(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

^	For the	e 2019 calendar year, or tax year beginning JUL 1, 2019 and ending		0, 2020	
			_		
В	Check if applicabl	C Name of organization	D Em	pioyer identifi	cation number
_	Addre	ANDREW JACKSON FOUNDATION			
늗	Addre chang		⊣ ,	0.04500	0.7
F	Name chang Initial	Ü		2-04780	
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		ephone numbe	
L	Final return.	4580 RACHEL'S LANE	<u> </u>	<u> 15-889-</u>	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross	s receipts \$	5,781,180.
Ļ	Amen	HERMITAGE, IN 57070	 H(a) Is	this a group re	
	Applic	F Name and address of principal officer: ITOWARD 0. INTITIED	fo	r subordinates	? Yes X No
	pendi	4580 RACHEL S LANE, HERMITAGE, TN 37076	H(b) Ar	e all subordinates ir	ncluded? Yes No
		empt status: X 501(c)(3) 5 501(c)() \blacktriangleleft (insert no.) 4 4947(a)(1) or 4	527 If	"No," attach a	list. (see instructions)
		te: > HTTP://WWW.THEHERMITAGE.COM		roup exemptio	
K	Form of	organization: X Corporation Trust Association Other	Year of format	ion: 1889 N	1 State of legal domicile: ${f TN}$
P	art I	Summary			
ω	1	Briefly describe the organization's mission or most significant activities: TO PRESE	RVE TH	E 1,120	ACRE
Š		HISTORIC PROPERTY, MAINTAIN AND PRESERVE THE	HERMI	TAGE MA	NSION AND
Governance	2	Check this box if the organization discontinued its operations or disposed of	more than 25	5% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20
Š		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			184
įį		Total number of volunteers (estimate if necessary)			5
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			27,709.
⋖		Net unrelated business taxable income from Form 990-T, line 39			26,709.
		,		r Year	Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)		90,620.	2,250,002.
nŭ		Program service revenue (Part VIII, line 2g)		02,714.	2,729,241.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,944.	7,639.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,980.	107,524.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,258.	5,094,406.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1 77	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0	1		3.0	86,941.	2,986,988.
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 349,934.		0.	0.
ber	h	Total fundraising expenses (Part IX, column (D), line 25) 349.934.			
$\overline{\mathbf{x}}$	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2.5	69,639.	2,382,448.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		56,580.	5,369,436.
		Revenue less expenses. Subtract line 18 from line 12		88,678.	-275,030.
- L	3	nevenue less expenses. Subtract line 10 nonthine 12	+	of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		09,380.	11,289,800.
ASS	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		92,101.	1,446,137.
let/	21	Net assets or fund balances. Subtract line 21 from line 20		17,279.	9,843,663.
_	art II	Signature Block	10,1	11,215	J,045,005.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atemente and	to the hest of m	v knowledge and helief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of which pre	-		y Kilowicago alla bellet, it is
uuu	, 001100	t, and complete. Declaration of proparer (other than officer) is based on an information of which pre	parci nas any i	T T T T T T T T T T T T T T T T T T T	
c :~		Signature of officer		Date	
Sig		HOWARD J. KITTELL, PRESIDENT & CEO			
He	e	Type or print name and title			
_			Date	Check	PTIN
Da:	ч	Print/Type preparer's name Preparer's signature		if	
Pai		LARRY MULLINS		self-employe	
	parer	Firm's name MULLINS CLEMMONS & MAYES, PLLC		FIRM'S EIN	62-1409003
USE	Only	Firm's address 340 SEVEN SPRINGS WAY, SUITE 720		Dhara 61	5_270 05 <i>76</i>
_		BRENTWOOD, TN 37027		Prone no. o 1	5-370-8576
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **990** (2019)

