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OMB No 1545-0052

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Department of the Treasury Internal Revenue Service

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.

Inspection

For	caler	ndar year 2015, or tax year beginning 01-0	1-201	5	, a	nd ending 1	2-31-2015	
	e of four	ndation ISFORD WALLACE FOUNDATION				A Employer ide	entification numbe	er
		AH A KOLARICH CPA				62-1551711		
		street (or P O box number if mail is not delivered to street address)	Room/s	suite		B Telephone nun	nber (see instruction	s)
29	08 POST	ON AVENUE				(615) 320-7888		
		state or province, country, and ZIP or foreign postal code N 37203	1			C If exemption	application is pendin	g, check here
3 C I	neck all	that apply Initial return Initial return of a f	ormer n	ublic charity		D 1 Foreign on	ganizations, check he	ara b
	reek un	Final return A mended return	ormer p	abile ellarity		D I. Toreign on	garrizacions, check ne	
		Address change Name change					ganizations meeting k here and attach co	
		pe of organization					indation status was t n 507(b)(1)(A), chec	
•		· · · · · · · · · · · · · · · · · · ·		ı		F If the founda	tion is in a 60-month	n termination
of	year <i>(fr</i>	rom Part II, col (c),	·	<u>. </u>		l	507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		evenue and penses per books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach						
		schedule)		6,224				
	2	Check ► ☐ If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments		1,007		1,007	1,007	
	4	Dividends and interest from securities		15,048		15,048	15,048	
	5a	Gross rents						
	b	Net rental income or (loss)						
Kle	6 a	Net gain or (loss) from sale of assets not on line 10		9,740				
Revenue	b	Gross sales price for all assets on line 6a 148,631						
ш.	7	Capital gain net income (from Part IV, line 2)				9,740		
	8	Net short-term capital gain					565	
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	% J	689		689	689	
	12	Total.Add lines 1 through 11		32,708		26,484	17,309	
	13	Compensation of officers, directors, trustees, etc						
	14	Other employee salaries and wages						
ses	15	Pension plans, employee benefits						
ē	16a	- · · · · · · · · · · · · · · · · · · ·		2 764				
EXE	b	Accounting fees (attach schedule)	% 3 6 €1	2,764				
Operating and Administrative Expenses	C	Other professional fees (attach schedule)	% 3	38				
at	17	Interest	% J	870		220		
ī	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	230	070		220		
Ē								
Ad	20	Occupancy						
D L	21	Printing and publications						
G G	23	Other expenses (attach schedule)	% J	3,830		3,830		
atın	24	Total operating and administrative expenses.						
ě::		Add lines 13 through 23		7,522		4,050		0
ŏ	25	Contributions, gifts, grants paid		42,025				42,025
	26	Total expenses and disbursements. Add lines 24 and		40 5 1 =				10.5=
	27	25 Subtract line 26 from line 12		49,547		4,050		42,025
	2/ a	Excess of revenue over expenses and disbursements		-16,839				
	b	Net investment income (if negative, enter -0-)		/		22,434		
	c	Adjusted net income(if negative, enter -0-)					17,309	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		or year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	78,324	23,20	22 202
	2	Savings and temporary cash investments	76,324	23,20	23,202
	3	Accounts receivable			
	_	Less allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less allowance for doubtful accounts ▶			
	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)			
	_	Less allowance for doubtful accounts ▶			
Ş	8	Inventories for sale or use			
4ssets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	364,924	349,34	9 454,554
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)	107	12,70	12,703
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	443,355	385,25	490,459
	17	Accounts payable and accrued expenses			
JA.	18	Grants payable			
te	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
E	21	Mortgages and other notes payable (attach schedule)		_	
	22	,	1,100	-	_
	23	Total liabilities (add lines 17 through 22)	1,100	33	3
S		Foundations that follow SFAS 117, check here 🕨 🔽			
če		and complete lines 24 through 26 and lines 30 and 31.			
<u>a</u>	24	Unrestricted	442,255	384,92	1
8	25	Temporarily restricted			
Fund Balance	26	Permanently restricted			
Ξ		Foundations that do not follow SFAS 117, check here			
ŏ		and complete lines 27 through 31.			
st s	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	442,255		-
	31	Total liabilities and net assets/fund balances(see instructions)	443,355	385,25	4
Pā	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	gree	
		, 3 , , , , ,			442,255
2		Enter amount from Part I, line 27a			-16,839
3		Other increases not included in line 2 (itemize) ▶		3	
4		Add lines 1, 2, and 3		48.1	425,416
5		Decreases not included in line 2 (itemize)			40,495
6		Total net assets or fund balances at end of year (line 4 minus line 5)—l	Part II, column (b), l	ine 30 . 6	384,921

