

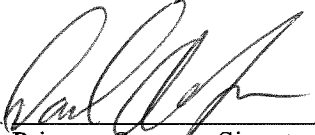
**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: The Saint James Court Historic Foudation, Inc.
Applicant Requested Amount: \$1,797
Appropriation Request Amount: \$1,797

Executive Summary of Request
 Funds will go to The Saint James Court Historic Foundation, Inc. for its free community event. "Old Louisville's Most Historic Scavenger Hunt."

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

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

6 District #  Primary Sponsor Signature \$1,797 Amount 8/31/2020 Date

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

Approved by:

 Appropriations Committee Chairman Date
 Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization The Saint James Court Historic Foudation, Inc.	
Program Name and Request Amount Old Louisville's Most Historic Scavenger Hunt, \$1,797	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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 <input type="checkbox"/> Yes <input type="checkbox"/> No
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 <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <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 <input type="checkbox"/> Yes <input type="checkbox"/> NA
Prepared by: <i>Shalanna Dyer</i>	Date: <i>8/31/2020</i>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: The Saint James Court Historic Foundation, Inc <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1402 Saint James Court, Louisville, KY 40208			
Website: www.conrad-caldwell.org			
Applicant Contact:	Kate Meador	Title:	Executive Director
Phone:	386-846-3328	Email:	kmeador@conradcaldwell.org
Financial Contact:	Tessa Dunteman	Title:	Bookkeeper
Phone:	502-930-4281	Email:	tessa.dunteman@gmail.com
Organization's Representative who attended NDF Training: Kate Meador			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1402 Saint James Court, Louisville, KY 40208		
Council District(s):	District 6	Zip Code(s):	40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Old Louisville's Most Haunted Scavenger Hunt			
Total Request: (\$)	1,797	Total Metro Award (this program) in previous year: (\$)	1000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
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: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Saint James Court Historic Foundation (SJCHF) is a non-profit organization formed in 1987 to operate the Conrad-Caldwell House Museum (CCHM). Its mission being to collect, preserve, and share the story of the house and its heritage.

The significance of the mansion has been recognized by the Historic American Buildings Survey of the National Park Service - "At the time of its erection, the Conrad Home was the most magnificent resident in the city. The large stone house is an exceptional example of late Queen Anne style with Richardsonian Romanesque details; and is the work of renowned architect Arthur Loomis." Loomis also designed Louisville Medical College, the Speed Art Museum, and Southern Baptist Theological Seminary.

The Victorian mansion is styled as it would have been in 1908, including many original furnishings and artifacts. Currently, the museum provides guided tours plus, educational and cultural events to over 10,000 visitors and students each year.

The museum directly meets its mission by providing guided tours, developing educational programming, launching new exhibits, and participating in community events such as the Cultural Pass, the Holiday Home Tour, and the Old Louisville Mansions Tour. Additionally, to support operations, CCHM host fundraisers, rents spaces for a range of private events, and leases small apartments. Through wide ranging programs and tours, we reach over 12,000 visitors from all 50 states and more than 25 countries. We are run by a small staff and a committed group of volunteers.

Beyond monies raised by programs, CCHM is supported by multiple external organizations. In 2019, the St. James Court Association awarded a grant for capital improvements and the Kentucky Historical Society awarded CCHM with its Thomas D. Clark Award of Excellence. In 2018, Louisville Tourism awarded a grant to CCHM promoting the Old Louisville Mansions Tour. In 2015, the Louisville Landmarks Commission awarded its first "best of the best historic structures" to CCHM. In 2014 the Kentucky Historical Society approved a state historical marker for the museum. TripAdvisor ranks CCHM in the top 3 attractions to visit in Louisville.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Keith Kleehammer	07/2022
Virginia Erhlich	07/2021
JIM BROOKS	07/2022
Norm Nezelkevich	07/2022
John Crum	07/2023
Danielle Spalenka	07/2023
Amanda Pendley	07/2021
Dan Gifford	07/2021
Nick Kilby	07/2022
Mike Milligan	07/2022
Hank Triplett	07/2022
Jim Brooks	07/2022
Daren Neel	07/2022
Linda Shaw	07/2022

Describe the Board term limit policy:

Each director shall hold office for a three year term or until his or her successor shall have been elected and qualifies for the office, whichever period is longer, and may be reelected. No elected director shall hold office for more than six consecutive years, but may be reelected after one year's time off the board.

Three Highest Paid Staff Names	Annual Salary
Kate Meador, Executive Director	34,000
Christopher Kirkland, Assistant Director	23,000
Bela Sage, Education Coordinator	10,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

"Old Louisville's Most Haunted Scavenger Hunt" is a family friendly scavenger hunt focusing on historic and spooky areas in Old Louisville. This is a go-at-your-own-pace scavenger hunt that can be completed any time during the month of October. If the entire team completes the hunt, they will receive a tshirt and water bottle. Pick-up for the clues will be Friday-Sunday between the hours of noon and 4pm.

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

CCHM is requesting funds to cover the cost of prizes and printing totaling \$1797.

T-shirts- \$1590

Printing- \$207

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This event will be a fundraiser for the Conrad-Caldwell House Museum. The museum closed for 4 months to help stem the spread of COVID-19. Funds raised from this event will help keep the museum open and operating.

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

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

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

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

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

We are purchasing enough prizes for 300 participants. The goal of this event is to provide a safe, social distanced event during the month of October for locals and visitors alike, including families. Our measurable outcomes will come in the way of number of attendees and we will collect their zip codes.

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 works tirelessly to foster positive relationships in the community. We consistently strive to develop new bonds with existing corporations and non-profits while maintaining and cultivating our long standing ones.

Within the Old Louisville neighborhood, we collaborate closely with the Old Louisville Neighborhood Council (OLNC) throughout the year providing joint walking tour and home tours to visitors and residents. In 2018, we held the inaugural Old Louisville Mansions Tour which has become the largest program for CCHM. Additionally, in 2020, which is the centennial commemoration of women's suffrage, we will be working closely with the Filson Historical Society, the Louisville Woman's Club, and the Frazier History Museum to create and promote programs surrounding this important anniversary.

