EXTENDED TO DECEMBER 16, 2019

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Reverue 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.

Inspection

A F	or the	2018 calendar year, or tax year beginning $$ FEB $$ $$ $$ $$ $$ FEB $$ $$ $$ $$ $$ and $$ $$ $$	ending	JAN 31, 2019				
B	heck if	C Name of organization		D Employer identif	ication number			
	Addres	EMERSON CENTER, INC.						
	Name change				007367			
]Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 125-C TRADE STREET	Room/sur		er -225-3334			
_	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	 -	G Gross receipts \$ 1,059,218.				
\sqsubseteq	Amend	LEXINGTON, KI 40511		H(a) Is this a group r				
	Application pendin	F Name and address of principal officer ιΑΙ DEBODI	for subordinate					
	-	SAME AS C ABOVE		H(b) Are all subordinates				
		empt status 501(c)(3) _X 501(c)(4) ◀ (insert no.) 4947(a)(1) o	r 5		a list (see instructions)			
		e: N/A	l Te ve	H(c) Group exemption				
		organization: X Corporation Trust Association Other ► Summary	I L Yea	ar of formation; 19/2[M State of legal domicile; KY			
Ге			ייי דאן זיי דאן	PROVIDING A	FFORDARI.F			
Activities & Governance		Briefly describe the organization's mission or most significant activities ASSIS HOUSING TO THE ELDERLY AND DISABLED.	71 111	INOVIDING P	T F ORDADDB			
Ē	2	Check this box I if the organization discontinued its operations of dispos	ed ef me	re than 25% of its net a	ssets			
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)	KEU	EIVED 13	8			
Ğ	4	Number of independent voting members of the governing body (Part VI, line, b)) 4	8			
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2	JUH 1	9 2019	0			
Ζį	6	Total number of volunteers (estimate if necessary)	Property	E 6	0			
Act	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12	CDI	EN, UT	0.			
	b l	Net unrelated business taxable income from Form 990-T, line 38		110	0.			
			_ ⊢	Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)		1,061,827.	1,039,316.			
Revenue		Program service revenue (Part VIII, line 2g)	⊢	778.	678.			
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	10,608.	19,224.			
	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	⊢	1,073,213.	1,059,218.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	F	259,984.	323,256.			
ıse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25)	0.					
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		669,139.	700,481.			
	18	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		929,123.	1,023,737.			
	19	Revenue less expenses Subtract line 18 from line 12		144,090.	35,481.			
s or			<u>_</u> t	Beginning of Current Year	End of Year			
let Assets und Balan		Total assets (Part X, line 16)	<u> </u>	944,642.				
et Ind A		Total liabilities (Part X, line 26)		662,302.				
<u>~II</u>	22 rt	Net assets or fund balances Subtract line 21 from line 20 Signature Block		282,340.	317,821.			
		ties of griury, I declare that I have examined this return, including accompanying schedules	and state	mente, and to the heet of m	w knowledge and helief it is			
		ties of Serjury, i declare that i have examined this return, including accompanying schedules, and sometimes are supported by the series of th			iy kilowicaye alla belici, it is			
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Sigr	,	Signature of officer		Date	<u> </u>			
Her		ORAY DEBOLT, PRESIDENT						
		Type or print name and title						
		Runt/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	þ	DAVID W. HICKS, CPA, CFF Dilu Din		7/11/19 self-employ				
		Firm's name HICKS & ASSOCIATES CPAS		Firm's EIN	45-3047226			
Use	Only ,	Firm's address 1795 ALYSHEBA WAY, SUITE 6206		, -				
	<u> </u>	LEXINGTON, KY 40509		Phone no. (8	59)368-9727			
	-	8 discuss this return with the preparer shown above? (see instructions)			X Yes No			
33200	1 12-31	-18 LHA For Paperwork Reduction Act Notice, see the separate instructio	ns.		Form 990 (2018)			

Form	990 (2018) EMERSON CENTER, INC.	<u>23-7007367</u>	Page 2
'Pai	t 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: ASSIST IN PROVIDING AFFORDABLE HOUSING TO THE ELDERLY A	ND DISABLED.	
			·
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	X 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? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ers, the total expenses, a	and
4a	(Code) (Expenses \$ 750,505 • including grants of \$) (Rever		
	178 UNITS ARE MADE AVAILABLE, WITH THE ASSISTANCE FROM		
	AND/OR HANDICAPPED INDIVIDUALS. MANY TENANTS RECEIVE HOPAYMENTS FROM HUD.	USING ASSIST	ANCE
	PAIMENTS FROM NOD:		
4b	(Code) (Expenses \$) (Rever	nue \$)
		-	
			
