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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 2015

För calendar year 2015 or tax year beginning 2015, and ending 20 Name of foundation A Employer identification number Ty 2 Foundation, Inc. 45-2996149 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 4539 Trousdale Drive 615-333-9369 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ Nashville, TN 37204 G Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here ☐ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test. Address change Name change check here and attach computation E If private foundation status was terminated under Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination end of year (from Part*II, col (c), Other (specify) under section 507(b)(1)(B), check here ▶ 🔲 line 16) ▶ \$ (Part I, column (d) must be on cash basis) 1832562 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment for charitable expenses per books amounts in columns (b), (c), and (d) may not necessarily equal prome purposes the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 161516 Check ► ☐ If the foundation is **not** required to attach Sch. B * Interest on savings and temporary cash investments Dividends and interest from securities . . . 33002 33002 _,5a Gross rents . . . 2 Net rental income or (loss) **⊒**6a Net gain or (loss) from sale of assets not on line 10 19234 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 19234 Net short-term capital gain . ÝŊ Income modifications Gross sales less returns and allowances Less: Cost of goods sold . . Gross profit or (loss) (attach schedule) C Other income (attach schedule) . . 12 Total. Add lines 1 through 11 213752 52236 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages . . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) 440 Operating and Administrative Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (segnistructions) 1347 1347 Depreciation (attach schedule) and repetio 19 3 3 3 20 21 Printing and publications 22 Other expenses (attach schedule 23 11492 11492 24 Total operating and administrative expenses. Add lines 13 through 23 . 13279 25 Contributions, gifts, grants paid . . . 59600 26 Total expenses and disbursements. Add lines 24 and 25 72879 12839 27 Subtract line 26 from line 12: Marie Co Excess of revenue over expenses and disbursements 140873 **Net investment income** (if negative, enter -0-) . 39397 Adjusted net income (if negative, enter -0-). Form **990-PF**

Da	rtell	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		or year
ı, c	7	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	96093	
`	2	Savings and temporary cash investments	281553	135286	135286
	3	Accounts receivable ▶			majorano della serie (
		Less: allowance for doubtful accounts ▶			
	4	Accounts receivable ► Less: allowance for doubtful accounts ► Pledges receivable ►	A Property of	4.944.940.448.	't:
		Less: allowance for doubtful accounts ▶			
Ì	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		_	
	7	Other notes and loans receivable (attach schedule) ▶		- F-6-6-10 & Signature .	**
		Less: allowance for doubtful accounts ▶			
छ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Asi	10a	Investments—U.S. and state government obligations (attach schedule)			
1	b	Investments—corporate stock (attach schedule)	224677	228016	228016
	c	Investments—corporate bonds (attach schedule)			
	11	Investments —land, buildings, and equipment: basis ▶			à ·
	•	Less: accumulated depreciation (attach schedule) ▶		Discount of No. of Management of No.	1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1334561	1522269	1373167
	14	Land, buildings, and equipment. basis ▶	Latter apparation and the con-		
		Less accumulated depreciation (attach schedule) ▶		The state of the s	
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	1840791	1981664	1832562
	17	Accounts payable and accrued expenses			
'	18	Grants payable			
<u>ë</u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶ □			
lances		and complete lines 24 through 26 and lines 30 and 31.			Fig. 1. See 18
a	24	Unrestricted	1840791	1981664	
	25	Temporarily restricted		ļ	
	26	Permanently restricted			Mr.
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ □			
L		and complete lines 27 through 31.			15 2
0	27	Capital stock, trust principal, or current funds			Johnson Albert
eţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Ť.	30	Total net assets or fund balances (see instructions)			∦
Š	31	Total liabilities and net assets/fund balances (see			
_		instructions)	1840791	1981664	
	rt III	Analysis of Changes in Net Assets or Fund Balances at net assets or fund balances at beginning of year—Part II, columning of year—Part II, columning of year—Part III, col		st agree with	T
1	Tota	al net assets or fund balances at beginning of year — Fart if, con-		1	1840791
_		• •			140873
_					1400/3
3		er increases not included in line 2 (itemize) I lines 1, 2, and 3		1981664	
					1301004
2	Dec	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5) –	-Part II, column (b)	line 30 6	1981664
	, , , , , ,	arriot accord or raina balances at one or year (into 1 million into 5)	(2/)		Form 990-PF (2015)

