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Form 990-PF

Return of Private Foundation

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

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

2015

OMB No. 1545-0052

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

20 For calendar year 2015 or tax year beginning , 2015, and ending A Employer identification number Name of foundation 62-1515107 ADAMS FAMILY FOUNDATION I B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 615-890-2020 2217 BATTLEGROUND DR City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. Murfreesboro TN 37129 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here . . Final return Amended return Foreign organizations meeting the 85% Name change Address change test, check here and attach computation Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here Accounting method: |X| Cash I Fair market value of all assets at end of F If the foundation is in a 60-month termination year (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) 9,355,079. Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), for charitable expenses per income income and (d) may not necessarily equal the purposes books (cash basis only) amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 18. 18. 3 Interest on savings and temporary cash investments 394,870. 394,870. Dividends and interest from securities. 3,600. 3,600. Gross rents . 2,616. b 6a Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 8 Income modifications 10a Gross sales less returns and allowance: Less Cost of goods sold · · · Gross profit or (loss) (attach schedule) 103,838. 103,838. 11 Other income (attach schedule) . . . 502,326. 502,326. 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses Other employee salaries and wages . Pension plans, employee benefits . 16a Legal fees (attach schedule) 656. 656. 656. b Accounting fees (attach schedule) Other professional fees (attach schedu Interess. . MAY 1.6 2016. 17 984. 984. 984. Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy OGDEN, 19 20 Travel, conferences, and meetings . 125. 125. 125.22 Printing and publications 20. 20. 20. Other expenses (attach schedule) . 24 Total operating and administrative <u>1</u>,785. 1,785. 1,785 expenses. Add lines 13 through 23 407,500. 407,500. Contributions, gifts, grants paid 409,285. Total expenses and disbursements Add lines 24 and 25 · · · · · · 1,785. 409,285. Subtract line 26 from line 12: Excess of revenue over expenses 93,041. and disbursements 500,541. Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

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Page 2

102	art li	Attached schedules and amounts in the description column should be for	Beginning of year		End o	of year
ш.	<u> </u>	end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	9	(c) Fair Market Value
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	59,103.	83,379	9.	83,379.
	3	Accounts receivable ▶		2.5 14.1		
	-	Less: allowance for doubtful accts. ▶	<i>'</i> '			• • • • • • • • • • • • • • • • • • •
	4	Pledges receivable ▶				
	~	Less: allowance for doubtful accts. ▶	· ·			;
	_	Grants receivable				
	5					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
] _					
	7	Other notes and loans receivable				,
		(attach schedule) Less: allowance for	on self	R •		
s]	doubtful accounts				ļ
Assets	8	Inventories for sale or use				<u> </u>
SS	9	Prepaid expenses and deferred charges		- <u></u> _		
•	J	Investments - U.S. and state govt obligations (attach schedule)				
		Investments - corporate stock (attach schedule)	4,622,094.	4,694,94	<u>4.</u>	9,191,371.
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and	<u>'</u>			1
		equipment basis 80,329.	en 2 0em 1 as 2 m			
		Less. accumulated depreciation (attach schedule)	80,329.	80,329	9.	80,329.
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and		· -		1
		equipment basis .		* **		•
	ĺ	Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe)				
		Total assets (to be completed by all filers - see the				
	1.0	instructions. Also, see page 1, item l)	4,761,526.	4,858,652	2.	9,355,079.
	17	Accounts payable and accrued expenses				,
	18	Grants payable				1
S	19					
≝	20	Deferred revenue				1 :
Liabilities	21	Mortgages and other notes payable (attach schedule)				1
<u>-</u> ia	22	Other liabilities (describe)				
_	23	Total liabilities (add lines 17 through 22)				
S	=-	Foundations that follow SFAS 117, check here >				
Balance		and complete lines 24 through 26 and lines 30 and 31.				
<u>a</u>	24	Unrestricted				
Ba	25	Temporarily restricted			_	,
ᅙ	26	Permanently restricted				1
Fund		Foundations that do not follow SFAS 117, ck. here ▶ X		-		
or F		and complete lines 27 through 31.				
0	27	Capital stock, trust principal, or current funds				1
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund .				
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	4,761,526.	4,858,652	2.	
, t	30	Total net assets or fund balances (see instructions)	4,761,526.	4,858,652	2.	
ž	31	Total liabilities and net assets/fund balances (see		<u> </u>		
		instructions)	4,761,526.	4,858,652	2.	,
Pa	rt III	Analysis of Changes in Net Assets or Fund Bala	ances			
		net assets or fund balances at beginning of year - Part II, column		with		
		f-year figure reported on prior year's return)			1	<u>4,761,526.</u>
	Enter	amount from Part I, line 27a			2	93,041.
		increases not included in line 2 (itemize) ► NONDIV DIS			3	12,142.
					4	4,866,709.
		eases not included in line 2 (itemize) ► FED_TAX			5	8,057.
		net assets or fund balances at end of year (line 4 minus line 5) - F	art II, column (b), line 30		6	4,858,652.