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 750,505.	O	90 (2018)
B3200	2 12-31-18	Form 3	(2010)

Form 990 (2018) EMERSON CENT Part IV Checklist of Required Schedules

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 11a X 11b 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 11b X 11b X 11c 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 11b X 11c 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 VIII 11b X 11c Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is Did the organization and the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 1				Yes	No
2 Is the organization required to complete Schedule S, Schedule of Contributors Did the organization congregate indices or indees to prize to provide activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part I 3 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) or 501(c)	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes", complete Schedule C, Part II Section 501(pi) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If "Pes", complete Schedule C, Part II Did the organization is acchieved to procedure Sel-19' If "Pes", complete Schedule C, Part III Did the organization maintain any doin advised find or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III Did the organization resport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed an Part X; or provide credit counseling, debt management, credit repair, or dath negotiation services? If "Yes," complete Schedule D, Part IV Did the organization resport an amount in Part X, line 19, and the organization resport an amount for investments and the part X line 19, and the organization resport an amount for investments or their securities in Part X, line 19, If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or other securities in Part X, line 19, and the organization report an amount for other liabilities in Part X, line 19, If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 19, If yes, "complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 19, If yes, "complete Schedule D, Part VIII Did the organization report an amount for			$\overline{}$		
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4 Section 501(k)(3) organizations. Duth the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? if "vs." complete Schedule C, Part II is the organization a section 501(k)(4), 501(k)(5), or 501(k)(6) organization that receives membership dues, assessments, or amiliar amounts as defended in Revenue Procedure 98-197 if "Ys." complete Schedule C, Part II Did the organization marked 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 II Did the organization received in old a conservation essement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization marked in Part X, kine 21, for escower 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 II Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II the organization services? If "Yes," complete Schedule D, Part V II the organization services and amount for reland, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X II Did the organization report an amount for orienter liabilities in Part X, line 15% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X II Did the organization report an amount for orienter liabilities in Part X, line 15% or more of its total assets reported in Pa	3		3		Х
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Schedule D, Part III 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 V Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, vii, Viii, Viii, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15° If "Yes," complete Schedule D, Part VIII 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 15° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 13° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 15° If "Yes," complete Schedule D, Part VIII Did the organization separated or consolidated financial statements for the tax year organization separated in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," complete Schedule D, Part X in Part X, line 15° If "Yes," organization separated or consolidated, independent audited financial statements for the	_		-7-		
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1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 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 21 X			17		X
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 20a	19			l	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 21 X					
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			-	 {	<u>_v</u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			2Ub		
	~ 1		ا ہو ا	- 1	х
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Form 990 (2018) EMERSON CENTER, IN 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	22		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	23	ŀ	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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		└ ─
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	 ^
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		ł
	Schedule L, Part I	25b		х
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	26		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			_V
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		ХÍ
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
0	Schedule N, Part II	32		х
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	33		<u>X</u>
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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		
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	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?]	_
D	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u> _	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Concoding Coordinate a response or note to any line in this rail v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
832004	. 12-31-18	Form '	990 (2018)