Part	V Capital Gains and	Losses for Tax on Investn	nent Income				
		ne kind(s) of property sold (e.g., real estatuse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
_`1a	FTB Advisors #F3A-005805			Р	Various	Various	
<u>b</u>				· -			
<u>c</u>							
_ <u>d</u>						 	
<u>e</u>		(f) Depreciation allowed	(a) Cost or	other besis	(h) Ga	n or (loos)	
	(e) Gross sales price (or allowable) plus			other basis nse of sale		n or (loss) (f) minus (g)	
<u>a</u>	201891			182657		19234	
<u>b</u>	- 						
d							
e					-		
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (Co	I (h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but not less than -0-) or Losses (from col (h))		
a							
<u>b</u>		··					
<u>c</u>				-			
<u>u</u>							
2	Capital gain net income o	r inot conitol locel / Y	also enter in Pa				
3		n or (loss) as defined in sections		:	2	19234	
		I, line 8, column (c) (see instruction in the second column (c) (see ins	ctions). If (loss)	, enter -0- in }	3		
Part	V Qualification Und	ler Section 4940(e) for Redu	uced Tax on N	let Investment	Income		
Was t		e this part blank. section 4942 tax on the distributed qualify under section 4940(e). E			pase period?	☐ Yes ☐ No	
1	Enter the appropriate amo	ount in each column for each ye	ar; see the instru	uctions before m	akıng any entries.		
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value of	(c) f noncharitable-use a		(d) tribution ratio divided by col. (c))	
	2014						
	2013			· · · · · · · · · · · · · · · · · · ·			
	2012						
	2011					 	
	2010				 		
0	Tatal of line 1 column (d))			. 2		
2 3	Total of line 1, column (d) Average distribution ratio	for the 5-year base period—divi					
J		dation has been in existence if le					
4	Enter the net value of nor	charitable-use assets for 2015 f	rom Part X, line	5	. 4		
5	Multiply line 4 by line 3				. 5		
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		. 6		
7	Add lines 5 and 6				. 7		
8		ons from Part XII, line 4 ater than line 7, check the box ii				% tax rate. See the	

Part \		ee inst	ructio	ns)				
1a`,	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	pakaija n. pakai	اد [*] - ۱۰ بره	i				
٠ ـ	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	المالية المكاسم	788	00				
, p	here \triangleright and enter 1% of Part I, line 27b	Ces Sir I	100	300				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
3	Add lines 1 and 2							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u> </u>				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	emelorer - T	788	00				
6	Credits/Payments:			١,				
а	2015 estimated tax payments and 2014 overpayment credited to 2015	17.7		44				
b	Exempt foreign organizations—tax withheld at source 6b	Service						
C	Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld		Sene.	1 '				
d	Business with the second state of the second s	120	kie.	, ,				
7 8	Total credits and payments. Add lines 6a through 6d							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		788	00				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10							
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11							
Part	VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No				
_	participate or intervene in any political campaign?	16	a	✓				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (sinstructions for the definition)?	· <u>[1</u> 1	b	1				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material published or distributed by the foundation in connection with the activities.	als		*				
C	Did the foundation file Form 1120-POL for this year?	. 10	C	↓ ✓				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose on foundation managers. ▶ \$	d i		, , , , , , , , , , , , , , , , , , ,				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2	2	1				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	I .	36	[₹] ✓				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4	a	1				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	. 4		/				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	· <u>5</u>	-	1				
_	If "Yes," attach the statement required by General Instruction T.	7	2	* **				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	\. !}						
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions t 	hat 🚉	[1				
	conflict with the state law remain in the governing instrument?	· 🔭 6						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part I			\top				
8а	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶							
	-		. , >	. «				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General							
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	· 8	b ✓	 				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Year to be a section of the taxable year beginning in 2015 (see instructions for Part XIV)?	or <u> </u>						
	complete Part XIV		9	1				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses		0 🗸					