	nd Losses for Tax on Invektind(s) of property sold (e.g., rea		(b) How acquired	(c) Date a	cquired	(d) Date sold
2-story brick warehouse	e; or common stock, 200 shs. ML	C Co)	P - Purchase D - Donation	(mo , da	ay, yr)	(mo., day, yr)
1 a						
b						
С			<u> </u>			
		 				
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o				n or (loss) (f) minus (g)
a						
<u>b</u>		<u> </u>				
C						
d		 				
Complete only for posite about		hu tha faundation o	- 40/24/60	(1)	2000 (00	1 (h) anim mana
Complete only for assets show	ng gain in column (h) and owned	(k) Excess		1		ol. (h) gain mınus less than -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col.		, , ,	-	from col. (h))
a						
b		<u> </u>				
С						
d		<u> </u>		ļ		
е		<u> </u>		 		·—
2 Capital gain net income or (net		Iso enter in Part I, li enter -0- in Part I, li		2		
3 Net short-term capital gain or (le	oss) as defined in sections 1222(5) and (6):	_			
If gain, also enter in Part I, line	8, column (c) (see instructions).		つ て			
	3			3		
Part V Qualification Un	der Section 4940(e) for R	educed Tax or	Net Investm	<u>ent Incor</u>	ne	
If section 4940(d)(2) applies, leave to Was the foundation liable for the se If "Yes," the foundation does not qu	ction 4942 tax on the distributable alify under section 4940(e) Do no	ot complete this par	t			Yes X No
1 Enter the appropriate amount in	each column for each year; see	the instructions before	ore making any er	ntries.		
(a) Base period years Calendar year (or tax year beg. ir		noncha noncha	(c) Net value of ritable-use assets		col (b) d	(d) ribution ratio ivided by col. (c))
2014	412,39		9,469,32			.043550
2013	423,67		9,187,74			.046114
2012	423,04		7,640,46			.055369
2011	297,31		6,664,42			.044612
2010	224,11	2.	4,138,07	4.	0	.054159
2 Total of line 1, column (d)				2	0	.243804_
3 Average distribution ratio for the	5-year base period - divide the t	otal on line 2 by 5, o	or by the number			0.40===
of years the foundation has bee	n in existence if less than 5 years			3	0	.048761
4 Enter the net value of noncharit	able-use assets for 2015 from Pa	rt X, line 5		4		9,743,876.
Multiply line 4 by line 3				5		475,121.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		5,005.
7 Add lines 5 and 6				7		480,126.
B Enter qualifying distributions from						409,285.
If line 8 is equal to or greater that instructions	an line 7, check the box in Part VI	, line 1b, and comp	lete that part using	g a 1% tax i	rate. See	the Part VI