Page 5

	990 (2018) EMERSON CENTER, INC.	23-7007	7367	P	age 5
·Ŗa	Statements Regarding Other IRS Filings and Tax Compliance (continued	<u> </u>			
			I rangement	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 (أَنْهُمُ مُنْ الْحُولِيَّةُ الْحُولِيِّةُ الْحُولِيِّةُ الْحُولِيِّةُ الْحُولِيِّةُ الْحُولِيِّةُ الْحُولِيِّةُ	أشفقا	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reti	urns ⁹	2b	1	1 222.4
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			· ·
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b	<u> </u>	↓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ĺ	ĺ	ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	4a	ļ.,	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).		9. 50.500	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	_5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		_5c	<u> </u>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gifts			
	were not tax deductible?		6b	A x=4	w.
7	Organizations that may receive deductible contributions under section 170(c).				ALC: NAME OF TAXABLE PARTY.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confidence of the organization of the organizat		_7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g	_	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	6003 60 0	AND Popul
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	23	22.88	23 M. A.
_	sponsoring organization have excess business holdings at any time during the year?		8	14.74Ka2	इन्द्रेल कर
9	Sponsoring organizations maintaining donor advised funds.		22.00		2000
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	1786 AV 33	657% X
10	Section 501(c)(7) organizations. Enter	ا مدا		يوا م _و يودي دن رايودوي	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		100 m	
11	Section 501(c)(12) organizations. Enter	_{11a}			
	Gross income from members or shareholders	I I a	沙霧		
D	Gross income from other sources (Do not net amounts due or paid to other sources against	116	260	10.3	ik die al
100	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	420	244332	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	12a	,^\/`_, y	385-550
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1201		**	
	Is the organization licensed to issue qualified health plans in more than one state?		13a	2 200	20,84 ° °
a	Note. See the instructions for additional information the organization must report on Schedule O		13a	225.233	3868
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b		200738	
С	Enter the amount of reserves on hand	13c		%	
	Did the organization receive any payments for indoor tanning services during the tax year?	100	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b	\vdash	_ _
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun				
.0	excess parachute payment(s) during the year?	orangii or	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			2 25g	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt income?	16	تسبع	X
. •	If "Yes," complete Form 4720, Schedule O		3.33	7 17 5	× 7

Form 990 (2018) EMERSON CENTER, INC. 23-7007367 Page 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			\mathbf{X}
Sec	tion 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	8	1	CT &
	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.	1999		1° 4%
b		8		
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?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
3		3	х	
	of officers, directors, or trustees, or key employees to a management company or other person?		- 11	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6_		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7
	more members of the governing body?	7a_		_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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			2.50 × 3.63
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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?	10a		X
	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?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 1000	9200	11.343 14
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
·	in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
		14		X
14	Did the organization have a written document retention and destruction policy?	388.8	Tag \$20	- 13 - 138
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?	1327	ے لات	X
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	2 x85	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		2200	<u> </u>
	taxable entity during the year?	16a	0.77.7	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			28.864
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			Y. W.
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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, as	nd finan	cial	
.5	statements available to the public during the tax year.	rear IV	- ^~	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KIRKPATRICK MANAGEMENT COMPANY-KY - (859) 225-3334			
	125-C TRADE STREET, LEXINGTON, KY 40511			
00000		Form	990	2018
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Check if Schedule O contains a response or note to any line in this Part VII

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

- 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 (Ď), (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

(A)	(B)	d organization compensat					_	(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week	\vdash	Cer an	0 2 0	recto	or/trustee)		from	from related	other		
	(list any	읈			ŀ	l	l	the	organizations	compensation		
	hours for related	o o	ᆲ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	raster	Itrus		99/	ngen		(***271033*****100)		and related		
	below	daat	Bona	_	oldu	stco	1			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1		J		
(1) RAY DEBOLT	2.00											
PRESIDENT		Х	<u> </u>	X		L		0.	0.	0.		
(2) LIZ CARAS	2.00				ł			_	_	_		
VICE PRESIDENT	<u> </u>	X	_	Х		L		0.	0.	0.		
(3) SABRINA OAKS	2.00								_	_		
SECRETARY		Х		Х				0.	0.	0.		
(4) DICK LOEFFLER	2.00						ĺ					
DIRECTOR		Х				L		0.	0.	0.		
(5) ED SERGENT	2.00	ļ								_		
TREASURER		Х	<u> </u>	X		_		0.	0.	0.		
(6) ESTHER HULBURT	2.00				i					•		
DIRECTOR	1-2-00	X	<u> </u>	_	-		<u> </u>	0.	0.	0.		
(7) KATHLEEN MILLER	2.00	x						0.	0.	0.		
DIRECTOR	2 00	Δ	<u> </u>		_	L	<u> </u>	U .		<u> </u>		
(8) LAFLEESHA PATTON DIRECTOR	2.00	x						0.	0.	0.		
(9) SAMUEL HALLEY III	0.00	^	-			-	├			0.		
EMERITUS DIRECTOR	0.00	ł						0.	0.	0.		
(10) WALTER FORSTER	0.00	-		-	_	├—	├─			· · ·		
EMERITUS DIRECTOR	0.00	ł						0.	0.	0.		
EMBRITOD DIRECTOR	 	┢	-	-		-	-					
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Form 990 (2018)