Outside of the Old Louisville neighborhood, we work closely with Louisville Tourism to promote the museum. We also collaborate with the NouLou Chamber Ensemble, the Arts and Cultural Alliance, the Cultural Consortium, the Kentuckiana Heritage Consortium, the Center for Women and Families, and CASA, to name a few.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	1797		1797
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)		550	550
*TOTAL PROGRAM/PROJECT FUNDS	1797	550	2,347 5
% of Program Budget	80 %	20 %	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	
Other (please specify) Louisville water \$300 / Semonin Peattors	550
ST Total Revenue for Column 2 Peattors	550

*Total of Column 1 MUST match "Total Request on Page 1, Section 2" **\$200**

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Marketing		250	250
Louisville Water Pure Tap bottles		300	300
④ T-shirts	1590		1590
⑤ Printing - Flyer	207		207
Total	1797	550	2347 ⑥

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
Louisville Water Pure Tap	\$300	\$1 per bottle
Marketing / Brent Lugsdon	\$250	Outright donation
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$550	

*** 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 2020

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:

We anticipate a significant decrease because of a four month closure due to COVID-19.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

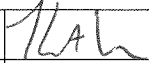
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	8/25/2020
Legal Signatory: (please print):	Kate Meador	Title:	
Phone:	386-846-3328	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:

61-1138330

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.

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.

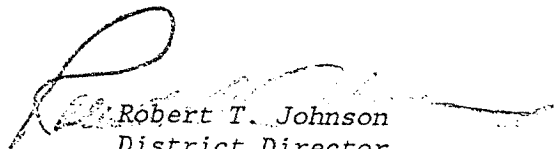
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are 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

JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky

Radler/0225227

St. James Court Historic Foundation, Inc.
Budget Overview: 2020 Budget - FY20 P&L
 January - December 2020

	Total
Revenue	
Admissions Revenue	
Cultural Pass	3,000.00
Museum Admissions Revenue	70,000.00
Other Admissions Revenue	7,000.00
Program Revenue	35,000.00
Total Admissions Revenue	\$ 115,000.00
Contributions	
Capital Campaign Contributions	26,500.00
Corporate and Business Contributions	6,000.00
Grants	15,000.00
Individual Contributions	9,000.00
Total Contributions	\$ 56,500.00
Gift Shop Sales	
Gift Shop Revenue	10,000.00
Total Gift Shop Sales	\$ 10,000.00
Rental Hall Service/Fee Revenue	30,000.00
Tax Credit	14,500.00
West Wing/Apartments Revenue	40,000.00
Total Revenue	\$ 266,000.00
Cost of Goods Sold	
Cost of Goods Sold	2,000.00
Total Cost of Goods Sold	\$ 2,000.00
Gross Profit	\$ 264,000.00
Expenditures	
Administrative Costs	8,500.00
Apartment Expenditures	5,000.00
Contract Labor	13,000.00
Insurance	18,200.00
Legal & Professional Fees	13,000.00
Marketing and Advertising	3,000.00
Operating Costs	
Repair & Maintenance	70,000.00
Lawn & Landscaping	10,000.00
Total Repair & Maintenance	\$ 80,000.00
Sales Tax Expense	1,200.00
Utilities	25,000.00
Total Operating Costs	\$ 106,200.00
Payroll Expenditures	81,500.00
Supplies	10,000.00
Total Expenditures	\$ 258,400.00

Net Operating Revenue	\$	5,600.00
Net Revenue	\$	5,600.00

Monday, Nov 04, 2019 07:13:29 AM GMT-8 - Accrual Basis

St. James Court Historic Foundation, Inc.

STATEMENT OF ACTIVITY

January 1 - August 25, 2020

	TOTAL
Revenue	
Admissions Revenue	
Cultural Pass	500.00
Membership Dues Revenue	-35.00
Museum Admissions Revenue	13,078.73
Other Admissions Revenue	709.00
Program Revenue	1,000.58
Total Admissions Revenue	15,253.31
Contributions	
Capital Campaign Contributions	
Restricted Contributions	500.00
Total Capital Campaign Contributions	500.00
Corporate and Business Contributions	7,350.00
Individual Contributions	1,952.59
Total Contributions	9,802.59
Other Revenue	
Event Profit Share	-164.50
Gift Shop Sales	
Consignment Sales	-106.86
Gift Shop Revenue	1,466.93
Total Gift Shop Sales	1,360.07
Rental Hall Service/Fee Revenue	10,895.00
Unrealized Gain or Loss on Investment	1,744.43
West Wing/Apartments Revenue	23,621.66
Total Other Revenue	37,456.66
Tax Credit	15,424.88
Total Revenue	\$77,937.44
GROSS PROFIT	\$77,937.44
Expenditures	
Administrative Costs	
Bank Fees	
Merchant Services Expense	39.35
PNC Bank Fees	3.13
Square Fees	414.55
Total Bank Fees	457.03
Office Equipment	168.54
Office Supplies	458.01
Postage and Delivery	9.00
Printing and Copying	635.49
Professional Development	100.00

St. James Court Historic Foundation, Inc.

STATEMENT OF ACTIVITY

January 1 - August 25, 2020

	TOTAL
Taxes & Licenses	30.00
Volunteer Refreshments	91.24
Total Administrative Costs	1,949.31
Apartment Expenditures	
Apartment Maintenance	2,456.02
Apt Mgmt Fee	711.37
Apt Supplies	317.91
Total Apartment Expenditures	3,485.30
Contract Labor	3,872.50
Custodial Contract Labor	1,725.00
Total Contract Labor	5,597.50
Insurance	
Insurance - Collections	305.40
Insurance - Commercial Liability	9,095.69
Insurance - D & O	922.40
Special Insurances	100.00
Worker's Comp Insurance	738.32
Total Insurance	11,161.81
Legal & Professional Fees	
Accounting Expenses	7,200.00
Background Checks	135.00
Total Legal & Professional Fees	7,335.00
Operating Costs	
Collections Care	19.34
Computers & Software	420.00
Custodial Supplies	110.05
Dues and Subscriptions	118.00
Marketing and Advertising	542.27
Repair & Maintenance	
Elevator	180.00
Exterior Maint	949.00
Fire Alarm	815.00
HVAC	2,071.64
Lawn & Landscaping	2,045.55
Maintenance Supplies	187.00
Painting	3,420.00
Plumbing	1,429.00
Small Equipment	1,229.00
Total Repair & Maintenance	12,326.19
Sales Tax Expense	1,511.39
Supplies	696.21

St. James Court Historic Foundation, Inc.