Fo	rm 990-PF (2015) ADAMS FAMILY FOUNDATION I 62-15	1510	7 P	age 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruc	tions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.			,
	Date of ruling or determination letter. (attach copy of letter if necessary - see instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐	10	,01	.1.
	and enter 1% of Part I, line 27b			1
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-) 2		0	
3	Add lines 1 and 2	10	,01	<u>.1.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	10	,01	1.
6	Credits/Payments:			
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			:
	Exempt foreign organizations - tax withheld at source			1
_	Tax paid with application for extension of time to file (Form 8868) 6c			:
_d	Backup withholding erroneously withheld			•
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	10	. 01	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		,01	<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
_	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded 11			
	art VII-A Statements Regarding Activities	—	V	l No.
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	1a	Yes	No X
L	Intervene in any political campaign?	la la		<u> </u>
D		46	ŀ	X
	the definition)?	1b	 -	<u> </u>
	or distributed by the foundation in connection with the activities.			}
_	·	10,		X
	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	_ <u>^</u>
u	(1) On the foundation. \$\Bigs\\$ \$ (2) On foundation managers. \$\Bigs\\$			1
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			i
-	on foundation managers. \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities.	 -		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		}	}
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a tax return on Form 990-T for this year?	_		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1
	By language in the governing instrument, or			!
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	_	X
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 XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)▶			
	<u>TN</u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	اد		_ :
	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9_		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity		Yes	No
	within the meaning of section 512(b)(13)?			,,
	If "Yes," attach schedule (see instructions)	11		X
12				.,
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		<u> </u>
	Website address ► The healer are in core of ▶ ROBERT ADAMS Telephone no. ▶ 615	00	0 2	020
14	The books are in care of Picobetici Tibilitis		0-2	020
	Located at ► 100 VINE ST MURFREESBORO TN ZIP+4 ► 3712	9		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	• • •		▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the year		Vac	Ma
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	16	Yes	No X
	over a bank, securities, or other financial account in a foreign country?	10	<u> </u>	- 1
	See instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			-
ar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			110
1a	During the year did the foundation (either directly or indirectly): (4) Energy in the calc or exchange or leasing of property with a disqualified person? Yes X No			
	(1) Engage in the sale of exchange, or leasing of property that a disqualities person.			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person:			,
	(3) Fullifish goods, services, or racinities to (or accept them nom) a services personnel.			;
	(4) Pay compensation to, or pay or reinflation and expensive effective and asserting to the compensation t			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			!
	for the benefit of use of a disqualified personny.			· '
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			İ
	if the foundation agreed to make a grant to or to employ the official for a period			,
	after termination of government service, if terminating within 90 days.)			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 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 (see instructions).			
	D. Lill foundation and are in a microscopia and of the arte described in 12, other than excepted acts			Ι,
С	that were not corrected before the first day of the tax year beginning in 2015?	1c	Ϊ -	X
,	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			,
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		ļ	
9	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			;
u	and 6e, Part XIII) for tax year(s) beginning before 2015?	ŀ		
	If "Yes," list the years ▶ 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)]	
	to all years listed, answer "No" and attach statement - see the instructions.)	2b		ļ
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ŀ		'
·	► 20 , 20 , 20 , 20	1		
За	Did the foundation hold more than a 2% direct or indirect interest in any business		ļ	1
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2015.)	3b	<u> </u>	 ,,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	L	X