the Part VI instructions

		nd(s) of property sold (e g , re e, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation		nte acquired no , day, yr)	Date sold (d) (mo , day, yr)
1 a	UBS AS AGENT-SEE ATT	ACHED		Р			
b	UBS AS AGENT-SEE ATT	ACHED		Р			
С	UBS AS AGENT-SEE ATT	ACHED		Р			
d	UBS AS AGENT-RETURN	OF PRINCIPAL		Р			
e	REGULATED FUTURES CL	OSED CONTRACTS		Р			
		Depreciation allowe	d Cost	or other basis		Gain	or (loss)
(е) Gross sales price	(f) (or allowable)		expense of sale			(f) minus (g)
а	9,00	2		8,541			461
b	58,47	0		78,218	3		-19,748
С	79,49	7		52,109			27,388
d	2	3		23	3		
e	10	4					104
Cor	mplete only for assets showir	ng gain in column (h) and owne	d by the foundation	on 12/31/69		Gains (Col	(h) gain minus
(i)	F M V as of 12/31/69	A djusted basis		ess of col (ı)			t less than -0-) or
(1)		(j) as of 12/31/69	(k) over	col (j), if any	(1)	Losses (from col (h))
а					-		461
ь					-		-19,748
С					1		27,388
d							
е							104
2	Capital gain net income or		If gain, also enter If (loss), enter -0-	in Part I, line 7	2		9,740
3		or (loss) as defined in sectio					
	If gain, also enter in Part I, in Part I, line 8	line 8, column (c) (see instru	ctions) If (loss), e	nter -0 -	3		565
Part \	Qualification Unde	r Section 4940(e) for R	educed Tax on	Net Investme	nt Inc	come	
If section Was the	n 4940(d)(2) applies, leave foundation liable for the sect	e foundations subject to the se this part blank tion 4942 tax on the distribute lify under section 4940(e) Do	able amount of any	year in the base pe			□ Yes 🔽 No
	·	, , ,	•	•			
I EIIC		each column for each year, se	r	ore making any end	ies		
	i tax year beginning in)	(b) gusted qualifying distributions	(c) Net value of nonchar		(•	(d) Distributio col (b) divided	n ratio by col (c))
	2014	37,996		490,795			0 077417
	2013	21,480		445,077			0 048261
	2012	17,840 17,500		367,184 320,442			0 048586
	2011	14,520		279,127			0 054612
2					2		0 280895
3	A verage distribution ratio f	or the 5-year base period—div indation has been in existence	vide the total on line	e 2 by 5, or by	3		0 056179
4	•	haritable-use assets for 2015	•	~ <u> </u>	4		490,216
5			•	<u> </u>	5		27,540
6		t income (1% of Part I, line 2		<u> </u>	6		224
7				<u> </u>	7		27,764
8		ns from Part XII, line 4			8		42,025
-	, , , , , , , , , , , , , , , , , , , ,	-,	· · ·				10 _ 3