STATEMENT OF ACTIVITY

January 1 - August 25, 2020

	TOTAL
Utilities	
Gas & Electric Expense	8,107.64
Internet Expense	1,757.00
Security Monitoring Expense	208.98
Water Expense	3,242.33
Total Utilities	13,315.95
Total Operating Costs	29,059.40
Payroll Expenditures	
Payroll Prep Expense	742.00
Payroll Tax Expense	15,383.26
Salaries and Wages Expense	34,034.87
Total Payroll Expenditures	50,160.13
Total Expenditures	\$108,748.45
NET OPERATING REVENUE	\$ -30,811.01
NET REVENUE	\$ -30,811.01

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

61-1138330

ST JAMES COURT HISTORIC FOUNDATION

Net Asset / Fund Balance at Beginning of Year		<u>1,226,212</u>
Revenue		
Contributions	<u>52,473</u>	
Program service revenue	<u>137,338</u>	
Investment income	<u>424</u>	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income	_____	
Other income	<u>46,119</u>	
Total revenue		<u>236,354</u>
Expenses		
Program services	<u>123,534</u>	
Management and general	<u>37,530</u>	
Fundraising	<u>13,831</u>	
Total expenses		<u>174,895</u>
Excess / (deficit)		<u>61,459</u>
Changes		_____
Net Asset / Fund Balance at End of Year		<u><u>1,287,671</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>236,354</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>174,895</u></u>

	Beginning	Ending	Differences
Assets	<u>1,232,940</u>	<u>1,296,139</u>	
Liabilities	<u>6,728</u>	<u>8,468</u>	
Net assets	<u><u>1,226,212</u></u>	<u><u>1,287,671</u></u>	<u>61,459</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/19
 Failure to file penalty _____

ARTICLES OF INCORPORATION
OF

FEB 04 1987 *AV*

THE ST. JAMES COURT HISTORIC FOUNDATION, INC.

Duffell 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 Statues, 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

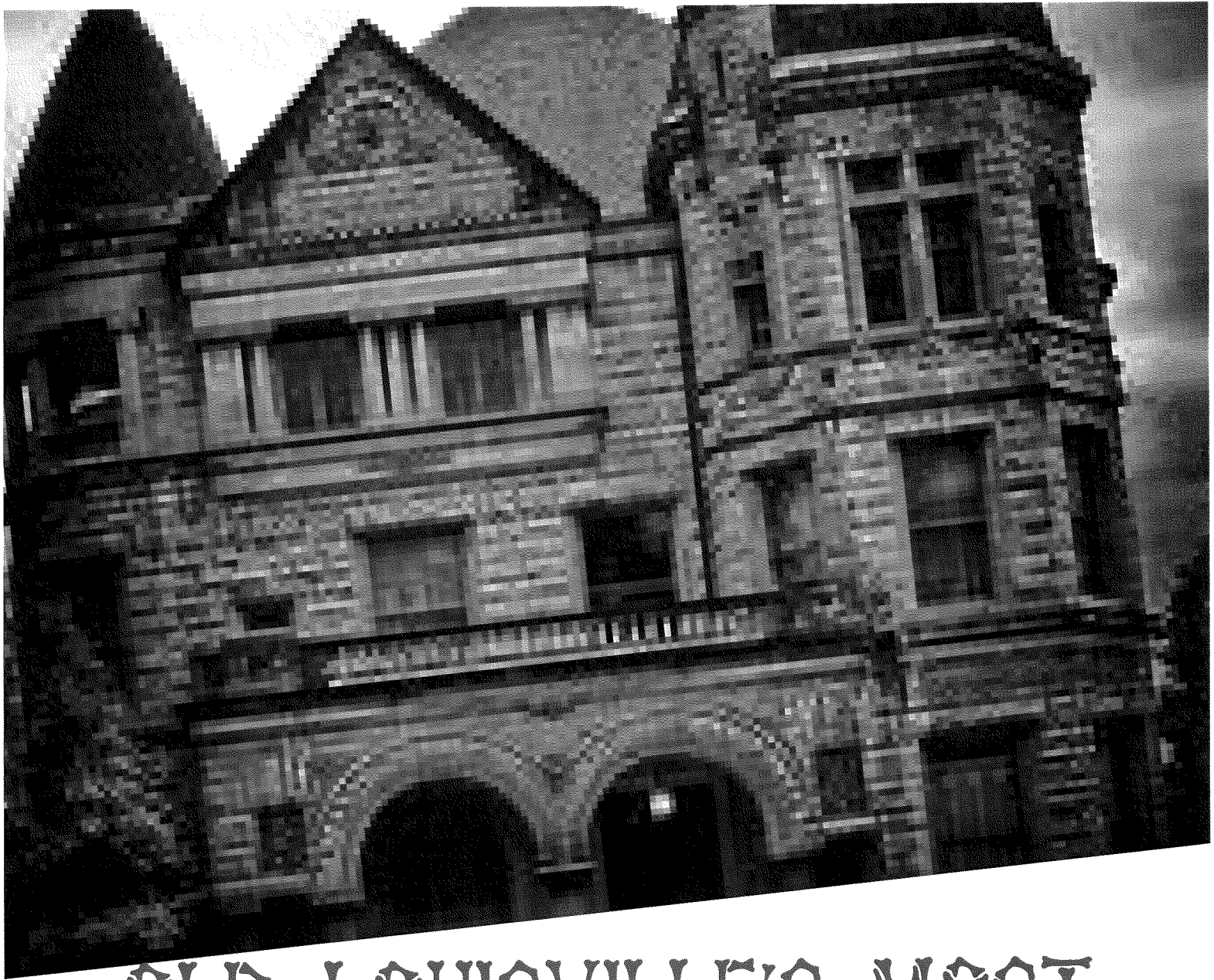
Before me, the undersigned authority, personally appeared Ann D. Higbie, and being first duly sworn, acknowledged that she was an incorporator of the aforementioned Corporation, and that she signed the foregoing Articles of Incorporation as her free act and deed.