Part	t VII-A Statements Regarding Activities (continued)				
11	. At any time during the year, did the foundation, directly or indirectly, own a controlled enti	itv within the		Yes	No
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or person had advisory privileges? If "Yes," attach statement (see instructions)		12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	n application?	13		✓
14	Website address ▶ www.tyfoundation.org The books are in care of ▶ Ty Osman Telephone no		5-333	0360	
14	710		3720		
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check				N
15	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			<u> </u>
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enterties for exceptions and filing requirements for FinCEN Form 114.	er the name of	; }≜`,		
	the foreign country ▶		- 1	*	*
Part	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	 -	J. 20 8	1 1/	T 81-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		, ,	Yes	No
1a	During the year did the foundation (either directly or indirectly):	7	.*	3	3
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? [(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Yes ✓ No	2000		ř.
		Yes 🗸 No		29	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	_			132 :
		Yes 🗸 No	1	113	* *
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			8	W &
		Yes 🗸 No			¥ &
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		***		ľ.,
	foundation agreed to make a grant to or to employ the official for a period after		, ",		~
	<u> </u>	Yes 🗸 No	,		
b		ın Regulatıons			3 6
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		✓
	Organizations relying on a current notice regarding disaster assistance check here	_	300	* X	12
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excep		88.		
_	were not corrected before the first day of the tax year beginning in 2015?		1c	1 - 3	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	was a private		*	
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		2.5		: 1
	be, that wan you to beginning below a series as a seri	Yes No			
	If "Yes," list the years ▶ 20, 20, 20, 20		36		16
b		ion 4942(a)(2)		· 48-	W.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section		١	. 2	19 2 2
	all years listed, answer "No" and attach statement—see instructions.)		2b	 	-
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 1, 20 , 20 , 20 , 20 , 20 , 20 , 20 , 2	ears nere.			
3a	The state of the s		٢٠	1 2 8000	l'
		Yes No		3 73	1.7 *
b		foundation or		1 2	1. 20
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period ap	proved by the	N.		1.4
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)	tne lapse of			13
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to det foundation had excess business holdings in 2015.)	emme m me	». "	1 8-25	1 *
_	· · · · · · · · · · · · · · · · · · ·	olo purposos?	3b	+	1
4a		ieopardize ite	4a		1 3
b	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning the first day of the first		4b	- islam -	1 · . · *

_			4
۲	ЭC	ıe	١

ran	Statements Regarding Activities	TOF W	nich Form	4/20	viay be n	equire	a (conur	iuea)		
5a`	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public	o influe	nce legislatio				☐ Yes	✓ No	******	
	directly or indirectly, any voter registration dri (3) Provide a grant to an individual for travel, stu	ive?					☐ Yes ☐ Yes	✓ No ✓ No	8	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)									
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the compared to the co	children	or animals?				☐ Yes	☑ No	185.	
b	Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?									
С	Organizations relying on a current notice regarding disaster assistance check here									
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or inc	directly	, to pay pre	emiums	□Yes	√ No		
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.					benefit			6b	
7a b	At any time during the tax year, was the foundation a If "Yes," did the foundation receive any proceeds	s or hav	e any net inc	come at	ttributable t	to the ti			7b	l
	VIII Information About Officers, Direction and Contractors List all officers, directors, trustees, foundation	•							mploy	ees,
	List all officers, directors, trustees, foundation									·
	(a) Name and address	hou	e, and average rs per week ed to position	(If n	mpensation not paid, ter -0-)	emplo	Contributions byee benefit erred compe	plans		nse account, allowances
y Osi	nan							İ		
1730 A	ndrew Crockett Ct, Brentwood, TN 37027	N/A			0			0		0
Vancy	Osman									
730 A	ndrew Crockett Ct, Brentwood, TN 37027	N/A			0			0		0
	Osman									
1730 A	ndrew Crockett Ct, Brentwood, TN 37027	N/A			0			0		0
2	Compensation of five highest-paid employee	es (oth	er than tho	se incli	uded on li	ne 1—	see instr	uctions	s). If n	one. enter
_	"NONE."	,		_	-				•	,
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contribution of the compensation of the co	benefit deferred	(e) Expe	ense account, allowances
									_	
Total	number of other employees paid over \$50,000 .							. •	_	-
· viai	number of other employees paid over 450,000.	<u>· · · </u>		<u> </u>	<u> </u>	• •	<u> </u>	. –		