Form	FORMERLY LADIES' HERMITAGE ASSOCIATION 62-0478087 Page 2	2
	rt III Statement of Program Service Accomplishments	=
	Check if Schedule O contains a response or note to any line in this Part III	7
1	Briefly describe the organization's mission:	_
	THE MISSION OF THE ANDREW JACKSON FOUNDATION, A NON-PROFIT	
	ORGANIZATION FOUNDED IN 1889, IS TO PRESERVE THE HOME OF ANDREW	_
	JACKSON AND TO SERVE AS A LEARNING RESOURCE FOR THE DIVERSE PUBLIC.	
	WE WILL ENGAGE THE PUBLIC THROUGH PRESERVATION, EXHIBITIONS,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
	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? X 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	
-10	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,482,514 • including grants of \$) (Revenue \$ 2,810,662 •)	_
4a	(Code:) (Expenses \$4,482,514 • including grants of \$) (Revenue \$2,810,662 • THE HERMITAGE IS THE HOME AND FARM OF PRESIDENT ANDREW JACKSON, 7TH)
	PRESIDENT OF THE UNITED STATES AND HERO OF THE BATTLE OF NEW ORLEANS	_
	DURING THE WAR OF 1812. THE 1,120-ACRE NATIONAL HISTORIC LANDMARK SITE	_
	INCLUDES JACKSON'S ENTIRE TENNESSEE ANTEBELLUM COTTON PLANTATION AS	—
	WELL AS NUMEROUS ARCHITECTURAL AND ARCHAEOLOGICAL TREASURES. THE	_
	HERMITAGE WELCOMED OVER 127,000 GUESTS TO THE PROPERTY DURING THE	_
	FISCAL YEAR, INCLUDING OVER 5,000 SCHOOL CHILDREN WHO PARTICIPATED IN	_
	ADDITIONAL EDUCATIONAL ACTIVITIES. OVER 1,500 OF THESE GUESTS VISITED	_
	ON JANUARY 8TH WHICH IS AN ANNUAL FREE ADMISSION DAY.	
		_
4b	(Code:) (Expenses \$)
		_
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		_
		_
4c	(Code:) (Expenses \$)
		_
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		_
		_
		_
		_ _ _
44	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	

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ANDREW JACKSON FOUNDATION FORMERLY LADIES' HERMITAGE ASSOCIATION

Form 990 (2019) FORMERLY LAD
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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		Х
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	4		Х
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	5		Х
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	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	11c		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	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		^
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a		
D	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	106		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
D	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	14b		х
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	16		Х
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	17		Х
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	18	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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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

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ANDREW JACKSON FOUNDATION FORMERLY LADIES' HERMITAGE ASSOCIATION Form 990 (2019) FORMERLY LADIES ' H 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	00		X
22		22		
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	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			\vdash
	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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member 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, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	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		Х
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		Х
35a	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١
	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?		37	
Da	Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		NJ-
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	Yes	No
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8.5 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ü	(gambling) winnings to prize winners?	1c		

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Form 990 (2019) FORMERLY LADIES' HERMITAGE ASSOCIATION

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

rai	Statements Regarding Other Ind Fillings 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 184			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C -		х
	any contributions that were not tax deductible as charitable contributions?	iono or citto	6a		
			6b		
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
		vioco provided to the payor.	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.5		
	to file Form 8282?	·	7с		х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:	L. I			
	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			
	Section 501(c)(12) organizations. Enter:	المعا			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
	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			
С	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2019)

FORMERLY LADIES' HERMITAGE ASSOCIATION

62-0478087

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 20			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		х
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		Х
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TN			
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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	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			
	DONNA CENTER - 615-889-2941			
	4580 RACHEL'S LANE, HERMITAGE, TN 37076			