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Par	t VII-B Statements Regarding Act	ivities for Which F	orm 4720 May Be R	equired (continued)	<u>-</u>
	During the year did the foundation pay or inco						
	(1) Carry on propaganda, or otherwise attem	pt to influence legislatio	n (section 4945(e))?	🗍	Yes X N	0	
	(2) Influence the outcome of any specific put	olic election (see section	4955); or to carry	_	<u> </u>	}	'
	on, directly or indirectly, any voter registra	•	•	🗍	Yes X N	。	
	(3) Provide a grant to an individual for travel,				Yes 🗓 N	0	[] ;
	(4) Provide a grant to an organization other t			_		}	}
	in section 4945(d)(4)(A)? (see instructions		·	\Box	Yes X N	0]] !
	(5) Provide for any purpose other than religio	us, charitable, scientific	, literary, or				
	educational purposes, or for the prevention			\square	Yes X N	0	:
b	If any answer is "Yes" to 5a(1)-(5), did any of						
	Regulations section 53 4945 or in a current ne					. 5b	
	Organizations relying on a current notice rega	rding disaster assistanc	ce check here		. ▶□		1
С	If the answer is "Yes" to question 5a(4), does				_	ł	,
	tax because it maintained expenditure respon	sibility for the grant? .		🗍	Yes 🔲 N	0) .
	If "Yes," attach the statement required by Reg						
6a	Did the foundation, during the year, receive a	ny funds, directly or indi	rectly, to pay			1	
				🗍	Yes X N	o .	:
b	Did the foundation, during the year, pay prem	iums, directly or indirect	tly, on a personal benefit o	ontract?		. 6b	X
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the found	fation a party to a prohit	bited tax shelter transactio	n? 🗍	Yes X N	0	
	If "Yes," did the foundation receive any procei						
Par	t VIII Information About Officers	, Directors, Truste	es, Foundation Ma	nagers, H	ighly Paid	d Emplo	yees,
	and Contractors						
1 L	ist all officers, directors, trustees, foundati	on managers and their	r compensation (see inst				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee b and deferr	enefit plans		nse account, illowances
F	ROBERT ADAMS	TRUSTEE					
	BATTLEGROUND		0				
	RED ADAMS	TRUSTEE					
2		11.00122					
	2347 BEVINS HILL ROAD		0				
	JOANNE COGGIN	TRUSTEE					
			0				
	JOANNE COGGIN DILTON MANKIN ROAD						
	JOANNE COGGIN DILTON MANKIN ROAD ATTACHED	TRUSTEE	0				
	JOANNE COGGIN DILTON MANKIN ROAD	TRUSTEE	0	structions).			
2 C	JOANNE COGGIN DILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE."	TRUSTEE	0	(d) Contrib		(a) Euro	
2 C	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE."	TRUSTEE es (other than those in (b) Title, and average hours per week	0		e benefit		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in	O cluded on line 1 - see in:	(d) Contrib	e benefit deferred		nse account,
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE."	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		nse account,
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
2 C If	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week	O cluded on line 1 - see in:	(d) Contrib employee plans and	e benefit deferred		
A Parameter A Para	OOANNE COGGIN OILTON MANKIN ROAD ATTACHED Compensation of five highest-paid employed none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE es (other than those in (b) Title, and average hours per week devoted to position	cluded on line 1 - see in: (c) Compensation	(d) Contrib employee plans and	e benefit deferred		

Form 990-PF (2015)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig and Contractors (continued)	iniy Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	IONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service NONE	(c) Compensation
Total number of others receiving over \$50,000 for professional services	>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info such as the number of organizations and other beneficiaries served, conferences convened, research papers produced	i Expenses
1	
3	_
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and NONE	12. Amount
2	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3	. ►

F	see instructions.)	eigi	n loundations,
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	9,629,456.
b	Average of monthly cash balances	1b	182,475.
	Fair market value of all other assets (see instructions)	1c	80,329.
d	Total (add lines 1a, b, and c)	1d	9,892,260.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	_
3	Subtract line 2 from line 1d	3	9,892,260.
4	Cash deemed held for charitable activities. Enter $1^{1}/_{2}$ % of line 3 (for greater amount,		
	see instructions)	4	148,384.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,743,876.
6	Minimum investment return. Enter 5% of line 5	6	487,194.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting	foundations and
	certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	487,194.
	Tax on investment income for 2015 from Part VI, line 5	1 1	
b	Income tax for 2015 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	10,011.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	477,183.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	477,183.
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	477,183.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	409,285.
b	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:		
а	Suitability test (prior IRS approval required)	3a	
b	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	409,285.
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	409,285.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	unda	tion
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2015)