	and Contractors (continued)	T 1)
<u>_</u> 3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	 	
Tot	number of others receiving over \$50,000 for professional services	
	in number of others receiving over \$50,000 for professional services	L
Pa	t IX-A Summary of Direct Charitable Activities	
L.i Oi	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	JH Ranch	
'		
	402 Office Park Drive	1400
2	Birmingham, AL 35223 Both Hands Foundation	1400
_	P.O. Box 2713	
	Brentwood, TN 37027	1000
3		1000
Ū	P.O Box 19670	
	Amarillo, TX 79114	1000
4	Jovenes En Camino	1000
-	P.O. Box 2883	
	Brentwood, TN 37027	1000
Pa	T IX-B Summary of Program-Related Investments (see instructions)	
_	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
Ā	Il other program-related investments. See instructions	
3		
		}
Tota	al. Add lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	ign foundatio	ons,
`	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	1628046
b	Average of monthly cash balances	1b	189226
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d _	1817272
е	Reduction claimed for blockage or other factors reported on lines 1a and	gran Bashi	
	1c (attach detailed explanation)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1817272
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	27259
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1790013
6	Minimum investment return. Enter 5% of line 5	6	89501
Part 2	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	oundations	
1	Minimum investment return from Part X, line 6	1	89501
2a	Tax on investment income for 2015 from Part VI, line 5	e de de	
b	Income tax for 2015. (This does not include the tax from Part VI.)	1:4-4	
С	Add lines 2a and 2b	2c	788
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	88713
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	88713
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	88713
Part	XII Qualifying Distributions (see instructions)		
		4° (1)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
•	• •	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
_	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	ig whether the	oundation :