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



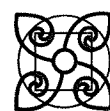


OLD LOUISVILLE'S MOST HAUNTED SCAVENGER HUNT

The Month of October

Pick-Up Information Fri-Sun between Noon and
4pm @ 1402 Saint James Court

\$19 for a group up to 4
www.conradcaldwell.org



The
Conrad-Caldwell
House Museum

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
or								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">01</td> <td style="width: 25%; border: 1px solid black;">-</td> <td style="width: 25%; border: 1px solid black;">113</td> <td style="width: 25%; border: 1px solid black;">8330</td> </tr> </table>	01	-	113	8330				
01	-	113	8330					

Part II Certification

Under penalties of perjury, I certify that:

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

Sign Here	Signature of U.S. person ▶ <i>[Handwritten Signature]</i>	Date ▶ <i>8/22/2020</i>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

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 2/12/2020
Principal Office 1402 ST. JAMES CT.
LOUISVILLE, KY 40208
Registered Agent KEITH KLEEHAMMER
1402 ST. JAMES COURT
LOUISVILLE, KY 40208

Current Officers

President KEITH KLEEHAMMER
Vice President VIRGINIA EHRlich
Secretary NORM NEZELKEWICH
Treasurer JAMES BROOKS
Director KATE MEADOR
Director KEITH KLEEHAMMER
Director DANIELLE SPALENKA
Director JOHN CRUM
Director DAN GIFFORD
Director AMANDA PENDLEY
Director VIRGINIA EHRlich
Director LINDA SHAW
Director HENRY TRIPLETT
Director DAREN NEEL
Director JAMES BROOKS
Director NICK KILBY
Director MIKE MILLIGAN

Individuals / Entities listed at time of formation

Director ANN D HIGBIE
Director GUSSIE SMITH
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.

<u>Annual Report Amendment</u>	7/30/2020	1 page	<u>PDF</u>
<u>Annual Report</u>	2/12/2020	1 page	<u>PDF</u>
<u>Annual Report</u>	4/19/2019	1 page	<u>PDF</u>
<u>Annual Report</u>	5/1/2018	1 page	<u>PDF</u>

<u>change</u>				
<u>Annual Report Amendment</u>	8/31/2016	1 page	PDF	
<u>Annual Report Amendment</u>	4/19/2016	1 page	PDF	
<u>Annual Report</u>	3/11/2016	1 page	PDF	
<u>Annual Report Amendment</u>	8/4/2015	1 page	PDF	
<u>Annual Report</u>	5/14/2015	1 page	PDF	
<u>Annual Report Amendment</u>	7/9/2014	1 page	PDF	
<u>Annual Report</u>	6/11/2014	1 page	PDF	
<u>Annual Report Amendment</u>	7/15/2013	1 page	PDF	
<u>Annual Report</u>	6/24/2013	1 page	PDF	
<u>Annual Report</u>	6/27/2012	1 page	PDF	
<u>Annual Report</u>	6/3/2011	1 page	PDF	
<u>Reinstatement</u>	2/2/2010	3 pages	tiff	PDF
<u>Registered Agent name/address change</u>	2/2/2010	1 page	tiff	PDF
<u>Administrative Dissolution Return</u>	11/16/2009	1 page	tiff	PDF
<u>Administrative Dissolution</u>	11/3/2009	1 page	PDF	
<u>Annual Report</u>	8/13/2008	1 page	tiff	PDF
<u>Registered Agent name/address change</u>	6/25/2008	1 page	tiff	PDF
<u>Annual Report</u>	10/19/2007	1 page	tiff	PDF
<u>Statement of Change</u>	10/19/2007	1 page	tiff	PDF
<u>Annual Report</u>	4/24/2006	1 page	tiff	PDF
<u>Statement of Change</u>	4/24/2006	1 page	tiff	PDF
<u>Statement of Change</u>	7/26/2005	1 page	tiff	PDF
<u>Annual Report</u>	4/5/2005	1 page	tiff	PDF
<u>Annual Report</u>	5/6/2003	1 page	tiff	PDF
<u>Annual Report</u>	8/22/2002	1 page	tiff	PDF
<u>Reinstatement</u>	7/13/2001	2 pages	tiff	PDF
<u>Administrative Dissolution</u>	11/1/1995	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1995	2 pages	tiff	PDF
<u>Annual Report</u>	4/5/1994	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1993	1 page	tiff	PDF
<u>Reinstatement</u>	2/2/1993	2 pages	tiff	PDF
<u>Administrative Dissolution</u>	11/2/1992	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1992	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1991	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1990	5 pages	tiff	PDF
<u>Annual Report</u>	7/1/1989	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1989	1 page	tiff	PDF
<u>Articles of Incorporation</u>	2/4/1987	10 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Amendment to annual report	7/30/2020 10:51:00 AM	7/30/2020 10:51:00 AM	
Annual report	2/12/2020 1:44:49 PM	2/12/2020 1:44:49 PM	
Annual report	4/19/2019 10:58:54 AM	4/19/2019 10:58:54 AM	
Annual report	5/1/2018 2:55:06 PM	5/1/2018 2:55:06 PM	
Annual report	5/10/2017 10:16:14 AM	5/10/2017 10:16:14 AM	
Amendment to annual report	8/31/2016 3:53:22 PM	8/31/2016 3:53:22 PM	
Registered agent address change	8/31/2016 3:39:16 PM	8/31/2016 3:39:16 PM	

	PM	PM
Annual report	3/11/2016 4:28:41	3/11/2016 4:28:41
	PM	PM
Amendment to annual report	8/4/2015 3:15:46	8/4/2015 3:15:46
	PM	PM
Annual report	5/14/2015	5/14/2015
	10:57:10 AM	10:57:10 AM
Amendment to annual report	7/9/2014 5:30:34	7/9/2014 5:30:34
	PM	PM
Annual report	6/11/2014	6/11/2014
	11:51:22 AM	11:51:22 AM
Amendment to annual report	7/15/2013 8:54:27	7/15/2013 8:54:27
	PM	PM
Annual report	6/24/2013 3:45:32	6/24/2013 3:45:32
	PM	PM
Annual report	6/27/2012	6/27/2012
	10:35:50 AM	10:35:50 AM
Annual report	6/3/2011 3:19:23	6/3/2011 3:19:23
	PM	PM
Registered agent address change	2/2/2010 2:04:47	2/2/2010
	PM	
Reinstatement	2/2/2010 2:01:45	2/2/2010
	PM	
Admin Dis. A. report not in	11/3/2009	11/3/2009
Annual report	8/13/2008	8/13/2008
	11:01:04 AM	
Registered agent address change	6/25/2008 2:53:05	6/25/2008
	PM	
Registered agent address change	10/19/2007	10/19/2007
	1:08:48 PM	
Annual report	10/19/2007	10/19/2007
	1:08:25 PM	
Registered agent address change	4/24/2006 7:57:46	4/24/2006
	AM	
Annual report	4/24/2006 7:55:55	4/24/2006
	AM	
Registered agent address change	7/26/2005 2:08:40	7/26/2005
	PM	
Reinstatement	7/13/2001	7/13/2001
	11:05:57 AM	
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