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

9

10

26

Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

9

10

11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 26 Refunded ▶ 11			
Par	rt VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1 c		No
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 imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	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? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	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		ll	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions	ļ))	
	that conflict with the state law remain in the governing instrument?	6	Yes	
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	Yes	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<u>™</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 designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and address es	10		No
	Forn	טפכי	-PF (2	2 U I 5)

Par	t VII-A Statements Regarding Activities (continued)			age •
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶DEBORAH A KOLARICH CPA Telephone no ▶(61)	5)320-	7888	
	Located at ▶2908 POSTON AVENUE NASHVILLE TN ZIP+4 ▶37203			
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		•	
	Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ļ		ļ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			ļ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ▼ Yes ▼ No	ļ		ļ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ļ
	(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)? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ļ		ļ
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	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)		 	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	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	ı	l	l
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			[
	that were not corrected before the first day of the tax year beginning in 2015?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes ▼ No		 	<u> </u>
	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) (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 instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business 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		
4a -	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No
	charteable purpose that had not been removed from Jeopardy before the first day of the tax year beginning in 2015?	_ 	<u> </u>	140

	t VIII-B Statements Rega						
5a	During the year did the foundatio	n pay or incur any amoun	t to				
	(1) Carry on propaganda, or othe	rwise attempt to influence	e legislation (section 49	45(e)) [?]	V No		
	(2) Influence the outcome of any	specific public election (see section 4955), or to	carry			
	on, directly or indirectly, any	voter registration drive?.		· · · · · F Yes	√ No		
	(3) Provide a grant to an individu	ial for travel, study, or oth	ner sımılar purposes?	☐ Yes	✓ No		
	(4) Provide a grant to an organiza	ation other than a charita	ble, etc , organization de	scribed .	. I		
	in section 4945(d)(4)(A)? (s	ee instructions)		· · · · · \ \ Yes	✓ No		
	(5) Provide for any purpose other	r than religious, charitable	e, scientific, literary, or	·	1		
	educational purposes, or for t	the prevention of cruelty t	to children or animals?.	· · · · · Tyes	√ No		
b	If any answer is "Yes" to 5a(1)-	(5), did any of the transac	tions fail to qualify under	the exceptions described in			
	Regulations section 53 4945 or	ın a current notice regard	ing disaster assistance	(see instructions)?	[5b	
	Organizations relying on a currer	nt notice regarding disast	er assistance check her	e			
					Γ,	1	
С	If the answer is "Yes" to question	* **	· ·				
	tax because it maintained expend			· · · · · · TYes	∏ No │	ļ	ļ
	If "Yes," attach the statement requ		• •				
6 a	Did the foundation, during the year				_		
	a personal benefit contract?			1 .03	' i		ļ
b	Did the foundation, during the year	ar, pay premiums, directly	y or indirectly, on a perso	onal benefit contract?	.	6b	No
_	If "Yes" to 6b, file Form 8870				_		
7a	At any time during the tax year, v		•	1 .65	'' i		l I
b	If yes, did the foundation receive					7b .	
Par	t VIIII and Contractors	t Officers, Directors	s, irustees, rounda	ition Managers, Highly	/ Paid	Emplo	yees,
1	List all officers, directors, trustee	s, foundation managers a	and their compensation (see instructions).			
		Title, and average	(c) Compensation(If	(d)			
	(a) Name and address	hours per week	not paid, enter	Contributions to employee benefit plans		xpense a ther allo	
		(b) devoted to position	-0-)	and deferred compensation	1		
	B WALLACE	TRUSTEE	_				
	LD CLUB COURT	٦, ٦, -	0				C
142	HVIIIE TN 37315	0 25	0				C
	HVILLE,TN 37215 Compensation of five highest-paid					ONE."	C
	Compensation of five highest-paid	d employees (other than	those included on line 1-			ONE."	C
2	·	d employees (other than to	those included on line 1-	-see instructions). If none, e Contributions to employee benefit	enter "N	xpense a	
2	Compensation of five highest-paid (a)	d employees (other than to	those included on line 1- age ek (c) Compensation	-see instructions). If none, of Contributions to employee benefit	enter "N		
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
2 Nan	(a) ne and address of each employee more than \$50,000	d employees (other than to Title, and aver hours per wee	those included on line 1- age ek (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred	enter "N	xpense a	
Nan	(a) ne and address of each employee more than \$50,000	Title, and aver hours per wee (b) devoted to posi	those included on line 1- age ek ition (c) Compensation	compensation -see instructions). If none, or complex to employee benefit plans and deferred (d) compensation	enter "N	xpense a	