Part	XIII · Undistributed Income (see instruction	ons)		· · · · · · · · · · · · · · · · · · ·				_
		(a)	(b) Years prior to 2014	(c) 2014		(d 201		
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014				_
	line 7	*** ***			 	*,*	887	<u>13</u>
2	Undistributed income, if any, as of the end of 2015.	N 34 35 4			ĺ			* !
a	Enter amount for 2014 only	****	(2140	55342	82	¥.3	à	,
ь 3	Total for prior years: 20 11,20 12,20 13 Excess distributions carryover, if any, to 2015:	2,	62149			**		 ;
о a	From 2010	A	22	*	, ,	1-		
b	From 2011					a.×	-1	
C	From 2012			***		4.	'n	_
d	From 2013	A. A 5'			** ·		\$.	
e	From 2014	**	******			~		
f	Total of lines 3a through e		¥ 1.	*	* .			,
4	Qualifying distributions for 2015 from Part XII,							,
	line 4: ▶ \$	*****		1,52,50		ŕ		
а	Applied to 2014, but not more than line 2a .	· · · · · · · · · · · · · · · · · · ·	* \$ 4		33.4		٠,٨	
b	Applied to undistributed income of prior years	*		\ \tag{*}	,			
	(Election required—see instructions)	** , , , , , ,		<u> </u>	<u> </u>		У.	
С	Treated as distributions out of corpus (Election			1.00	, ".			
	required—see instructions)	, , , , , , , , , , , , , , , , , , , ,		C. 155 (ATT) D. A.	2 V .		*	
d	Applied to 2015 distributable amount	· · · · · · · · · · · · · · · · · · ·			,			 ,
е	Remaining amount distributed out of corpus				ļ	,	*	
5	Excess distributions carryover applied to 2015			<u> </u>	137			
	(If an amount appears in column (d), the same amount must be shown in column (a).)	* * * * * * * * * * * * * * * * * * * *			1%	\$\$		
	Enter the net total of each column as						~	»,*
6	indicated below:					Ŷ.	ŝ.	
_	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	Land - S Statement out of the				*,		•
a b	Prior years' undistributed income. Subtract	· ******	Ce C 1/2	3. * * * * * * * * * * * * * * * * * * *	1	\$ \$ ₂ ,	. 8 . 4.4.	# ²
	line 4b from line 2b				·	2 8	>	
С	Enter the amount of prior years' undistributed	3.7		18 30 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	#, '		w , r
·	income for which a notice of deficiency has			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				۳.
	been issued, or on which the section 4942(a)					٠	, .	,
	tax has been previously assessed					4 3		
d	Subtract line 6c from line 6b. Taxable	· · · · ·		* .`	8-A	Š		
	amount-see instructions	2011 4 1		4.3	3 10	```}	`	
е	Undistributed income for 2014. Subtract line		3.56		1	ú. 24		
	4a from line 2a. Taxable amount-see			\$	\$ 1,	26 A 20 Z		
	instructions	,		. O	<u> </u>	<u></u>	 	
f	Undistributed income for 2015. Subtract lines	***************************************	The state of the s					
	4d and 5 from line 1. This amount must be	The second of th						
_	distributed in 2016		*	1 (4,2,4/2)	 		88	
7	Amounts treated as distributions out of corpus				*	\$,	N.
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be			* * * *				
	required—see instructions)		1	, , , , , , , , , , , , , , , , , , ,			,	-
8	Excess distributions carryover from 2010 not		<i>A</i> • • • •	7 3	 ,		~	€,%
0	applied on line 5 or line 7 (see instructions).			,				
9	Excess distributions carryover to 2016.	-	* * * * * * * * * * * * * * * * * * * *	' Ž, W	1		7	
•	Subtract lines 7 and 8 from line 6a		, , ,	4 (9)				
10	Analysis of line 9:	****	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	***		*****
a	-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) ii	1.		Ł.	
b		1	1 ' **	1"*		**	7	
c	5 (0040	, , ,		\$ -^		÷		
d		7	,					
_	Excess from 2015	, ,		,				

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
	If the foundation has received a ruling					
	foundation, and the ruling is effective fo	r 2015, enter the da	ate of the ruling		N	/A
, p	Check box to indicate whether the four	ndation is a private	operating foundat	tion described in se		(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(.) 7.4-1
	income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test-enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test-enter:					
	(1) Total support other than gross			 		
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) .					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income .	<u> </u>				L
Part		• •	•	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation			/		handle Committee
а	List any managers of the foundation before the close of any tax year (but of					by the foundation
		only if they have co	ontributed more th	ian 45,000). (See S	ection 507 (d)(2).)	
<u>Ty & N</u>	ancy Osman - \$157,206 List any managers of the foundation	uha aua 100/ a	r mara of the otoc	ok of a corporation	o for an agually la	eraa partian of the
D	ownership of a partnership or other e					arge portion of the
	ownership of a partnership of other co	naty) or wracir the	Todridation has a	1070 of greater inte	creat.	
2	Information Regarding Contribution	Grant Gift Los	n Scholarshin e	to Programe:		
~	Check here ► ✓ If the foundation				organizations and	I does not accept
	unsolicited requests for funds. If the					
	other conditions, complete items 2a,		girto, grante, otor	(555 11.51.251.51.6)		garnearionio andor
а	The name, address, and telephone nu		Idress of the perso	on to whom applic	ations should be a	addressed.
u	The Hame, address, and telephone ne	arribor or o mair ac	ances or the person	on to whom applie		adressed.
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include:	
_						
С	Any submission deadlines:		-			
	-					
d	Any restrictions or limitations on av	vards, such as b	y geographical ar	reas, charitable fi	elds, kinds of ins	titutions, or other
	factors:					