**Mary Morrow & Associates
1347 S 3rd St Ste 304
Louisville, KY 40208-3300
502-419-8025**

May 16, 2019

CONFIDENTIAL

ST JAMES COURT HISTORIC FOUNDATION
1402 SAINT JAMES COURT
LOUISVILLE, KY 40208

Dear KATE:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Mary Morrow & Associates

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

61-1138330

ST JAMES COURT HISTORIC FOUNDATION

Net Asset / Fund Balance at Beginning of Year		<u>1,226,212</u>
Revenue		
Contributions	<u>52,473</u>	
Program service revenue	<u>137,338</u>	
Investment income	<u>424</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>46,119</u>	
Total revenue		<u>236,354</u>
Expenses		
Program services	<u>123,534</u>	
Management and general	<u>37,530</u>	
Fundraising	<u>13,831</u>	
Total expenses		<u>174,895</u>
Excess / (deficit)		<u>61,459</u>
Changes		
Net Asset / Fund Balance at End of Year		<u>1,287,671</u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>236,354</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>174,895</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,232,940</u>	<u>1,296,139</u>	
Liabilities	<u>6,728</u>	<u>8,468</u>	
Net assets	<u>1,226,212</u>	<u>1,287,671</u>	<u>61,459</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/19
 Failure to file penalty _____

CONRADCALD ST JAMES COURT HISTORIC FOUNDATION
61-1138330
FYE: 12/31/2018

5/15/2019 11:29 PM

Schedule A. Part II. Line 12 - Current year (continued)

Description	Amount
ART SHOW	\$ 2,130
NEW LOU CHAMBER PARLOR	1,140
MANSIONS TOURS	16,944
HHT/VICTORIAN/ROYAL WED TEA	6,327
LOUISVILLE ON THE LAWN	7,642
WALKING TOUR/OTHER TOURS	1,257
GIFT SHOP	12,788
VARIOUS SMALL EVENTS	608
WEST WING RENTALS	41,107
Total	\$ 193,787

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20_____

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST JAMES COURT HISTORIC FOUNDATION

Employer identification number

61-1138330

Name and title of officer

**STEPHEN PETERSON
SECRETARY**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	236,354
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Mary Morrow & Associates** to enter my PIN **61113** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ **05/14/19**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61213452535

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ **05/14/19**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

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) Room/suite
1402 SAINT JAMES COURT
 City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE KY 40208

D Employer identification number
61-1138330

E Telephone number
502-636-5023

F Name and address of principal officer:
KEITH KLEEHAMMER
7800 HIDDEN OAK CT
LOUISVILLE KY 40222

G Gross receipts \$ **246,260**

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**

H(c) Group exemption number ▶

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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	0
	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 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,800	52,473
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,113	137,338
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,811	424
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,481	46,119
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	159,205	236,354
	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)	67,313	70,683
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,831		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,445	104,212	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	153,758	174,895	
19 Revenue less expenses. Subtract line 18 from line 12	5,447	61,459	
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)	1,232,940	1,296,139
	22 Net assets or fund balances. Subtract line 21 from line 20	6,728	8,468
		1,226,212	1,287,671

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: **STEPHEN PETERSON** Date: _____
 Type or print name and title: **SECRETARY**

Paid Preparer Use Only

Print/Type preparer's name: **Mary C Morrow** Preparer's signature: _____ Date: **05/15/19** Check if self-employed PTIN: **P00769897**

Firm's name: ▶ **Mary Morrow & Associates** Firm's EIN: ▶ **73-1688464**
 1347 S 3rd St Ste 304
 Firm's address: ▶ **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 \$ **102,100** including grants of \$) (Revenue \$)

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

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

N/A

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

N/A

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

(Expenses \$ **21,434** including grants of \$) (Revenue \$)

4e Total program service expenses **123,534**

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?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		
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?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		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.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
	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	
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?		
	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 (1024 or 1024-A 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 1402 ST JAMES CT
LOUISVILLE 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) KEITH KLEEHAMMER	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) JOHN CRUM	0.00									
EX-OFFICIO	0.00	X		X			0	0	0	
(3) HERB WARREN	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(4) STEPHEN PETERSON	0.00									
SECRETARY	0.00	X		X			0	0	0	
(5) MARY MARTIN	0.00									
TREASURER	0.00	X		X			0	0	0	
(6) AMANDA PENDLEY	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) BARB CALDWELL HUBER	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) BETH CALDWELL	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) COLIN CRAWFORD	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) VIRGINIA EHRLICH	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) DANIELLE SPALENKA	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) PAYTON RITCHIE	0.00									
DIRECTOR	0.00	X						0	0	
(13) DANIEL GIFFORD, PHD	0.00									
DIRECTOR	0.00	X						0	0	
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	1a					
	b Membership dues	1b	145				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	52,328				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			52,473			
Program Service Revenue	2a MUSEUM ADMISSION/TOURS	Busn. Code	65,047	65,047			
	b RENTAL HALLS		38,373	38,373			
	c MANSIONS TOURS		16,944	16,944			
	d LOUISVILLE ON THE LAWN		7,642	7,642			
	e HHT/VICTORIAN/ROYAL WED TEA		6,327	6,327			
	f All other program service revenue		3,005	3,005			
	g Total. Add lines 2a-2f			137,338			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		424	424		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	41,107				
		(ii) Personal					
		b Less: rental exps.	8,465				
c Rental inc. or (loss)		32,642					
d Net rental income or (loss)			32,642	32,642			
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					
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	12,788					
	b Less: cost of goods sold	b	1,441				
	c Net income or (loss) from sales of inventory		11,347	11,347			
Miscellaneous Revenue		Busn. Code					
11a ART SHOW			2,130	2,130			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,130				
12 Total revenue. See instructions.			236,354	183,881	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	70,683	36,108	24,159	10,416
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	1,548	1,548		
b Legal				
c Accounting	12,585	5,033	6,293	1,259
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.)	4,759	4,759		
12 Advertising and promotion	2,436	1,388		1,048
13 Office expenses	35	35		
14 Information technology	1,372	1,372		
15 Royalties				
16 Occupancy	40,073	40,073		
17 Travel	32	32		
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	5,399	5,372	27	
23 Insurance	9,398	4,492	4,906	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	6,146	6,146		
b MERCHANT & BANK FEES	2,127	1,063	532	532
c EVENT EXPENSE	2,090	2,090		
d SALES TAX	2,008	2,008		
e All other expenses	14,204	12,015	1,613	576
25 Total functional expenses. Add lines 1 through 24e	174,895	123,534	37,530	13,831
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	68,202	1	113,502
	2 Savings and temporary cash investments	9,034	2	14,743
	3 Pledges and grants receivable, net	4,700	3	10,761
	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	7,259	8	12,086
	9 Prepaid expenses and deferred charges		9	4,864
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,158,674		
	b Less: accumulated depreciation	10b 19,150	1,143,019	10c 1,139,524
	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	726	14	659
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,232,940	16	1,296,139	
Liabilities	17 Accounts payable and accrued expenses	6,608	17	8,174
	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		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	120	25	294
	26 Total liabilities. Add lines 17 through 25	6,728	26	8,468
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	1,226,212	27	1,287,671
	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	1,226,212	33	1,287,671	
34 Total liabilities and net assets/fund balances	1,232,940	34	1,296,139	