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 5 Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

Part XI

1

4

5

check here ► and do not complete this part.)

2a Tax on investment income for 2015 from Part VI, line 5.

Income tax for 2015 (This does not include the tax from Part VI). . .

3 Distributable amount before adjustments Subtract line 2c from line 1. 4

5

6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

7

Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

2 A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

2a

2b

За 3b

4

1

2c

3

4

5

6

7

1a

1b

2

4

224

7,465

490,216

24,511

24,511

224

24,287

24,287

24,287

42,025

42,025

224

5 41,801

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

М	ondistributed income (see instr	uctions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				24,287
	Undistributed income, if any, as of the end of 2015				<u> </u>
	Enter amount for 2014 only				
ь					
	Excess distributions carryover, if any, to 2015				
a	From 2010				
	From 2011 1,749				
	From 2012 287				
d	From 2013				
е	From 2014 13,804				
f	Total of lines 3a through e	16,554			
	Qualifying distributions for 2015 from Part				
	XII, line 4 \$ 42,025				
а	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years				
,	(Election required—see instructions)				
٠	required—see instructions)				
d	Applied to 2015 distributable amount				24,287
	Remaining amount distributed out of corpus	17,738			
	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	24.202			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	34,292			
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				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
	Instructions				
T	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				
7	A mounts 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	714			
۵	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2016.				
9	Subtract lines 7 and 8 from line 6a	33,578			
LO	Analysis of line 9				
	Excess from 2011 1,749				
	Excess from 2012				
	Excess from 2013				
d	Excess from 2014 13,804				
е	Excess from 2015 17,738				
			•		Form 990-PF (2015)

	m 990-PF (2015)					Page 10
	Part XIV Private Operating Founda				1 9)	
la	If the foundation has received a ruling or detei foundation, and the ruling is effective for 2015					
b	Check box to indicate whether the organization	n <u>is a private operat</u>	ing foundation de	scribed in section	7 4942(J)(3) or	74942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(0) 1010.
	yearlisted					
	85% of line 2a					
	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					
b	under section 4942(j)(3)(B)(i)					
•	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"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	(Campulata thia			- h - d + F 000 -	
76	art XV Supplementary Information (assets at any time during the			ie organizacio	n nau \$5,000 o	more in
ı.	Information Regarding Foundation Managers:					
а	List any managers of the foundation who have				•	ation
	before the close of any tax year (but only if the	ey have contributed	more than \$5,00	0) (See section 5	07(d)(2))	
	ANNE B WALLACE					
b	List any managers of the foundation who own 1	0% or more of the :	stock of a corpora	ation (or an equally	large portion of the	2
	ownership of a partnership or other entity) of w	vhich the foundation	has a 10% or gre	eater interest .		
2	Information Regarding Contribution, Grant, Gi	ift, Loan, Scholarshi	p, etc., Programs:	l		
	Check here $ ightharpoonup$ if the foundation only makes					
	unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and	2	ts, etc (see instri	uctions) to individ	uals or organization	s under
а	The name, address, and telephone number or	email address of the	e person to whom	applications shou	ld be addressed	
b	The form in which applications should be subr	mitted and informati	on and materials	they should includ	e	
	.,		_			
c	Any submission deadlines					
c	d Any restrictions or limitations on awards, suc	h as by geographica	al areas, charitabl	le fields, kinds of i	nstitutions, or other	-
	factors					