Fair	VII Section A. Officers, Directors, Trus							st C					
	(A)	(B)	(C) Position						(D)	(E)		(F)
	Name and title	Average		not c	heck	more	than		Reportable	Reportable			
		hours per week					is bot or/trus		compensation	compensation			
		(list any	Ē	Г		Г	Ţ	T	from the	from related organization		oth comper	
		hours for	Individual trustee or director				_		organization	(W-2/1099-MI		from	
		related	50 93	stee			nsate		(W-2/1099-MISC)	(** =: *********************************	· ,	organi	
		organizations	trust	Institutional trustee		ag.	Highest compensated employee		`			and re	
		below	ndual	幫	er	Key employee	lest c	늘				organiz	ations
		line)	횰	Inst	Officer	ke.	里	Former					
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16	Sub-total					L	<u> </u>		0.		0.		0.
	Sub-total Total from continuation sheets to Part V	I Section A							0.	· -	0.		0.
	Total (add lines 1b and 1c)	i, Section A							0.		0.		0.
	Total number of individuals (including but n	ot limited to th	088	liste	d at	OVE	-) w	10 re	<u> </u>	000 of reportab			
	compensation from the organization	or minica to th	030	11310	, G GL	J U • •	-, ***		ocived more than \$100	,coo or reportab			0
	oomponedion nomine organization									·		Ye	s No
3	Did the organization list any former officer,	director, or tru	istee	e. ke	v en	olan	vee.	or I	highest compensated ei	mplovee on	ſ		
	line 1a? If "Yes," complete Schedule J for s			-,	,		, ,	,	J		İ	3	$\overline{\mathbf{x}}$
	For any individual listed on line 1a, is the su		le co	ompe	ensa	ation	and	d oth	her compensation from t	the organization	Ī		
	and related organizations greater than \$15									J	Ì	4	X
	Did any person listed on line 1a receive or a									dual for services			
	rendered to the organization? If "Yes," com	plete Schedule	e <u>J</u> f	or su	ıch j	pers	on					5	X
Sect	ion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of con	npens	ation from)
	the organization Report compensation for	the calendar y	ear e	endı	ng w	vith :	or w	ıthır	the organization's tax y	rear			
	(A)								(B)		_	(C)	
	Name and business	address	NC	NE	5			_	Description of s	ervices		ompensa	tion
								_					
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	_ .							\dashv	_ 				
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								-+					
									Laboratoria de la compansión de la compa				
	Total number of independent contractors (i	•	ot lir	nite	010	tho:		sted	above) who received m	ore tnan			
	\$100,000 of compensation from the organi	zation					_					Form 990	45545

	ir (%)					no un thuo Dort VIII			
			Check if Schedule O cont	ains a response	or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
, Gifts, Grants ilar Amounts	1	а	Federated campaigns	1a					
g S]	b	Membership dues	1b		3,34,4		建	
ts,		С	Fundraising events	1c					
랿		d	Related organizations	1d					
sig.		е	Government grants (contribut	ions) 1e				.	
e to		f	All other contributions, gifts, gran	ts, and					
₫₹	ĺ	-	similar amounts not included abo	ve 1f					
Contributions, Giff and Other Similar		g	Noncash contributions included in lines	1a-1f \$					4
<u>0</u> <u>p</u>	_	h	Total. Add lines 1a-1f						
					Business Code				
Çe	2	а	GROSS RENTS		531110	1,039,316.	1,039,316.		
e C		b							
n S		С				- 1			
. Fa		d					ļ	ļ	
Program Service Revenue	ĺ	е					 		<u> </u>
п.		f	All other program service reve	nue		1 020 216	0000-1:0001000-00-000000000000000000000	Viuno: (070000posors: comps/supp.)	e en accessorance consecuence finale
	-		Total. Add lines 2a-2f			1,039,316.	4.2		
	3		Investment income (including	dividends, inter	rest, and	678.			678.
	١.		other similar amounts)			070.			078.
	4		Income from investment of tax	x-exempt bond	proceeds		<u> </u>	<u> </u>	
	5		Royalties	() D1	/\ D======1				200000000000000000000000000000000000000
	١,		0	(i) Real	(ii) Personal				
	٦		Gross rents	<u> </u>					
			Less rental expenses		 				
	1		Rental income or (loss)				39-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38		
	_		Net rental income or (loss) Gross amount from sales of	(A) Coourties					
	' '	a		(i) Securities	(II) Other				
	l	h	assets other than inventory Less cost or other basis		 				
		U	and sales expenses					07.7	
		_	Gain or (loss)		 				
	}		Net gain or (loss)		<u> </u>				
e	8		Gross income from fundraising	-					
venue		_	including \$						
Re	ļ		contributions reported on line	1c) See	ļ				
Other Re		_	Part IV, line 18	a					
₹			Less direct expenses	. b					
			Net income or (loss) from fund			200X 0242 200000000000000000000000000000		(2) 1878 (87) 23 27 27 85 85 85 85 85 85 85 85 85 85 85 85 85	700 SECTION SECTION AND A
	9	а	Gross income from gaming ac		1				
			Part IV, line 19	а.				22	
			Less direct expenses	b	٠ـــــــــــــــــــــــــــــــــــــ			2	<u> </u>
			Net income or (loss) from gam	•				3.77.240 3 .77.77	
	10	а	Gross sales of inventory, less and allowances		}				
		L	Less: cost of goods sold	a b					
				_	` <u> </u>		243		\$22.50 St. 1
		Ü	Net income or (loss) from sale Miscellaneous Revenu		Business Code		X \		
	11	2	**********		812900	16,409.	16,409.	<u> </u>	ALC: VALUE OF THE OWNER.
		a b	TENANT CHARGES		812900	2,020.	2,020.		
		c	LAUNDRY AND VEN	DING	812300	795.	795.		
		d	All other revenue	<u> </u>					
			Total. Add lines 11a-11d		•	19,224.		17 17 17 17 17 17 17 17 17 17 17 17 17 1	3
	12		Total revenue. See instructions			1,059,218.	1,058,540.	0.	678.
									F 000 (0010)