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	236,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,895
3	Revenue less expenses. Subtract line 2 from line 1	3	61,459
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,226,212
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	1,287,671

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
2b	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
2c	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?		
3b	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

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ST JAMES COURT HISTORIC FOUNDATION

Employer identification number

61-1138330

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 above (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						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,115	28,947	153,067	16,800	52,473	281,402
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	30,115	28,947	153,067	16,800	52,473	281,402
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						281,402

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	30,115	28,947	153,067	16,800	52,473	281,402
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						281,402
12 Gross receipts from related activities, etc. (see instructions)					12	346,363
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 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.03 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 .		

Section B. Type I Supporting Organizations

	Yes	No
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.		

Section C. Type II Supporting Organizations

	Yes	No
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).		

Section D. All Type III Supporting Organizations

	Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		

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.

	Yes	No
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.		
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.		

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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

ST JAMES COURT HISTORIC FOUNDATION

61-1138330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Form with multiple sections: 1 Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historically important land area, certified historic structure), 2 Complete lines 2a through 2d (table with 2a-2d), 3 Number of conservation easements modified..., 4 Number of states where property subject..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000		25,000
b Buildings		968,579		968,579
c Leasehold improvements		150,692	6,733	143,959
d Equipment		9,188	8,135	1,053
e Other		5,215	4,282	933
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,139,524

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SALES TAX PAYABLE	294	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	294	

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

ST JAMES COURT HISTORIC FOUNDATION

Employer identification number

61-1138330

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 Accomplishments

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

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

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return ST JAMES COURT HISTORIC FOUNDATION	Identifying number 61-1138330
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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	1,000,000
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	2,500,000
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 2017 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 don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,414

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	3,918
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 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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	5,332
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.

Form **4562** (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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/investment use percentage, cost or other basis, basis for depreciation, recovery period, method/convention, depreciation deduction, and elected section 179 cost. Includes rows 25-29 for special depreciation allowance and business use percentages.

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 Section B with columns for Vehicle 1 through Vehicle 6. Rows 30-36 include questions about business/investment miles, commuting miles, personal use, and availability for personal use.

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 aren't more than 5% owners or related persons. See instructions.

Table for Section C with columns for Yes and No. Rows 37-41 include questions about written policies, personal use, and qualified automobile demonstration use.

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

Part VI Amortization

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

ST JAMES COURT HISTORIC FOUNDATION

Identifying number
61-1138330

Business or activity to which this form relates

WEST WING RENTALS

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	1,000,000
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	2,500,000
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 2017 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	592
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	140
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		

Section B—Assets Placed in Service During 2018 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	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	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	762
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.

Form **4562** (2018)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
3	OFFICE EQUIPMENT	6/01/12	591			X	295	7	HY 200DB	551	27
5	OFFICE EQUIPMENT	10/25/13	140			X	70	5	MQ 200DB	133	7
6	ACCESSORY	10/19/13	140			X	70	7	MQ 200DB	122	7
7	HUMIDIFIER	1/14/13	149			X	74	7	MQ 200DB	135	7
11	WEST WING IMPROVEMENTS	6/30/13	5,408				5,408	39	MMS/L	555	138
20	COMPUTER	4/08/15	567			X	283	5	HY 200DB	485	33
21	AIR CONDITIONER	6/27/15	638			X	319	7	HY 200DB	498	40
23	HVAC SYSTEM	5/02/17	140,377				140,377	39	MMS/L	2,250	3,599
24	OFFICE EQUIPMENT	9/01/17	490			X	245	7	HY 200DB	280	60
			<u>148,500</u>				<u>147,141</u>			<u>5,009</u>	<u>3,918</u>
Other Depreciation:											
2	SOFTWARE	6/01/12	419			X	209	3	MO Amort	419	0
4	SOFTWARE	8/19/13	455			X	227	3	MO Amort	455	0
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	2,822	706
13	FIXTURES	1/01/14	2,554				2,554	7	MO S/L	1,459	365
14	ANTIQUUE FURNITURE	1/01/87	57,367				57,367	0	-- Memo	0	0
15	FURNITURE 2014	6/30/14	539				539	7	MO S/L	270	77
16	SOFTWARE 2014	7/01/14	1,108			X	554	3	MO Amort	1,108	0
17	EQUIPMENT 2014	7/01/14	1,430				1,430	7	MO S/L	715	204
18	APPLIANCE 2014	7/01/14	201				201	7	MO S/L	100	29
22	BILLIARD ROOM FLOOR	3/15/16	1,300				1,300	39	MO S/L	61	33
	Total Other Depreciation		<u>1,004,474</u>				<u>1,003,482</u>			<u>7,409</u>	<u>1,414</u>
	Total ACRS and Other Depreciation		<u>1,004,474</u>				<u>1,003,482</u>			<u>7,409</u>	<u>1,414</u>
Amortization:											
1	LOGO DESIGN	6/01/12	520				520	15	MO Amort	194	34
19	PHOTOGRAPHY RIGHTS	7/31/10	500				500	15	MO Amort	100	33
			<u>1,020</u>				<u>1,020</u>			<u>294</u>	<u>67</u>
	Grand Totals		<u>1,153,994</u>				<u>1,151,643</u>			<u>12,712</u>	<u>5,399</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>1,153,994</u>				<u>1,151,643</u>			<u>12,712</u>	<u>5,399</u>

