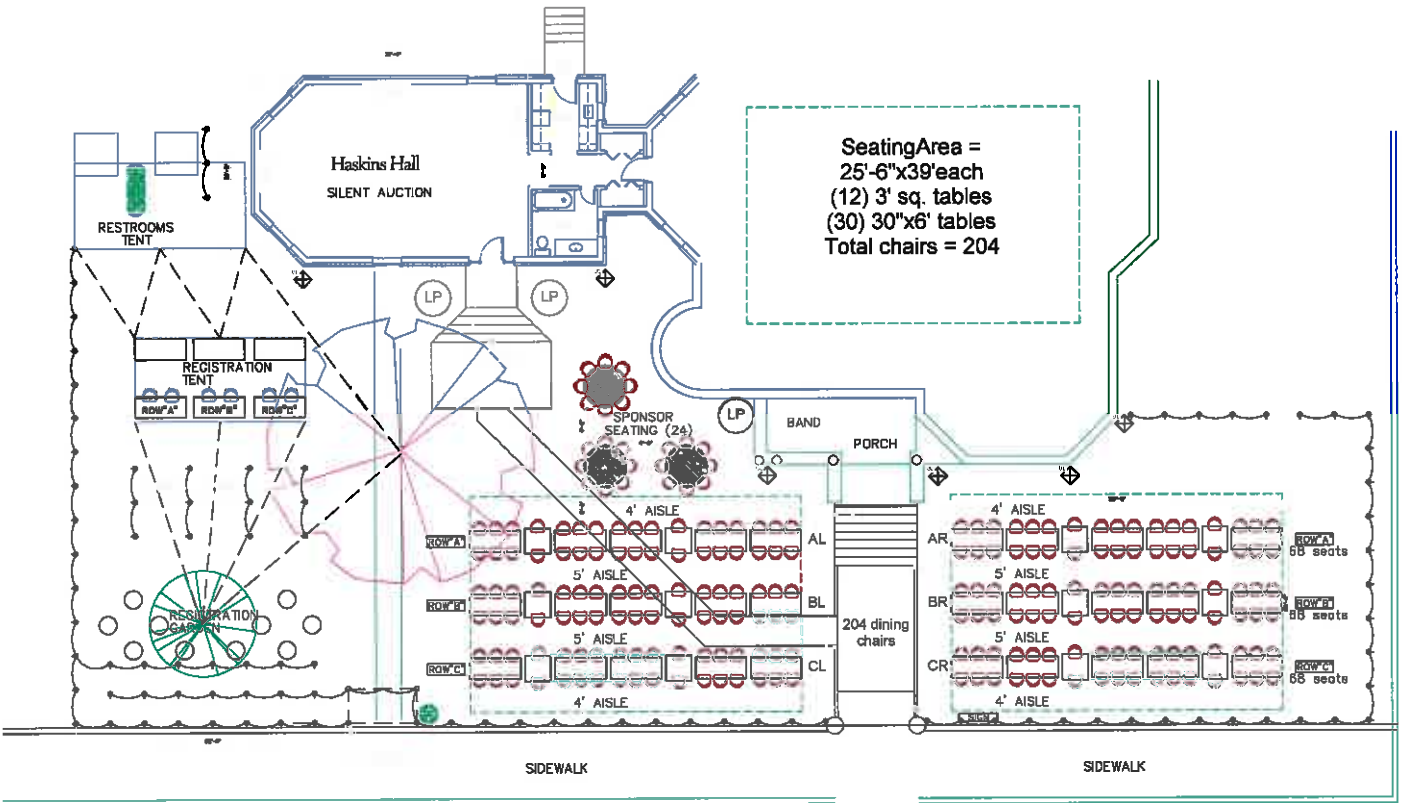
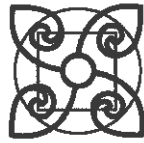


TABLE /CHAIR
LAYOUT



**The
Conrad-Caldwell
House Museum**

Full-Time Staff

Kate Meador

Executive Director

\$32,650

Angela Williams

Events and Rentals Coordinator

\$22,880

THE ST. JAMES COURT HISTORIC FOUNDATION, INC.

General Information

Organization Number	0225227
Name	THE ST. JAMES COURT HISTORIC FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	2/4/1987
Organization Date	2/4/1987
Last Annual Report	5/14/2015
Principal Office	1402 ST. JAMES CT. LOUISVILLE, KY 40208
Registered Agent	MARY C. MORROW 1347 S THIRD ST SUITE 304 LOUISVILLE, KY 40208