FORMERLY LADIES' HERMITAGE ASSOCIATION

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Form 990 (2019) 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l	A1 112C	(0		про	ilout	(D)	(E)	(F)
Name and title	Average	(do		Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list anv	\vdash			1 0010	17 11 410	100,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			Highest compensated employee		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	Itrus	nal tru		oyee	ombe				and related
	below	ividua	Institutional trustee	Officer	Key employee	hest o	Former			organizations
(4)	line)	Pul	lns	JJ 0	Ke	E Hig	ъ			
(1) CAROL DANIELS	2.00	x						0.	0.	^
BOARD MEMBER	5.00	^						0.	0.	0.
(2) FRANCES SPRADLEY	3.00	x						0.	0.	0.
BOARD MEMBER (3) THOMAS A. NEGRI	2.00	Δ						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(4) ANNE DAVIS	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.
(5) MICHAEL R BESCHLOSS	2.00							0.	0.	•
BOARD MEMBER	2.00	x						0.	0.	0.
(6) MARA LIASSON	2.00							0.	•	•
BOARD MEMBER		x						0.	0.	0.
(7) JON MEACHAM	2.00							•		
BOARD MEMBER		Х						0.	0.	0.
(8) CHARLES OVERBY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JANET AYERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARTY DICKENS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KATHLEEN ESTES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) HARRISON FRIST	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) RODERICK HELLER, III	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BRIAN KILMEADE	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(15) JOHN NAU, III	2.00	ļ ,,							•	_
BOARD MEMBER	2 00	Х						0.	0.	0.
(16) BARBARA SIEG	2.00	₹,							_	^
BOARD MEMBER	2.00	Х			_			0.	0.	0.
(17) CAROL YOCHEM	4.00	x						0.	0.	0.
BOARD MEMBER		$\Gamma \nabla$						<u> </u>	0.	- 000

Page 8

								ASSOCIATION	62-04	<u> 780</u>	<u>)87</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimated		ed
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	n compensation	compensation		am	ount	of
	week	_	Cer ar	lu a u	recio)r/trus	lee)	from	from related			other	
	(list any hours for	Individual trustee or director						the	organizations	~	comp		
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"		om the anizat	
	organizations	truste	al trus		99/	mpen		(** 27 1000 141100)			•	relat	
	below	dual	Institutional trustee	<u>.</u>	Key employee	est co	ъ					nizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) BO WATSON	2.00												
EX OFFICIO		X						0.		0.			0.
(19) TRE HARGETT	2.00												
EX OFFICIO		X						0.		0.			0.
(20) C. DALE ALLEN	2.00												
BOARD MEMBER		Х						0.		0.			0.
(21) HOWARD J. KITTELL	50.00												
PRESIDENT & CEO				Х				170,625.		0.	13	3,0	29.
(22) ASHLEY MCANULTY	2.00												
TREASURER				Х				0.		0.			0.
(23) BOB MCDONALD	2.00												
REGENT				Х				0.		0.			0.
1b Subtotal							▶	170,625.		0.	13	3,0	29.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								170,625.		0.	13	3,0	29.
2 Total number of individuals (including but r								eceived more than \$100	0,000 of reportable				
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, I	кеу (emp	loye	e, o	hiç	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J	for such individual		L	4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ontr	racto	ors 1	that received more than	\$100,000 of comp	ensa	ation fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithi	n the organization's tax	year.				
(A)								(B)			(C)		
Name and business								Description of s		Co	ompen	satio	n
CARRIAGE RIDES THROUGH T	-					E	- 1	HISTORIC CAR	RIAGE			_	
TRAINING ROAD, ELIZABETH	rown, K	Y 4	42'	701	<u>L</u>			RIDES			133	3,0	68.
_							_						