Federal Asset Report

WEST WING RENTALS

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
5	APPLIANCES	7/01/18	592		X	0	5 HY 200DB	0	592
			<u>592</u>			<u>0</u>		<u>0</u>	<u>592</u>
Prior MACRS:									
1	APPLIANCE	6/01/16	589		X	294	5 HY 200DB	448	56
2	APPLIANCES	4/18/17	273		X	136	5 HY 200DB	164	43
3	HVAC	5/09/17	1,600			1,600	39 MMS/L	26	41
			<u>2,462</u>			<u>2,030</u>		<u>638</u>	<u>140</u>
Other Depreciation:									
4	IMPROVEMENTS	6/01/18	2,007			2,007	39 MO S/L	0	30
	Total Other Depreciation		<u>2,007</u>			<u>2,007</u>		<u>0</u>	<u>30</u>
	Total ACRS and Other Depreciation		<u>2,007</u>			<u>2,007</u>		<u>0</u>	<u>30</u>
	Grand Totals		5,061			4,037		638	762
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>5,061</u>			<u>4,037</u>		<u>638</u>	<u>762</u>

CONRADCALD ST JAMES COURT HISTORIC FOUNDATION
 61-1138330
 FYE: 12/31/2018

05/15/2019 11:29 PM

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
3	OFFICE EQUIPMENT	6/01/12	591		X	295	7 HY 200DB	551	27
5	OFFICE EQUIPMENT	10/25/13	140		X	70	5 MQ200DB	133	7
6	ACCESSORY	10/19/13	140		X	70	7 MQ200DB	122	7
7	HUMIDIFIER	1/14/13	149		X	74	7 MQ200DB	135	7
11	WEST WING IMPROVEMENTS	6/30/13	5,408			5,408	39 MMS/L	630	138
20	COMPUTER	4/08/15	567		X	283	5 HY 200DB	485	33
21	AIR CONDITIONER	6/27/15	638		X	319	7 HY 200DB	498	40
23	HVAC SYSTEM	5/02/17	140,377			140,377	39 MMS/L	2,250	3,599
24	OFFICE EQUIPMENT	9/01/17	490		X	245	7 HY 200DB	280	60
			<u>148,500</u>			<u>147,141</u>		<u>5,084</u>	<u>3,918</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	ANTIQUE 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
22	BILLIARD ROOM FLOOR	3/15/16	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		148,500			147,141		5,084	3,918
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>148,500</u>			<u>147,141</u>		<u>5,084</u>	<u>3,918</u>

AMT Asset Report
WEST WING RENTALS

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
5	APPLIANCES	7/01/18	592		X	0	5 HY 200DB	0	592
			<u>592</u>			<u>0</u>		<u>0</u>	<u>592</u>
Prior MACRS:									
1	APPLIANCE	6/01/16	589		X	294	5 HY 200DB	448	56
2	APPLIANCES	4/18/17	273		X	136	5 HY 200DB	164	43
3	HVAC	5/09/17	1,600			1,600	39 MMS/L	26	41
			<u>2,462</u>			<u>2,030</u>		<u>638</u>	<u>140</u>
Other Depreciation:									
4	IMPROVEMENTS	6/01/18	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		3,054			2,030		638	732
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>3,054</u>			<u>2,030</u>		<u>638</u>	<u>732</u>

61-1138330

Bonus Depreciation Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	SOFTWARE	6/01/12	419		0	0	210	209
3	OFFICE EQUIPMENT	6/01/12	591		0	0	296	295
4	SOFTWARE	8/19/13	455		0	0	228	227
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
16	SOFTWARE 2014	7/01/14	1,108		0	0	554	554
20	COMPUTER	4/08/15	567		0	0	284	283
21	AIR CONDITIONER	6/27/15	638		0	0	319	319
24	OFFICE EQUIPMENT	9/01/17	490		0	0	245	245
Grand Total			<u>4,697</u>		<u>0</u>	<u>0</u>	<u>2,351</u>	<u>2,346</u>

Bonus Depreciation Report

WEST WING RENTALS

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	APPLIANCE	6/01/16	589		0	0	295	294
2	APPLIANCES	4/18/17	273		0	0	137	136
5	APPLIANCES	7/01/18	592		0	592	0	0
Grand Total			<u>1,454</u>		<u>0</u>	<u>592</u>	<u>432</u>	<u>430</u>

Depreciation Adjustment Report

All Business Activities

<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	27	27	0
Page 1	1	5	OFFICE EQUIPMENT	7	7	0
Page 1	1	6	ACCESSORY	7	7	0
Page 1	1	7	HUMIDIFIER	7	7	0
Page 1	1	11	WEST WING IMPROVEMENTS	138	138	0
Page 1	1	20	COMPUTER	33	33	0
Page 1	1	21	AIR CONDITIONER	40	40	0
Page 1	1	23	HVAC SYSTEM	3,599	3,599	0
Page 1	1	24	OFFICE EQUIPMENT	60	60	0
Rental	1	1	APPLIANCE	56	56	0
Rental	1	2	APPLIANCES	43	43	0
Rental	1	3	HVAC	41	41	0
Rental	1	5	APPLIANCES	592	592	0
				<u>4,650</u>	<u>4,650</u>	<u>0</u>

Future Depreciation Report **FYE: 12/31/19****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	OFFICE EQUIPMENT	6/01/12	591	13	13
5	OFFICE EQUIPMENT	10/25/13	140	0	0
6	ACCESSORY	10/19/13	140	6	6
7	HUMIDIFIER	1/14/13	149	6	6
11	WEST WING IMPROVEMENTS	6/30/13	5,408	139	139
20	COMPUTER	4/08/15	567	33	33
21	AIR CONDITIONER	6/27/15	638	29	29
23	HVAC SYSTEM	5/02/17	140,377	3,599	3,599
24	OFFICE EQUIPMENT	9/01/17	490	43	43
			<u>148,500</u>	<u>3,868</u>	<u>3,868</u>
Other Depreciation:					
2	SOFTWARE	6/01/12	419	0	0
4	SOFTWARE	8/19/13	455	0	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	0	0
13	FIXTURES	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	0	0
17	EQUIPMENT 2014	7/01/14	1,430	205	0
18	APPLIANCE 2014	7/01/14	201	29	0
22	BILLIARD ROOM FLOOR	3/15/16	1,300	34	0
	Total Other Depreciation		<u>1,004,474</u>	<u>710</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,004,474</u>	<u>710</u>	<u>0</u>
Amortization:					
1	LOGO DESIGN	6/01/12	520	35	0
19	PHOTOGRAPHY RIGHTS	7/31/10	500	34	0
			<u>1,020</u>	<u>69</u>	<u>0</u>
	Grand Totals		<u>1,153,994</u>	<u>4,647</u>	<u>3,868</u>