Form 990 (2018) EMERSON CENTER, INC. 23

Part X 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 respon			(A)	
	not include amounts reported on lines 6b, 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				
	ındıvıduals 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,		٠		
	trustees, and key employees		·		ļ
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	252 001	167 024	05 777	
7	Other salaries and wages	252,801.	167,024.	85,777.	
8	Pension plan accruals and contributions (include		*		
_	section 401(k) and 403(b) employer contributions)	E0 000	22 502	17 200	
9	Other employee benefits	50,882.	33,582.	17,300.	
10	Payroll taxes	19,573.	12,918.	6,655.	
11	Fees for services (non-employees)	E1 647		E1 647	
a	Management	51,647.		51,647.	
b	Legal	13,626.		13,626.	
C	Accounting	13,626.		13,020.	
d	Lobbying				<u></u>
e	Professional fundraising services. See Part IV, line 17		**************************************	2018 Con 1881 1881 1881 1881 1881	<u> </u>
T	Investment management fees		 .	· · <u></u>	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,385.	2,385.		
12	Advertising and promotion	32,787.	32,787.		
13	Office expenses	32,107.	32,707.		
14	Information technology				·
15	Royalties		-		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	5,133.	5,133.		
:0 !1	Interest Payments to affiliates	3,133.	3,133.		
: I 2	Depreciation, depletion, and amortization	96,067.			
2	Insurance	45,869.	45,869.		
.3 !4	Other expenses, Itemize expenses not covered	-3,003.		Santana ana sa sa sa sa sa sa sa sa sa sa sa sa sa	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) UTILITIES	258,925.	258,925.	streens are on their 12 we tail a	1. 6. 92. 82. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
a b	BUILDING REPAIRS AND MA	163,014.	163,014.	·	·
C	ADMINISTRATIVE RENT FRE	11,724.	11,724.		<u> </u>
d	SUPPLIES SUPPLIES	11,102.	11,102.		-
_	All other expenses	8,202.	6,042.	2,160.	
е 5	Total functional expenses. Add lines 1 through 24e	1,023,737.	750,505.	177,165.	0
<u>э</u> 6	Joint costs. Complete this line only if the organization	1,025,151	, 50, 505	277,1030	
	reported in column (B) joint costs from a combined	,			
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				
2016					Form 990 (2018