Part XIII Undistributed income (see	instructions)			· · · · · · · · · · · · · · · · · · ·
Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
line 7		-	(w m × 1 ×	477,183.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			,	
b Total for prior years. 20 , 20 , 20	<u> </u>	*		
3 Excess distributions carryover, if any, to 2015:				
a From 2010			,	
· · · · · · · · · · · · · · · · · · ·				
b From 2011				
	•			
d From 2013				
e From 2014	32,570.			
f Total of lines 3a through e	32,370.			
4 Qualifying distributions for 2015 from Part XII,				
line 4: \triangleright \$ 409, 285.	!		F	
a Applied to 2014, but not more than line 2a .				
b Applied to undistributed income of prior				
years (Election required - see instructions) .			~ "	· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus				
(Election required - see instructions)			-	
d Applied to 2015 distributable amount				409,285.
e Remaining amount distributed out of corpus.				
5 Excess distributions carryover applied to 2015 .	32,570.			32,570.
(If an amount appears in column (d), the	<u> </u>	:		,
same amount must be shown in column (a))				
Enter the net total of each column as				
indicated below:	a , , , , , , , , , , , , , , , , , , ,			,
a Corpus. Add lines 3f, 4c, & 4e. Subtract line 5				,
b Prior years' undistributed income. Subtract				,
line 4b from line 2b		:-		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency				
has been issued, or on which the section				
4942(a) tax has been previously assessed .		_		
d Subtract line 6c from line 6b. Taxable				,
amount - see instructions				
e Undistributed income for 2014. Subtract				
line 4a from line 2a. Taxable amount -				
see instructions			_	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount				
must be distributed in 2016				35,328.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)			· ·	
8 Excess distributions carryover from 2010		•		
not applied on line 5 or line 7 (see				
instructions)				
Excess distributions carryover to 2016.			,	
Subtract lines 7 and 8 from line 6a			l	
Analysis of line 9.				
a Excess from 2011				,
b Excess from 2012]		1	
c Excess from 2013	1)	:	
d Excess from 2014 .	1		.[-
e Excess from 2015		. ،		

NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: PRIMARY-TENNESSEE SECONDARY-SOUTHEAST

Part XV Supplementary Information (continued)

3. Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor					
a Paid dunng the year ADAMS MEMORIAL LIBRARY						
212 COLLEGE ST 37190 TN WOODBURY ALZHEIMERS ASSN PAT SUMMIT FOUNDATION	NONE	NON PR	GENERAL FUND	27,500.		
4205 HILLSBORO PK 216 37215 TN NASHVILLE AMERICAN CANCER SOCIETY	NONE	NON PR	GENERAL FUND	16,000.		
MIDDLE TENN DIVISION 37129 TN MURFREESBORO AMER HEART ASSOC	NONE	NON PR	GENERANL FUND	2,000.		
MIDDLE TENN DIVISION 37129 TN MURFREESBORO BARNABAS VISION	NONE	NON PR	GENERAL FUND	5,000.		
P O BOX 10746 37129 TN MURFREESBORO BEP	NONE	NON PR	GENERAL FUND	60,000.		
3050 MEDICAL CTR PKWY 37129 TN MURFREESBORO BILL RICE RANCH FOR THE DEAF	NONE	NON PR	GENERAL FUND	1,000.		
627 BILL RICE RANCH RD 37130 TN MURFREESBORO BOOKS FROM BIRTH	NONE	NON PR	GENERAL FUND	2,000.		
P O BOX 188 37133 TN MURFREESBORO Total	NONE	NON PR	GENERAL FUND	500. 407,500.		
b Approved for future payment	<u> </u>					
Total						

r gross amounts unless otherwise indicated			business income		by section 512, 513, or 514	(e)
_		(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exemple function income (See instructions
Program service re	venue:	code		code		
				-		
						
				 		
·		 -		 		
T	from government agencies			 		
_	and assessments			 		
•	d temporary cash investments			14	18.	
_	est from securities			$\frac{11}{14}$	394,870.	·
	r (loss) from real estate.			 		
	erty					
	roperty			14	2,616.	
	r (loss) from personal property	- -		++		
	come			 		
	es of assets other than inventory.			1		
) from special events			1		
) from sales of inventory			 		
	CAP GAIN DIST			14	103,838.	
				+ +	200,0001	
				 		