Future Depreciation Report FYE: 12/31/19

WEST WING RENTALS

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	APPLIANCE	6/01/16	589	34	34
2	APPLIANCES	4/18/17	273	27	27
3	HVAC	5/09/17	1,600	41	41
5	APPLIANCES	7/01/18	592	0	0
			<u>3,054</u>	<u>102</u>	<u>102</u>
Other Depreciation:					
4	IMPROVEMENTS	6/01/18	2,007	51	0
	Total Other Depreciation		<u>2,007</u>	<u>51</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,007</u>	<u>51</u>	<u>0</u>
	Grand Totals		<u>5,061</u>	<u>153</u>	<u>102</u>

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name **ST JAMES COURT HISTORIC FOUNDATION** Taxpayer Identification Number **61-1138330**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.		
	2. Membership dues and assessments	2.	400	145
	3. Government contributions and grants	3.	16,400	52,328
	4. Program service revenue	4.	95,113	137,338
	5. Investment income	5.	7,811	424
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.	5,979	11,347
	11. Other revenue	11.	33,502	34,772
	12. Total revenue. Add lines 1 through 11	12.	159,205	236,354
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.	67,313	70,683
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.	13,339	18,892
	19. Occupancy, rent, utilities, and maintenance	19.		40,073
	20. Depreciation and Depletion	20.	4,395	5,399
	21. Other expenses	21.	68,711	39,848
	22. Total expenses. Add lines 13 through 21	22.	153,758	174,895
23. Excess or (Deficit). Subtract line 22 from line 12	23.	5,447	61,459	
Other Information	24. Total exempt revenue	24.	159,205	236,354
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.	142,405	183,881
	27. Total assets	27.	1,232,940	1,296,139
	28. Total liabilities	28.	6,728	8,468
	29. Retained earnings	29.	1,226,212	1,287,671
	30. Number of voting members of governing body	30.	17	13
	31. Number of independent voting members of governing body	31.	17	13
	32. Number of employees	32.	9	2
	33. Number of volunteers	33.	50	

Form **990**

Tax Return History

2018

Name

ST JAMES COURT HISTORIC FOUNDATION

Employer Identification Number
61-1138330

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	28,865	27,397	151,217	16,400	52,328	52,328
Membership dues	1,250	1,550	1,850	400	145	145
Program service revenue	57,552	91,431	88,159	95,113	137,338	137,338
Capital gain or loss						
Investment income				7,811	424	424
Fundraising revenue (income/loss)	26,622	23,987	15,919			
Gaming revenue (income/loss)						
Other revenue	11,213	15,379	37,147	39,481	46,119	46,119
Total revenue	125,502	159,744	294,292	159,205	236,354	236,354
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	45,663	63,649	61,787	67,313	70,683	70,683
Professional fees	6,315	10,748	14,881	13,339	18,892	18,892
Occupancy costs					40,073	40,073
Depreciation and depletion	2,305	2,658	2,070	4,395	5,399	5,399
Other expenses	58,071	62,874	70,432	68,711	39,848	39,848
Total expenses	112,354	139,929	149,170	153,758	174,895	174,895
Excess or (Deficit)	13,148	19,815	145,122	5,447	61,459	61,459
Total exempt revenue	125,502	159,744	294,292	159,205	236,354	236,354
Total unrelated revenue						
Total excludable revenue	68,765	106,810	125,306	142,405	183,881	183,881
Total Assets	1,071,677	1,085,879	1,273,787	1,232,940	1,296,139	1,296,139
Total Liabilities	10,341	4,162	46,948	6,728	8,468	8,468
Net Fund Balances	1,061,336	1,081,717	1,226,839	1,226,212	1,287,671	1,287,671

Federal Statements

Tax-Exempt Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>InState</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Muni (\$ or %)</u>
DIVIDENDS/INTEREST	\$ 184					
UNREALIZED GAINS	240					
Total	<u>\$ 424</u>					

CONRADCALD ST JAMES COURT HISTORIC FOUNDATION
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Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CAPITAL EXPENSES	\$ 3,509	3,509		
CONTRACT LABOR	1,250	1,250		
Total	\$ 4,759	4,759	0	0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OFFICE SUPPLIES	\$ 1,649	825		
SUPPLIES	1,644	1,644	412	412
MAINTENANCE - GENERAL	1,636	818	654	164
EVENT EXPENSE	1,238	1,238		
COLLECTIONS CARE	1,166	1,166		
SUPPLIES	1,114	1,114		
REFRESHMENTS	1,028	1,028		
VOLUNTEER APPRECIATION	979	979		
REFRESHMENTS	924	924		
EVENT EXPENSE	599	599		
DUES & SUBSCRIPTIONS	533	266	267	
EVENT EXPENSE	421	421		
PERMIT FEES	391	391		
PROFESSIONAL DEVELOPMENT	260	260		
ADMINISTRATIVE	200		200	
POSTAGE	160	80	80	
WEDDING PERMIT FEES	160	160		
PERMIT FEES	102	102		
Total	\$ 14,204	12,015	1,613	576

CONRADCALD ST JAMES COURT HISTORIC FOUNDATION
Federal Statements

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Schedule A, Part II, Line 1(e)

Description	Amount
CAPITAL CAMPAIGN	145
CALDWELL FAMILY	20,515
2ND ST	
3RD ST	
4TH ST	
BELGRAVIA COURT	
BOARD OF DIRECTORS	
INDIVIDUAL	
GRANTS	15,765
CORPORATE/BUSINESS	3,500
FOUNDATION	11,674
IN-KIND	
MISCELLANEOUS	874
SILENT AUCTION BALANCE	
LECTURE ADMISSION BALANCE	
Total	<u>\$ 52,473</u>

Schedule A, Part II, Line 8(e)

Description	Amount
HOLDINGS INCOME	\$
Total	<u>\$ 0</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
MUSEUM ADMISSION/TOURS	\$ 65,047
RENTAL HALLS	38,373
DIVIDENDS/INTEREST	184
UNREALIZED GAINS	240
GAIN ON SALE OF HOLDINGS	
GAIN ON SALE OF STOCK	

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ST JAMES COURT HISTORIC FOUNDATION	Taxpayer identification number (TIN) 61-1138330
	Number, street, and room or suite no. If a P.O. box, see instructions. 1402 SAINT JAMES COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE KY 40208	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KATE MEADOR
1402 ST JAMES CT

• The books are in the care of ► **LOUISVILLE KY 40208**

Telephone No. ► **502-636-5023**

Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15/20** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2019** or

► tax year beginning _____ , and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)