3,2,0	173003	Balance Sneet						
		Check if Schedule O contains a response or not	e to any line in this Part X		<u> </u>	1		
					(A) Beginning of year		(B) End of year	
	4	Cook non interest because			35,541.	1	3,010.	
	1	Cash - non-interest-bearing			150,515.	2	226,475.	
	2	Savings and temporary cash investments			130,3131	3	220,1751	
	3 4	Pledges and grants receivable, net Accounts receivable, net			3,259.	4	13,023.	
	5	Loans and other receivables from current and fo		12000 0 10000 10000 100000	70 W.	23,023		
	١	trustees, key employees, and highest compensa		۵				
		Part II of Schedule L	aca employees complete	•		5		
	6	Loans and other receivables from other disquali	ied persons (as defined u	ınder		B 44		
	•	section 4958(f)(1)), persons described in section	,					
	l	employers and sponsoring organizations of sect						
93		employees' beneficiary organizations (see instr)				6		
Assets	7	Notes and loans receivable, net		=	· · · · · · · · · · · · · · · · · · ·	7		
Ą	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment cost or other						
		basis Complete Part VI of Schedule D	10a 5,150,6	590.		XX.		
	ь	Less accumulated depreciation	10b 4,226,0	72.	730,327.	10c	924,618.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities See Part IV, line 1		12				
	13	Investments - program-related See Part IV, line	11		··-	13		
	14	Intangible assets		0.5	14			
	15	Other assets See Part IV, line 11	25,000.	15	0.			
	16	Total assets. Add lines 1 through 15 (must equa	944,642.	16	1,167,126.			
	17	Accounts payable and accrued expenses	35,310.	17 18	62,241.			
	18		Grants payable					
	19	Deferred revenue			7,225.	19	13,291.	
	20	Tax-exempt bond liabilities	New IV of Cobodule D		42,477.	20 21	43,583.	
"	21 22	Escrow or custodial account liability. Complete F Loans and other payables to current and former		96		1 Tor. 3 1 3	¥3,303 .	
Liabilities	22	key employees, highest compensated employee						
ě	ŀ	Complete Part II of Schedule L	s, and disqualified person	.5	<u> </u>	22		
Ϊ,	23	Secured mortgages and notes payable to unrela	ted third parties		577,290.	23	730,190.	
	24	Unsecured notes and loans payable to unrelated	,			24		
	25	Other liabilities (including federal income tax, par	•					
		parties, and other liabilities not included on lines		of				
		Schedule D	, .	`		25		
	26	Total liabilities. Add lines 17 through 25			662,302.	26	849,305.	
		Organizations that follow SFAS 117 (ASC 958	, check here 🕨 🐰	and				
es		complete lines 27 through 29, and lines 33 an	d 34.					
auc	27	Unrestricted net assets			282,340.	27	317,821.	
Bal	28	Temporarily restricted net assets				28		
ğ	29	Permanently restricted net assets	ſ		LINCORENING PARAMETERS OF THE PROPERTY OF THE	29	**************************************	
Ť.		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 l	'∣				
s of		and complete lines 30 through 34.				200		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30		
As	31	Paid-in or capital surplus, or land, building, or eq	•			31		
Net	32	Retained earnings, endowment, accumulated inc	come, or other funds	j	282,340.	32	317 821	
-	33	Total habitates and not possess friend belonges			944,642.	33 34	317,821. 1,167,126.	
	34	Total liabilities and net assets/fund balances			7 4 4 , 0 4 2 4	J4	Form 990 (2018)	

Form	990 (2018) EMERSON CENTER, INC.	<u>23-</u>	<u>-7007367</u>	Page	e 12
·Pa	T-XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 050	. 01	^
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,059		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,023		
3	Revenue less expenses Subtract line 2 from line 1	3	35	, 48	<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	282	, 34	<u>: U •</u>
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	317	,82	<u>:1.</u>
₽aı	tixill Financial Statements and Reporting			г	 -
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	70 2 See 2	1, 3	321
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis	, <u>~~</u>	1	2.2
	consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	X4.25°76.74
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		- Assistant -		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au		.	
	Act and OMB Circular A-133?		3a	X ·	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au		.	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	
			Form 9	9 U (2	.018)

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 Open to Public ---Inspection