Current Officers

President	<u>JOHN CRUM</u>
Vice President	<u>MADONNA WILSON</u>
Secretary	<u>NORMAN NEZELKEWICZ</u>
Director	<u>JASON SMITH</u>
Director	<u>JAMES BROOKS</u>
Director	<u>DIANE KLEIER</u>
Director	<u>MARY MARTIN</u>
Director	<u>BARBARA NELSON</u>
Director	<u>ANN TRIPLETT</u>
Director	<u>STEPHEN PETERSON</u>
Director	<u>HERBERT WARREN</u>
Director	<u>CHAD BARNES</u>
Director	<u>BETH CALDWELL</u>
Director	<u>BARBARA HUBER</u>
Director	<u>WHITNEY KIRZINGER</u>
Director	<u>PAYTON RITCHIE</u>
Director	<u>CHAZZ PETERSEN</u>
Director	<u>CINDEE QUAKE-RAPP</u>

Individuals / Entities listed at time of formation

Director	<u>ANN D HIGBIE</u>
Director	<u>GUSSIE SMITH</u>

Director [C LOUIS CLARK](#)
Director [CRAIG KNOBBIE](#)
Director [DR BARBARA SOWERS](#)
Incorporator [ANN D HIGBIE](#)

Images available online

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

Annual Report Amendment	8/4/2015	1 page	PDF	
Annual Report	5/14/2015	1 page	PDF	
Annual Report Amendment	7/9/2014	1 page	PDF	
Annual Report	6/11/2014	1 page	PDF	
Annual Report Amendment	7/15/2013	1 page	PDF	
Annual Report	6/24/2013	1 page	PDF	
Annual Report	6/27/2012	1 page	PDF	
Annual Report	6/3/2011	1 page	PDF	
Reinstatement	2/2/2010	3 pages	tiff	PDF
Registered Agent name/address change	2/2/2010	1 page	tiff	PDF
Administrative Dissolution Return	11/16/2009	1 page	tiff	PDF
Administrative Dissolution	11/3/2009	1 page	PDF	
Annual Report	8/13/2008	1 page	tiff	PDF
Registered Agent name/address change	6/25/2008	1 page	tiff	PDF
Annual Report	10/19/2007	1 page	tiff	PDF
Statement of Change	10/19/2007	1 page	tiff	PDF
Annual Report	4/24/2006	1 page	tiff	PDF
Statement of Change	4/24/2006	1 page	tiff	PDF
Statement of Change	7/26/2005	1 page	tiff	PDF
Annual Report	4/5/2005	1 page	tiff	PDF
Annual Report	5/6/2003	1 page	tiff	PDF
Annual Report	8/22/2002	1 page	tiff	PDF
Reinstatement	7/13/2001	2 pages	tiff	PDF
Administrative Dissolution	11/1/1995	1 page	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	4/5/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Reinstatement	2/2/1993	2 pages	tiff	PDF
Administrative Dissolution	11/2/1992	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	5 pages	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Articles of Incorporation	2/4/1987	10 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Amendment to annual report	8/4/2015 3:15:46 PM	8/4/2015 3:15:46 PM	
Annual report	5/14/2015 10:57:10 AM	5/14/2015 10:57:10 AM	
Amendment to annual report	7/9/2014 5:30:34 PM	7/9/2014 5:30:34 PM	
Annual report	6/11/2014 11:51:22 AM	6/11/2014 11:51:22 AM	
Amendment to annual report	7/15/2013 8:54:27 PM	7/15/2013 8:54:27 PM	
Annual report	6/24/2013 3:45:32 PM	6/24/2013 3:45:32 PM	
Annual report	6/27/2012 10:35:50 AM	6/27/2012 10:35:50 AM	
Annual report	6/3/2011 3:19:23 PM	6/3/2011 3:19:23 PM	
Registered agent address change	2/2/2010 2:04:47 PM	2/2/2010	
Reinstatement	2/2/2010 2:01:45 PM	2/2/2010	
Admin Dis. A. report not in	11/3/2009	11/3/2009	
Annual report	8/13/2008 11:01:04 AM	8/13/2008	
Registered agent address change	6/25/2008 2:53:05 PM	6/25/2008	
Registered agent address change	10/19/2007 1:08:48 PM	10/19/2007	
Annual report	10/19/2007 1:08:25 PM	10/19/2007	
Registered agent address change	4/24/2006 7:57:46 AM	4/24/2006	
Annual report	4/24/2006 7:55:55 AM	4/24/2006	
Registered agent address change	7/26/2005 2:08:40 PM	7/26/2005	
Reinstatement	7/13/2001 11:05:57 AM	7/13/2001	
Admin Dis. A. report not in	11/1/1995	11/1/1995	

Microfilmed Images

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

Annual Report	3/15/2005	1 page
Annual Report	8/30/2004	1 page
Annual Report	5/6/2003	1 page
Annual Report	8/22/2002	1 page
Reinstatement	7/13/2001	2 pages

Administrative Dissolution	11/1/1995	1 page
Annual Report	7/1/1995	2 pages
Annual Report	4/5/1994	1 page
Annual Report	7/1/1993	1 page
Reinstatement	2/2/1993	1 page
Administrative Dissolution	11/2/1992	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	5 pages
Annual Report	7/1/1989	1 page
Articles of Incorporation	2/4/1987	9 pages