Form 990-PF (2015) Page **11** Part XV - Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year JH Ranch, 402 Office Park Dr, Ste 310, Birmingham, AL 14,000 501C3 Charitable 35223 Kibo Group International, P.O. Box 145, Searcy, AR 501C3 Charitable 1,000 72145 Coaching Life Matters, 7100 Executive Center Dr, Ste 501C3 Charitable 1,000 105, Brentwood, TN 37027 College Church of Christ, 712 E Race Ave, Searcy, AR 300 501C3 Charitable 72143 ALS, 300 Technology Square, Ste 400, Cambridge, MA 501C3 Charitable 1,000 02139 Adventures in Missions, 6000 Wellspring Trail, 1.000 501C3 Charitable Gainesville, GA 30506 Healing Hands Foundation, 7 Scotts Manor Ct, 501C3 Charitable 3.000 Baltimore, MD 21053 Christian Relief Funds, P.O. Box 19670, Amarillo, TX 10,000 501C3 Charitable 79114 Both Hands Foundation, P.O Box 2713, Brentwood, TN 501C3 Charitable 10,000 37024 Sanford University School of Nursing, 800 Lakeshore 501C3 Charitable 2,000 Dr, Birmingham, AL 35229 Charitable 100 **Spring Break Missions Office** 501C3 BHS Baseball Booster Club, 5304 Murray Lane, 200 501C3 Charitable Brentwood, TN 37027 Christian Community Services, 601 Benton Ave, Suite 501C3 Charitable 3,000 B, Nashville, TN 37204 3,000 501C3 Charitable Hard Bargin Assoc, P.O Box 545, Franklin, TN 37065 Jovenes En Camino, P.O. Box 2883, Brentwood, TN 501C3 Charitable 10,000 37024 За 59,600 Approved for future payment

Total

59600

	Analysis of Income-Produc	ing Activities				
nte	er gross amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt function income
_	December and december	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	Program service revenue				 .	
	b					
	c					
	d					
	<u> </u>					
	•		<u> </u>		<u> </u>	
	g Fees and contracts from government ago	2200				·
2						
3						<u> </u>
4	Dividends and interest from securities					33002
5			- 3.16	The second	A CONTRACTOR OF THE CONTRACTOR	
3	a Debt-financed property		100 military 100 m	*************************************	entrantia (Territoria)	
	b Not debt-financed property				 	
6						
7						
8						19234
9	Net income or (loss) from special events .					15234
10						
11	• • •			-		
• •	h	1			 	
	d	Į.				
	e					
12	Subtotal. Add columns (b), (d), and (e)		<u> </u>	-		52236
			<u> </u>		13	
13	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal				13	52236
13 See	Total. Add line 12, columns (b), (d), and (e)	culations.)			13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify call rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
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13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236
13 See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities to	culations.) o the Accomplishm	ent of Exemp	t Purposes		52236

		Exempt Or	ganizations							
1	ın sec						y other organization described section 527, relating to political		Yes	No
а	Trans	fers from the rep	oorting foundation					1a(1)	, Line	
b	(2) Ot	ther assets . transactions:						1a(2)	_	/
U	(1) Sa	ales of assets to						1b(1)		/
			ets from a nonchai		-			1b(2)	_	✓
	(3) Re	ental of facilities,	, equipment, or ot	her assets .				1b(3)		✓
	(4) Re	eimbursement a	rrangements					1b(4)	<u> </u>	1
	(5) Lo	ans or loan gua	rantees					1b(5))	✓
	(6) Pe	erformance of se	ervices or member	ship or fundrais	ing solicitation	ons		1b(6)		✓
C	Sharır	ng of facilities, e	quipment, mailing	lists, other asse	ets, or paid e	mployees		1c		√
d							Column (b) should always sho			
							of the goods, other assets, or s			
(a) Line	no (t	a) Amount involved	(c) Name of nor	ncharitable exempt of	organization	(d) Desc	ription of transfers, transactions, and s	naring arr	rangem	ents
						 -				
				 		 				