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2019) FORMERL

Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	nte to any lir	ne in this Part VIII			
		Crieck if Scriedule O Contains a response of fic	ne to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè éxcluded
						business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns 1a					
ž o	k		3,765.				
s, ((Fundraising events 140	0,448.				
a it		Related organizations 1d					
s, Eli		Government grants (contributions) 1e 160	0,882.				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and	•				
je Ei	•		4,907.				
걸하		Noncash contributions included in lines 1a-1f	$\frac{1}{7},307.$				
ng p				2,250,002.			
9	r	Total. Add lines 1a-1f		2,230,002.			
			iness Code	0 704 013	0 704 013		
e e	2 8			2,724,913.	2,/24,913.		
Program Service Revenue	k	CAFE RENTAL 72	22210	4,328.			4,328.
Sugar	(;					
eve	c	1					
Pg.	•	,					
<u>r</u>	f	All other program service revenue					
		Total. Add lines 2a-2f		2,729,241.			
	3	Investment income (including dividends, interest, a		, -,			
	Ü			19,927.			19,927.
	4	other similar amounts)		15,5276			10,0276
	4	Income from investment of tax-exempt bond proce		132.			132.
	5	Royalties		132.			132.
			Personal				
	6 a	Gross rents 6a 45,606.					
	k	Less: rental expenses 6b 0 •					
	(Rental income or (loss) 6c 45,606.					
	c	Net rental income or (loss)		45,606.			45,606.
	7 a		ii) Other				
		assets other than inventory 7a 68,967.					
	k	Less: cost or other basis					
ě		and sales expenses					
en (en		Gain or (loss) 7c -12,288.					
Revenue		Net gain or (loss)		-12,288.	-12,288.		
e.		Gross income from fundraising events (not					
윰	0 6	including \$ 140,448. of					
١							
		contributions reported on line 1c). See	2 2 5 2				
			3,352.				
			7,312.	62.060			62.060
		Net income or (loss) from fundraising events	<u></u>	-63,960.			-63,960.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses9b					
	(Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a 550	0,246.				
	ŀ		8,207.				
		Net income or (loss) from sales of inventory	<u> </u>	62,039.	44,829.	17,210.	
_			iness Code	=,000	.=, ==	.,===	
snc	44 -	OBUIDD THOOMS	00099	63,707.	53,208.	10,499.	
nec iue	11 a			05,707.	33,200•	±0, ±0,0	
Miscellaneous Revenue	k						
Re	(
Ξ		All other revenue		62 707			
		Total. Add lines 11a-11d	········· <u> </u>	63,707.	0.010 660	07 700	C 022
	12	Total revenue. See instructions		5,094,406.	⊿, α⊥∪, 66 ∠ •	⊿/./ 09•	0,033.

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must com			mpietė column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	<u>/D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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,	100 654	F2 460	FF 006	55 006
	trustees, and key employees	183,654.	73,462.	55,096.	55,096.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 245 544	1 005 054	202 115	100 100
7	Other salaries and wages	2,347,711.	1,835,074.	323,147.	189,490.
8	Pension plan accruals and contributions (include	C1 0CC	40 061	14 000	C 171 C
	section 401(k) and 403(b) employer contributions)	61,066.	40,061.	14,289.	6,716. 15,716.
9	Other employee benefits	216,564.	177,495.	23,353.	15,/16.
10	Payroll taxes	177,993.	138,395.	22,274.	17,324.
11	Fees for services (nonemployees):				
а	Management	7 200	2 225	4 064	
b	Legal	7,299.	3,235.	4,064.	
С	Accounting	17,700.		17,700.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	5,398.		5,398.	
f	Investment management fees	5,390.		3,390.	
g	, ,	444 700	116 227	12 174	16 200
	column (A) amount, list line 11g expenses on Sch O.)	444,700. 300,851.	416,237. 299,022.	12,174.	16,289. 1,829.
12	Advertising and promotion	176,445.	134,768.	26,360.	15,317.
13	Office expenses	79,483.	78,132.	20,300.	1,322.
14	Information technology	19,403.	70,132.	49.	1,344.
15	Royalties	358,585.	353,728.	2,702.	2,155.
16	Occupancy	27,203.	17,889.	6,962.	2,153.
17	Travel	21,203.	17,009.	0,902.	2,332.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,837.		1,837.	
20	Interest Payments to affiliates	1,057.		1,057.	
21	Payments to affiliates Depreciation, depletion, and amortization	614,112.	614,112.	+	
22 23		99,846.	75,695.	14,646.	9,505.
23 24	Other expenses. Itemize expenses not covered	22,040.	, 5, 055.	11,010.	2,303.
4	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	AUDIO ROYALTIES	85,458.	85,458.		
a b	CREDIT CARD FEES	65,027.	58,187.	6,825.	15.
D	PRINTING	42,791.	25,851.	132.	16,808.
d	CATERING AND EQUIPMENT	41,591.	41,591.		_3,000
	All other expenses	14,122.	14,122.	+	
25	Total functional expenses. Add lines 1 through 24e	5,369,436.	4,482,514.	536,988.	349,934.
26	Joint costs. Complete this line only if the organization	.,,	,,	,	,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	0.01-20-20	L			Form 990 (2019)