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	During the Year or App	roved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
T-4-1			N 2-	42.025
Total	<u></u>		▶ 3a	42,025
Total			▶ 3b	

	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a						
	_					
f		-				
_	nd contracts from government agencies ship dues and assessments					
3 Interest	on savings and temporary cash			14	1 007	
	ds and interest from securities			14 14	1,007 15,048	
	al income or (loss) from real estate				,	
	nanced property					
	bt-financed property	+				
	y					
7 Other in	vestment income			14	689	
	(loss) from sales of assets other than ry			18	9,740	
	me or (loss) from special events				,	
O Gross pi	rofit or (loss) from sales of inventory					
1 Other re	venue a					
h						
с						
c d						
c d e 2 Subtotal	Add columns (b), (d), and (e)				26,484	
c d e 2 Subtotal 3 Total.Ac	Add columns (b), (d), and (e) id line 12, columns (b), (d), and (e)			1	26,484 3	26,484
cd e2 Subtotal 3 Total.Ac (See wo	Add columns (b), (d), and (e)	calculations)			3	
cde2 Subtotal 3 Total A C (See wo	Add columns (b), (d), and (e) id line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal 3 Total.Ac (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal 3 Total.Ac (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal 3 Total.Ac (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal B Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal 3 Total.A.o. (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal B Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal B Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal B Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal b Total.Ac (See wo art XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal B Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
de Subtotal Total.Ac (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
de Subtotal Total.Ac (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
de Subtotal Total.Ac (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
de Subtotal Total.Ac (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal b Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal b Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
de Subtotal Total.Ac (See wo Part XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to
cd e2 Subtotal 3 Total.A.o. (See wo	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) Inksheet in line 13 instructions to verify B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation?	calculations) o the Accomp ich income is rep	lishment of E	Exempt Purpose (e) of Part XVI-A co	3	26,484 ntly to

Part XVI	I Information R Noncharitable				actions and I	Relationships	With			
	organization directly or i								Yes	No
organiza										
	s from the reporting fou							12(1)		No
	erassets						F	1a(1) 1a(2)		No
b Other tra							• •	10(2)		-110
	es of assets to a noncha	ırıtable ex	empt organizatio	n				1b(1)		No
	hases of assets from a						-	1b(2)		No
(3) Ren	tal of facilities, equipme	ent, or othe	erassets					1b(3)		No
(4) Reir	nbursement arrangemei	nts					[1b(4)		No
(5) Loai	ns or loan guarantees.							1b(5)		No
(6) Perfo	rmance of services or m	nembershi	p or fundraising s	solicitations			[1b(6)		No
c Sharing	of facilities, equipment,	maılıng lıs	ts, other assets,	, or paid employe	ees		[1 c		No
of the go in any tra	swer to any of the above ods, other assets, or se ansaction or sharing arr	ervices giv angement	en by the reporti , show in column	ng foundation It (d) the value of	f the foundation r the goods, other	eceived less tha assets, or servi	n fair marke ces received	t value d		
(a) Line No	(b) Amount involved	(c) Name	of nonchantable exe	empt organization	(d) Description	of transfers, transac	tions, and shar	ing arrai	ngemen	ts
describe √ No	undation directly or indid in section 501(c) of t complete the following (a) Name of organizatio	he Code (d	other than sectio	· ·	in section 527?.		• • • • • ption of relatio	·	2S	
the	der penalties of perjury, best of my knowledge a ormation of which prepa	and belief,	it is true, correc	t, and complete			an taxpayer)		ed on	all
Here	Signature of officer or t	rustoo		2016-11-15 Date	—) Title		return _ with the below	e prepar	er show	/n
	Signature of officer of t	iustee		Date	ricie		(see in	str)? 🕻	Yes N	10
	Print/Type preparer's DEBORAH A KOLARICH CPA	name	Preparer's Sign	ature	Date 2016-11-15	Check if self- employed ▶ ☐	PTIN PO	14217	'46	
Paid Preparei Use	Firm's name ► DEBORAH A KOLARI	ICH CPA				Firm's EIN ► 6	52-1210414	1		
Only	Firm's address ► 2908 POSTON AVE	NASHVIL	LE,TN 37203			Phone no (61	5)320-788	8		