				 -		
. ————						
·						
l					501.342.	
Subtotal. Add colun	nns (b), (d), and (e)				501,342.	501.342
Subtotal. Add colum	nns (b), (d), and (e)					501,342
Subtotal. Add colum Total. Add line 12, worksheet in line 13	nns (b), (d), and (e) columns (b), (d), and (e)	s.)			13	501,342
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati	nns (b), (d), and (e)	s.) he Accompl	ishment of Exc	empt Pur	13	
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain	nns (b), (d), and (e)	s.) he Accompl ich income is re	ishment of Exe ported in column (e	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 It XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 It XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 It XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 It XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 TXVI-B Relations Relations Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 TXVI-B Relations Relations Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 Int XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 rt XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	ntly to the
Subtotal. Add colum Total. Add line 12, e worksheet in line 13 Int XVI-B Relati ne No. Explain accomp	nns (b), (d), and (e)	he Accomplich income is reempt purposes	ishment of Exc ported in column (e other than by provi	empt Pur	poses I-A contributed importa	•

	•	Exempt Org	anizations							
1 [Old the	organization directly or	r indirectly engag	ge in any of th	e following with any	y other orga	nization described in s	ection		Yes No
		of the Code (other than					political organization	5?		
a T	ransfe	ers from the reporting fo	oundation to a no	oncharitable ex	kempt organization	of.				1
	(1) (Cash							1a(1)	X
	(2)	Other assets		. 	<i></i> .				1a(2)	X
b (Other t	ransactions:								
	(1) S	Sales of assets to a non	charitable exem	pt organizatıoı	n				1b(1)	X
	(2) F	Purchases of assets fror	m a noncharitabl	e exempt orga	anization				1b(2)	X
	(3) F	Rental of facilities, equip	ment, or other a	issets					1b(3)	X
	(4) F	Reimbursement arrange	ments						1b(4)	X
	(5) L	oans or loan guarantee.	s						1b(5)	X
	(6) F	Performance of services	or membership	or fundraising	solicitations				1b(6)	X
c 8	Sharing	g of facilities, equipmen	t, mailing lists, o	ther assets, o	r paid employees .				1c	X
d l	f the a	nswer to any of the abo	ve is "Yes," com	plete the follo	wing schedule Co	lumn (b) sho	uld always show the f	air market v	alue of t	ihe
g	joods,	other assets, or service	es given by the re	eporting found	lation. If the founda	ition receive	d less than fair marke	t value in a	ny transa	action
c	r shar	ing arrangement, show	in column (d) the	e value of the	goods, other asset	s, or service	es received.			
						,				
(a) Lir	ne no	(b) Amount involved	(c) Name of no	ncharitable ex	empt organization	(d)Desc. o	f transfers, transaction	ns, and sha	ring arra	ngements
					. <u> </u>					
	-		_							·
	-		-							
	ш.									
2a		foundation directly or i							П.,	তো
		on 501(c) of the Code (c		n 501(c)(3)) o	r in section 527? .				∐ Ye	s X No
<u>b</u>	If "Ye	s," complete the follow		(6)			(a) Dagawin		l'anabla	
		(a) Name of organizat	lion	(b)	Type of organizati	on _	(c) Descrip	nion or rela	uonsnip	
-										
					.					
	1	Under penalties of penury, I d	eclare that I have eva	mined this return	including accompanying	schedules and s	tatements, and to the hest of	my knowledge	and	
		belief, it is true, correct, and a								
Si	gn		///		/	/ \				
He	re		2/21	4/1-	15/11	116	TRUSTEE		lS discuss t eparer shov	
	ل	Signature of officer or tr	rustag	our	Date		Title	(see instru	-	ਹਾ 🗀
	l	Print/Type preparer's		Preparer's si	<u></u>	Date	Check	 	TIN	^]Yes No
Paid		CTAUDTA H		CC Sh	· ^ .		08/2016 self-em		0031	3113
-	oarer	E	▶CLAUDIA		ER CPA	0.57	Firm's EIN	►62-1		
Use	Only	Firm's name	▶1907 WI				Phone no	615-8		
		Firm's address	MURFREE		N 37130		Thomas no	323 0	- U -	
		I	***************************************		1, 0,100					