62-0478087 Page **11** FORMERLY LADIES' HERMITAGE ASSOCIATION Form 990 (2019) 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 149,342. 56,321 Cash - non-interest-bearing 1 1,052,094. 1,658,218. 2 Savings and temporary cash investments 1,474,055. 1,570,008. 3 Pledges and grants receivable, net 42,283. 1,142. Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 230,372. 221,432. 8 Inventories for sale or use 25,442. 4,309. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 16,523,742. basis. Complete Part VI of Schedule D _____ 10a 9,659,584. 7,139,576. 6,864,158. b Less: accumulated depreciation 10b 10c 571,948. 558,328. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 126,229. 253,923. 15 15 10,709,380. 11,289,800. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 284,930. 281,766. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19,397. 19 10,846. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 61,674. 48,085. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here ▶ X

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Form **990** (2019)

9,843,663.

11,289,800.

1,105,440.

1,446,137.

6,464,353.

3,379,310.

226,100.

592,101.

7,761,226.

2,356,053.

10,117,279.

10,709,380.

26

27

28

29

30

31

32

33

26

27

29

30 31

32

Net Assets or Fund Balances

Form 990 (2019)

62-0478087 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	5,09 5,36 -27 10,11	4,4 9,4 5,0	36. 30. 79. 14.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,84	3,6	63.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
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	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		2b	Х	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 on ScI	nedule O.	2c	х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si 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 required audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ANDREW JACKSON FOUNDATION Employer identification number Name of the organization FORMERLY LADIES' HERMITAGE ASSOCIATION 62-0478087 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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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.)

Sec	ction A. Public Support	- •					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	795,619.	1,524,453.	2,391,911.	2,590,620.	2,250,002.	9,552,605.
2	Tax revenues levied for the organ-						
	ization'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						
1	Total. Add lines 1 through 3	795,619.	1,524,453.	2,391,911.	2,590,620.	2,250,002.	9,552,605.
	The portion of total contributions	73370130	1,321,133.	2,331,311.	2,330,020.	2,230,002.	3,332,003.
3	·						
	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,						7F0 600
	column (f)						752,609.
	Public support. Subtract line 5 from line 4.						8,799,996.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	795,619.	1,524,453.	2,391,911.	2,590,620.	2,250,002.	9,552,605.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	63,107.	63,526.	59,000.	70,172.	69,993.	325,798.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	16,378.	25,737.	44,754.	43,600.	22,709.	153,178.
10	Other income. Do not include gain	,		•	,	,	•
	or loss from the sale of capital						
	assets (Explain in Part VI.)	70,516.	-3,686.	22,194.	241,736.	53.208.	383,968.
11	Total support. Add lines 7 through 10	,	5,0001			33,233	10,415,549.
	Gross receipts from related activities,	eta (aga inatmustis				12 18	,749,602.
	'	•	,	l fourth or fifth to			, , , , , , , , , , ,
13	First five years. If the Form 990 is for	-	s iirst, second, triirc	i, iourtii, or iiitii ta	ax year as a section	1301(0)(3)	▶□
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	·		<u>~</u>	- l (5)		44	84.49 %
	Public support percentage for 2019 (I					14	00 25
	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not cl	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not cl	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the)
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						
_			,	. , ,		dule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2019 FORMERLY LADIES' HERMITAGE ASSOCIATION 62-0478087 Page 3

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.)