Name of the organization

EMERSON CENTER TNC Employer identification number 23-7007367

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the				
<u> </u>	organization answered "Yes" on Form 990, Part IV, lin						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	funds				
•	are the organization's property, subject to the organization's		Yes No				
6	•						
U	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit? Yes No						
Pa	rt II Conservation Easements. Complete if the org	nanization answered "Yes" on Form 990. Part					
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	17, 1110 7				
•	Preservation of land for public use (e.g., recreation or e	, <u> </u>	ally important land area				
		Preservation of a certified					
	Protection of natural habitat	Preservation of a certified	mistoric structure				
•	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of a	Held at the End of the Tax Year				
_	day of the tax year						
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic str	2c					
d	,,,,,,,	after 7/25/06, and not on a historic structure					
_	listed in the National Register		2d]				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax				
	year -						
4	Number of states where property subject to conservation ear						
5	Does the organization have a written policy regarding the per	- · · ·	— —				
	violations, and enforcement of the conservation easements of		└ Yes				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserve	ation easements during the year				
_	<u> </u>						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year				
_	\$						
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4					
_	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No				
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for				
T-	conservation easements	Ant Historical Traceruses or Othe	v Cimilar Appata				
Pai	t III Organizations Maintaining Collections o		er Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri						
Ь	If the organization elected, as permitted under SFAS 116 (AS	•					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts				
	relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial gai	n, provide				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
<u>b</u>	Assets included in Form 990, Part X		\$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

832051 10-29-18

Schedule D (Form 990) 2018

		CENTER, I							07367	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3	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)									
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	€	, []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	ın how t	hey further t	he organizat	ion's exem	pt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımılar a	assets			
_	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if th	e organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets not in	ncluded		_	
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
			_						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or cu	ustodial acco	ount liability	v?	X	Yes	□ No
	If "Yes," explain the arrangement in Part XIII					-				X
Pai)			
<u></u>		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four y	ears back
1a	Beginning of year balance									
ь	Contributions									
С	Net investment earnings, gains, and losses							_		
d	Grants or scholarships									
e	Other expenditures for facilities				· -		-	_	-	
•	and programs					1				
f	Administrative expenses			-					_	
g g	End of year balance		-					_		
2	Provide the estimated percentage of the cur	rent year end haland	e (line 1	la column (s)) held as:					
a		rent year end balanc		rg, colamii (c	ajj riola as					
b										
	Temporarily restricted endowment	^ %								
·	The percentages on lines 2a, 2b, and 2c sho									
20	_		otion th	at are hold a	nd administr	ared for the	organia	ration		
Sa	Are there endowment funds not in the possession of the organization that are held and administered for the organization by. Yes No									
	by.									ES NO
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations			N-1					3a(ii)	+-
_	If "Yes" on line 3a(ii), are the related organiza								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 (b) Cost or other (c) Accumulated (d) Book value								value	
	Description of property	basis (investr		basis			eciation		(u) book v	aluc
10	Land	2230 (1110311		L	9,311.	<u> </u>			189	,311.
	Buildings	<u> </u>		<u> </u>	- ,					<u>,</u>
	Leasehold improvements							+-		
	Equipment					. · ·				
	Other			4,96	1,379.	4,2	26,0	72.	735	,307.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui					▶		,618.

Schedule D (Form 990) 2018

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

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

Schedule D (Form 990) 2018

23-7007367 Page 4 EMERSON CENTER, INC. Schedule D (Form 990) 2018 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,059,218. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 1.059. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 1.059.218. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,023,737. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 1,023,737. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 1,023, Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART IV, LINE 2B: THESE ACCOUNTS ARE RESTRICTED BY HUD REGULATION FOR TENANT SECURITY DEPOSITS. PART X, LINE 2: THE PROJECT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR DISCLOSURES IN THE FINANCIAL STATEMENTS. TAX YEARS STILL OPEN UNDER FEDERAL AND STATE STATUTE OF LIMITATIONS REMAIN SUBJECT TO REVIEW AND CHANGE.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization 23-7007367 EMERSON CENTER, INC. FORM 990, PART VI, SECTION A, LINE 3: MANAGEMENT DUTIES ARE DELEGATED TO KIRKPATRICK MANAGEMENT COMPANY-KY. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO OTHER COMMITTEES OTHER THAN THE BOARD OF DIRECTORS OF THE PROPERTY. FORM 990, PART VI, SECTION B, LINE 11B: THE GOVERNING BODY AND THE MANAGEMENT COMPANY- "KIRKPATRICK MANAGEMENT COMPANY-KY"- ARE GIVEN A COPY OF THE 990 TO REVIEW. THE BOARD PRESIDENT WILL SIGN THE 990 BEFORE SENDING/FILING WITH THE IRS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)