					 -		· · · · · · · · · · · · · · · · · · ·			
	-					·- -				
	-				··					
										
	_									
									•	
	-+									
						 				
						<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	descr	ibed in section 5	l ectly or indirectly 501(c) of the Code e following schedu	(other than sec	or related to, tion 501(c)(3	one or mo	ore tax-exempt organizations on 527?	 □ Ye:	s 🗌	No
	11 10	(a) Name of organ			vpe of organizati	on	(c) Description of relat	onship		
		(a) Name or organ		(0)	, po 0, 0.gaca		(5, 2000, 510, 01, 01, 01, 01, 01, 01, 01, 01, 01,			
				 						
						····				
										
				 						
	Unde	r penalties of dariury. I	declare that I have exam	nined this return, inclu	ding accompanyir	ng schedules an	I d statements, and to the best of my know	edge and	belief, i	t is true.
Sign Here	correc	ct, and complete. Decl	laration of preparer (other				parer has any knowledge. May the with the	IRS disc preparer ructions)?	uss this	return
	Sign	ature of officer of tru		Dafe	· · · · · · · · · · · · · · · · · · ·	itle			_	
Paid Prepa	arer	Print/Type preparer Julie Newton	r's name	Preparer's sign	nature Wutor	CPA	Date Check if self-employed	PTIN P0	13429	95
Use (Julie Newton CPA,	PL (c		1	Firm's EIN ▶	45-375		
	Ji ily		2005 Crye Crest Co	-	TN 37174			515-969		

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Ty 2 Fou	ındation, Inc.		45-2996149		
	Organization type (check one):				
Filers o	f:	Section:			
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private fou	ındatıon		
		☐ 527 political organization			
Form 99	90-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private founda	ition		
		☐ 501(c)(3) taxable private foundation			
	only a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See		
					
Special	Rules				
	regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99d that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line utions of the greater of (1)		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	contributor, during contributions totale during the year for General Rule appli	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions otaling \$5,000 or more during the year			

Name of organization	Employer identification number
Ty 2 Foundation, Inc.	45-2996149

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Ty & Nancy Osman 1730 Andrew Crockett Court Brentwood, TN 37027	\$ 157,206	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person

Name of organization

Ty 2 Foundation, Inc.

Employer identification number
45-2996149

2 Foun	dation, Inc.		45-2996149
art II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional space	e is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	Investment Securities - FedEx stock	\$ 87206	July 2015
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		s	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of or	ganization			Employer identification number	
Ty 2 Found	ation, Inc.			45-2996149	
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the distributions of \$1,000 or less for the second statement of \$1,000 or less fo	r the year from any one ations completing Part III, he year. (Enter this inform	contributor. Complete enter the total of exclus	columns (a) through (e) and avely religious, charitable, etc.,	
(a) No.	Use duplicate copies of Part III if ad		 _		
from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	scription of how gift is held	
		(e) Transfer o	f gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	scription of how gift is held	
	Transferee's name, address, a	(e) Transfer o	r of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	scription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) De	escription of how gift is held	
	Transferee's name, address, a	(e) Transfer o	of gift Relationship of transferor to transferee		

Ty 2 Foundation, Inc.
Attachment to VII-A #10
Schedule of Substantial Contributors

Ty & Nancy Osman 1730 Andrew Crockett Court Brentwood, TN 37027 \$ 157,206

Ty 2 Foundation, Inc.
Attachment to II Line 10B
Schedule of Investments - Corporate stock

Wilson Bank & Trust

\$

228,016

Ty 2 Foundation, Inc. Attachment to II Line 13 Schedule of Investments

FTB Advisors, Inc.
Wells Fargo Investments

\$ 1,030,405 342,762 \$ 1,373,167 Ty 2 Foundation, Inc.
Attachment to I Line 23
Schedule of Other Expenses

· · ·	11,488
	4
\$	11,492
	\$ \$