Se	ction A. Public Support	· · · · · ·	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
	formed, 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 bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	<u></u>			1		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on	<u></u>			1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
<u></u>							<u></u>
	ction C. Computation of Publ			. (0)		Liel	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves			no 12 octumn (4)		17	0/
	Investment income percentage for 20					18	%
	Investment income percentage from 2						%
198	a 33 1/3% support tests - 2019. If the						I / IS NOT
	more than 33 1/3%, check this box a						P
r	33 1/3% support tests - 2018. If the	•			•		
20	line 18 is not more than 33 1/3%, che						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	33		
	2-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iJa		
	10h		
^	10b	N E 7	2010
m 9	90 or 99	7U-EZ)	2019

Pa	t IV Supporting Organizations (continued)			.go o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion 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.	1		
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.	2		
Sec	tion 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			
0	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations		· ·	<u>. </u>
			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?	1		
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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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.	3		
Sec	tion 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 yea(see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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	2h		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	Illy integra	ated Type III supporting org	ganization (see

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instructions).

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Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou				
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
	From				
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	⊏xces	ss from 2019			

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Part VI	Supplement Part IV, Section line 1; Part IV,	ntal Info n A, lines Section D	rmation. Provid 1, 2, 3b, 3c, 4b, 4d , lines 2 and 3; Pa	le the explanation c, 5a, 6, 9a, 9b, 9 rt IV, Section E, li	ns required by Part II, c, 11a, 11b, and 11c; nes 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or Part IV, Section B, lines 1 ad 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(See instruction	s 5, 6, and	1 8; and Part V, Se	ection E, lines 2, 5	, and 6. Also comple	te this part for any additio	nai information.
-							

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

ANDREW JACKSON FOUNDATION

FORMERLY LADIES' HERMITAGE ASSOCIATION

Employer identification number 62-0478087

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	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 advise	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area				
	Protection of natural habitat	Preservation of a	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel						
	year ▶						
4	Number of states where property subject to conservation eas	sement is located >					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements if	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?		Yes				
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the				
_	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections o		her Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for pub	·	•				
	service, provide in Part XIII the text of the footnote to its finar						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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 tre-	asures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under FASB A	_					
а	Revenue included on Form 990, Part VIII, line 1		' -				
b	Assets included in Form 990, Part X		▶ \$				

FORMERLY LADIES' HERMITAGE ASSOCIATION

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	rt III Organizations Maintaining C		t. Historical 1				ar Asse	ts/contin		ige Z
			•						ucu _j	
•	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
а	V									
b		e	Other	torialigo progra						
c	Preservation for future generations	J								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o						000 1111 41	. ,		
•	to be sold to raise funds rather than to be ma							Yes	X	No
Pai	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par		·· ···· 9- -··				-,,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributi	ons or other as	sets not	t included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	, .	•	Ü					Amount		
С	Beginning balance					1c				
	Additions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	en provided on	Part XII	l				<u> </u>
Pai	rt V Endowment Funds. Complete it	f the organization an	swered "Yes" on	Form 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	115,027.	115,02	7. 90	,027.		65,027.		65,	000.
b	Contributions	291.		25	,000.		25,000.			27.
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	115,318.	115,02	7. 115	,027.		90,027.		65,	027.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	ition that are held	and administe	red for t	the organi	zation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza			i?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	rt VI Land, Buildings, and Equipm		5							
	Complete if the organization answered	1	· · · · · · · · · · · · · · · · · · ·	1						
	Description of property	(a) Cost or ot	' '	st or other		ccumulat	I	(d) Book	value	9
	·····	basis (investm	,	s (other)	ae	preciation		201	1	17
	Land			81,447. 49,306.	7	147,9	32	$\frac{281}{4,201}$		47.
	Buildings			03,937.		$\frac{147,9}{349,1}$		154		
	Leasehold improvements			03,937.	1	$\frac{349,1}{841,4}$	20	1,061		
	=4=4-1			85,945.		321,1		$\frac{1,061}{1,164}$		
	Other			-		<i></i>		6 864		