US 990-PF	d Contributior	ns Paid (During the Year	2015
	If an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Recipient name and address BOYS AND GIRLS CLUB P O BOX 3343 820 JONES BLVD	G Sabstating Contributor	recipient	CONTINUED	Aniount
MURFREESBORO TN 37129 BOYS SCOUTS OF AMERICA	NONE	NON PR	GENERAL FUND	2,500.
3414 HILLSBORO PIKE NASHVILLE TN 37215 CENTER FOR THE ARTS 110 WEST COLLEGE	NONE	NON PR	GENERAL FUND	2,500.
P O BOX 5069 MURFREESBORO TN 37133	NONE	NON PR	GENERAL FUND	5,000.
CHILD ADVOCACY CTR 1040 SAMSONITE BLVD MURFREESBORO TN 37130 DISCOVERY CENTER	NONE	NON PR	GENERAL FUND	1,000.
502 SE BROAD ST MURFREESBORO TN 37130 DOORS OF HOPE	NONE	NON PR	GENERAL FUND	7,500.
428 E BELL ST MURFREESBORO TN 37130 GREENHOUSE MINISTRIES	NONE	NON PR	GENERAL FUND	1,000.
309 S SPRING STREET MURFREESBORO TN 37130 INTERFAITH DENTAL CLINI	NONE	NON PR	GENERAL FUND	2,500.
210 ROBERT ROSE DR MURFREESBORO TN 37129	NONE	NON PR	GENERAL FUND	5,000.
JOURNEY HOME P O BOX 331025 308 W COLLEGE ST MURFREESBORO TN 37133 LAKESIDE SCHOOL	NONE	NON PR	GENERAL FUND	1,000.
14050 1ST AVE NE SEATTLE WA 98125 LAVERGNE PUBLIC LIBRARY	NONE	NON PR	GENERAL FUND	5,000.
5087 MURFREESBOR RD LA VERGNE TN 37086 LINEBAUGH LIBRARY	NONE	NON PR	GENERAL FUND	1,500.
105 W VINE ST MURFREESBORO TN 37130 MIDDLE TENN CHRISTIAN SCHOOL	NONE	NON PR	GENERAL FUND	1,500.
100 E MTCS BLVD MURFREESBORO TN 37129 Total	NONE	NON PR	GENERAL FUND	25,500. 61,500.

. Grants an US 990-PF	d Contributio	ns Paid I	Ouring the Year	2015
	If an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Recipient name and address MTSU FOUNDATION	Or Substantial Continuation	recipient	contribution	Amount
1301 E MAIN ST				
MURFREESBORO TN 37132	NONE	NON PR	GENERAL FUND	110,000.
MTSU ADAMS CHAIR OF EXCELLENCE				
1301 E MAIN ST				
MURFREESBORO TN 37132	NONE	NON PR	GENERAL FUND	6,000.
MTSU				
PROJECT HELP				
1301 E MAIN ST MURFREESBORO TN 37132	NONE	NON PR	GENERAL FUND	10,000.
MTSU TENNIS	NONE	NON IN	GENERAL FOND	10,000.
1301 E MAIN ST	,			
MURFREESBORO TN 37132	NONE	NON PR	GENERAL FUND	1,000.
MURFREESBORO CITY SCHOOL FOUNDATION				
2552 S CHURCH ST				
MURFREESBORO TN 37127	NONE	NON PR	GENERAL FUND	2,500.
OAKSLAND ASSOCIATION		<u> </u>		<u> </u>
· · · · · · · · · · · · · · · ·				
P O BOX 432 MURFREESBORO TN 37133	NONE	NON PR	GENERAL FUND	2,000.
MURFREESBORO TN 37133 PRIMARY CARE AND HOPE	NONE	NON FR	GENERAL FUND	2,000.
CLINIC				
1453A HOPE WAY				
MURFREESBORO TN 37129	NONE	NON PR	GENERAL FUND	<u>1,500.</u>
RADNOR LAKE				
1160 OTTER CREEK RD				
NASHVILLE TN 37220	NONE	NON PR	GENERAL FUND	25,000.
READ TO SUCCEED				
D 0 D0W 10161				
P O BOX 12161 MURFREESBORO TN 37129	NONE	NON PR	GENERAL FUND	2,000.
SAM DAVIS HOME	HOME	TION EN	OPHIPITAL LOND	2,000.
1399 SAM DAVIS RD				0.000
SMYRNA TN 37167 SHORT MTN YOUTH CAMP	NONE	NON PR	GENERAL FUND	2,000.
SHOKI MIN IOUIH CAMP				
650 BIBLE CAMP ROAD				
WOODBURY TN 37190	NONE	NON PR	GENERAL FUND	25,000.
SPECIAL KIDS				
202 ADMERITE CH				
202 ARNETTE ST MURFREESBORO TN 37130	NONE	NON PR	GENERAL FUND	6,000.
TENN BAPTIST	101.2			
CHILDRENS HOME				
1310 FRANKLIN ROAD				
BRENTWOOD TN 37027	NONE	NON PR	GENERAL FUND	2,000.
Total		· · · · · · · · · · · · · · · · · · ·		195,000.