Schedule D (Form 990) 2019

ANDREW JACKS			2-0478087 _{Page} 3
Schedule D (Form 990) 2019 FORMERLY LAL Part VIII Investments - Other Securities.	TES UEKMITA	GE ASSOCIATION 02	1-04/000/ Page 3
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 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 en	d-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	escription	, ,	(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" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			267 505
(2) ACCRUED SALARIES & WAGES (3) SALES TAX PAYABLE			267,505. 26.
A CODUED LIDER			1,409
T THE OF CORDIN			230,000
(5) LINE OF CREDIT			

1.	(a) Description of Hability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED SALARIES & WAGES	267,505.
(3)	SALES TAX PAYABLE	26.
(4)	ACCRUED UBIT	1,409.
(5)	LINE OF CREDIT	230,000.
(6)	PAYCHECK PROTECTION PROGRAM	
(7)	PAYABLE	606,500.
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,105,440.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

	IMIDICEN CHICKDON I CONDITION							
che	edule D (Form 990) 2019 FORMERLY LADIES' HERMITAGE ASSO	OCIATION 6	2-0	478087	Page 4			
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Re	turn					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1	5,701,	338.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	a Net unrealized gains (losses) on investments2a	1,414.						
b	Donated services and use of facilities 2b							
	Recoveries of prior year grants							
	d Other (Describe in Part XIII.)	605,518.						
е	Add lines 2a through 2d		2e		932.			
	Subtract line 2e from line 1		3	5,094,	406.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
С	Add lines 4a and 4b		4c		0.			
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,094,	406.			
Pa	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. Total expenses and leases per audited financial statements

•	Total expenses and losses per addited illiancial statements				3/3/1/331
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	605,518.		
е	Add lines 2a through 2d			2e	605,518.
3	Subtract line 2e from line 1			3	5,369,436.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,369,436.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

VALUES ATTRIBUTABLE TO HISTORIC SITES (TRANSFERRED TO THE ASSOCIATION BY THE STATE OF TENNESSEE) ARE NOT RECOGNIZED IN THE FINANCIAL STATEMENTS SINCE THE VALUES TO SUCH HISTORICAL TREASURES ARE NOT GENERALLY MEASURABLE IN MONETARY TERMS.

PART III, LINE 4:

THE 1,120-ACRE NATIONAL HISTORIC LANDMARK SITE INCLUDES ANDREW JACKSON'S ENTIRE TENNESSEE ANTEBELLUM COTTON PLANTATION, AS WELL AS, NUMEROUS ARCHITECTURAL AND ARCHAEOLOGICAL TREASURES. THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO PRESERVE THIS HOME AND TO SERVE AS A LEARNING RESOURCE

Schedule D (Form 990) 2019 FORMERLY LADIES' HERMITAGE ASSOCIATION	62-0478087 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	488,206.
SPECIAL EVENT EXPENSES	117,312.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	605,518.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	488,206.
SPECIAL EVENT EXPENSES	117,312.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	605,518.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. ANDREW JACKSON FOUNDATION Employer identification number Name of the organization FORMERLY LADIES' HERMITAGE ASSOCIATION 62-0478087 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

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

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

Schedule G (Form 990 or 990-EZ) 2019 FORMERLY LADIES' HERMITAGE ASSOCIATION 62-0478087 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 176,300. 17,500. 193,800. 1 Gross receipts 140,448. 140,448. 2 Less: Contributions 35,852 17,500. 53,352. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 110,329. 6,983. 9 Other direct expenses 117,312. 10 Direct expense summary. Add lines 4 through 9 in column (d) -63,960 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 FORMERLY LADIES' HERMITAGE ASSOCIATION 62-0	478087	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided ▶		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	FORMERLY	LADIES'	HERMITAGE	ASSOCIATION	62-0478087	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)				
_							

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► 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

Questions Regarding Compensation

ANDREW JACKSON FOUNDATION FORMERLY LADIES' HERMITAGE ASSOCIATION Employer identification number 62-0478087

			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
h	If any of the boyes on line 1s are checked, did the organization follows written noticy regarding normant or				
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	ID			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х		
	trustees, and officers, including the GEO/Executive Director, regarding the items checked on line 14?		25		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee X Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:			X	
а	a Receive a severance payment or change-of-control payment?				
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
J	contingent on the revenues of:				
а	The organization?	5a		Х	
	Any related organization?	5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		Х	
b	Any related organization?	6b		X	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9	l		

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

Schedule J (Form 990) 2019

FORMERLY LADIES' HERMITAGE ASSOCIATION 62-0478087

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation		SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) HOWARD J. KITTELL	(i)	170,625.	0.	0.	0.	13,029.	183,654.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Inspection

Name of the organization

ANDREW JACKSON FOUNDATION FORMERLY LADIES' HERMITAGE ASSOCIATION

Employer identification number 62-0478087

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 27 OTHER STRUCTURES AND COLLECTIONS INCLUDING NEW EXTERIOR PAINT AND INSTALLING A LIGHTNING PREVENTION SYSTEM, PROVIDE EDUCATIONAL PROGRAMS TO THE PUBLIC INCLUDING JR. DOCENT PROGRAM, HANDS-ON HISTORY, THE RACHEL VIRTUAL CLASS, HERMITAGE HOME SCHOOL DAYS, MAKE THE SITE AVAILABLE TO 220,000+/- GUESTS ANNUALLY, AND HOST EVENTS, PROGRAMS AND ACTIVITIES THAT INSPIRE A LOVE OF AMERICAN HISTORY INCLUDING BLACK HISTORY MONTH, THE BATTLE OF NEW ORLEANS AND VETERAN'S DAY PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION, RESEARCH AND PUBLICATIONS TO INCREASE THE UNDERSTANDING OF THE COMPLEX ISSUES OF ANDREW JACKSON AND HIS TIMES, TO DISCUSS THEIR RELATIONSHIP TO ISSUES AND EVENTS OF TODAY, AND TO INSPIRE CULTURAL CITIZENSHIP.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: OPERATIONS CLOSED ON MARCH 16 TO THE STAFF AND PUBLIC DUE TO COVID-19 THE SITE REOPENED ON JUNE 11 FOR LIMITED GROUNDS PASSES TO SAFETY. OUTSIDE AREAS ONLY.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE BOARD ITSELF AT ITS ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE CEO AND THE VP OF FINANCE; THE 990 IS ALSO MADE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ANDREW JACKSO FORMERLY LADI	N FOUNDATION ES' HERMITAGE ASSOCIATION	Employer identification number 62-0478087
AVAILABLE TO THE BOARD TO R	EVIEW BEFORE IT IS SIGNED.	
FORM 990, PART VI, SECTION	R LINE 12C.	
	ED ON POLICY AND PROCEDURE W	HICH CONTAINS THE
CONFLICT OF INTEREST POLICY	•	
FORM 990, PART VI, SECTION	B, LINE 15:	
THE CEO IS REVIEWED BY A BO.	ARD COMMITTEE AND ITEMS ADDR	ESSED IN THE
MULTI-YEAR CONTRACT ARE ASS	ESSED. FOR SALARIES OF CEO	AND OTHER
EXECUTIVES, MARKET VALUES A	RE DETERMINED WITHIN BUDGET	CONSTRAINTS AND
COMPARABLE POSITIONS IN THE	REGION.	
FORM 990, PART VI, SECTION	C, LINE 19:	
AVAILABLE UPON REQUEST. FI	NANCIAL INFORMATION IS ALSO	DISCLOSED IN THE
ANNUAL REPORT.		