. Grants	2015			
Recipient name and address	If an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TN RESIDENCE FOUNDATION		recipient	contribution	Amount
312 ROSA PARKS AVE				
NASHVILLE TN 372	43 NONE	NON PR	GENERAL FUND	2,500.
TENN SCHOOL FOR THE BLIND 115 STEWARTS FERRY PK				
NASHVILLE TN 372:	14 NONE	NON PR	GENERAL FUND	2,000.
TENN PARKS AND GREENWAY 111 W VINE ST				
MURFREESBORO TN 3713	30 NONE	NON PR	GENERAL FUND	2,500.
UNITED WAY OF RUTHERFORD COUNTY 836 COMMERCIAL CT				
MURFREESBORO TN 3713	33 NONE	NON PR	GENERAL FUND	2,500.
WEBB SCHOOL P O BOX 488				
BELL BUCKLE TN 3702	20 NONE	NON PR	GENERAL FUND	25,000.
WEST MAIN MISSION 1400 B WEST COLLEGE ST				
MURFREESBORO TN 3713	30 NONE	NON PR	GENERAL FUND	1,500.
YMCA OF MIDDLE TENN 205 N THOMPSON LANE				1 000
MURFREESBORO TN 3712	28 NONE	NON PR	GENERAL FUND	1,000.
				05.000
Total				37,000.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ 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.

OMB No 1545-0047

2015

Name of the org					Employer identification number	
ADAMS F	AMILY FOUN	DATION :	· -		62-1515107	
Organization ty	pe (check one).					
Filers of:	Se	ection:				
Form 990 or 990	-EZ	501(c)() (enter number) organization	n		
		4947(a)(1) no	nexempt charitable trust not	treated as a private foundation		
		527 political	rganization			
Form 990-PF	X	501(c)(3) exe	mpt private foundation			
		4947(a)(1) no	nexempt charitable trust trea	ted as a private foundation		
		501(c)(3) tax	ble private foundation			
		•	Rule or a Special Rule.	n the General Rule and a Special	Rule. See instructions.	
General Rule						
or more (in		from any one o		g the year, contributions totaling and II. See instructions for determ		
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor	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, contributior during the y General R	during the year, corns totaled more than year for an exclusive alle applies to this or	ntributions <i>excl</i> \$1,000. If this ly religious, cha ganization bec	sively for religious, charitable ox is checked, enter here the ritable, etc., purpose. Do no	90 or 990-EZ that received from a e, etc., purposes, but no such e total contributions that were rect complete any of the parts unless by religious, charitable, etc., contributions	erved the abutions	

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

US 990-PF

List of Officers, Directors, Trustees, and Key Employees 990PF: Page 6, Part VIII

2015

A Name and address (For address, enter Street, Zip code State, and City in that order)	B Title and avg hours per week devoted to position	C Compensation	D Contributions to employee benefit plans and deferred compensation	E Expense account & other allowances
A B ADAMS 1927 MEMORIAL BLVD MURFREESBORO TN 37129		0		
CARL ADAMS 919 OVERTON LEA ROAD NASHVILLE TN 37220		0		
	TRUSTEE			
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