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
ALIVE HOSPICE 1718 PATTERSON STREET NASHVILLE,TN 37203	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
AMERICAN RED CROSS 2201 CHARLOTTE AVENUE NASHVILLE,TN 37203	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
BELCOURT THEATER 2102 BELCOURT AVENUE NASHVILLE,TN 37212	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	600
CAMP MERRIE WOODE 100 MERRIE-WOODE ROAD SAPPHIRE,NC 28774	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,000
COMMUNITY FOUNDATION 3833 CLEGHORN AVENUE NASHVILLE,TN 37215	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	600
ENSWORTH SCHOOL 7401 HIGHWAY 100 NASHVILLE,TN 37221	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
FRIENDS OF RADNOR LAKE PO BOX 40324 NASHVILLE,TN 37204	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
FRIENDS OF WARNER PARK 50 VAUGHN ROAD NASHVILLE,TN 37221	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	350
GEORGE BARRETT ENDOWMENT SCHOLARSHI SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE,AL 36608	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	350
GOLF CLUB OF TN SCHOLARSHIP FUND ONE GOLF CLUB DRIVE KINGSTON SPRINGS,TN 37082	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
GRAND CANYON RIVER GUIDES PO BOX 1934 FLAGSTAFF, AZ 86002	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
GREENWAYS FOR NASHVILLE PO BOX 196340 NASHVILLE,TN 37219	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	18,500
HARPETH HALL SCHOOL 3801 HOBBS ROAD NASHVILLE,TN 37215	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,500
HOLLINS UNIVERSITY PO BOX 9629 ROANOKE,VA 24020	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	700
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE,TN 37209	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	2,600
Total			▶ 3a	42,025

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
HUNDRED CLUB OF NASHVILLE PO BOX 190428 NASHVILLE,TN 37219	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,000
LAND TRUST FOR TENNESSEE 209 10TH AVE S SUITE 511 NASHVILLE,TN 37203	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,500
LEGAL AID SOCIETY CAMPAIGN FOR EQUAL JUSTICE 300 DEADERICK STREET NASHVILLE,TN 37201	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	400
NASHVILLE CITY CEMETERY PO BOX 150733 NASHVILLE,TN 37215	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	300
NASHVILLE DOLPHINS 95 WHITE BRIDGE ROAD SUITE 221 NASHVILLE,TN 37205	NONE		FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	500
OZ ARTS 6172 COCKRILL BEND CIRCLE NASHVILLE,TN 37209	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,000
PLANNED PARENTHOOD 50 VANTAGE WAY SUITE 102 NASHVILLE,TN 37228	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	2,500
PRESTON TAYLOR MINISTRIES 4014 INDIANA AVENUE NASHVILLE,TN 37209	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	750
RENEWAL HOUSE PO BOX 280356 NASHVILLE,TN 37228	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,000
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE ROAD NASHVILLE,TN 37228	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,100
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE,TN 37228	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	1,000
ST GEORGES EPISCOPAL CHURCH 4715 HARDING ROAD NASHVILLE,TN 37205	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
ST JUDES 262 DANNY THOMAS PLACE MEMPHIS,TN 38105	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
THE CONSERVANCY GALA PO BOX 196340 NASHVILLE,TN 37219	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	500
YWCA 1608 WOODMONT BOULEVARD NASHVILLE,TN 37215	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	500

Form 990PF Part XV Line 3 - Gra	ants and Contributions	Paid During	the Year or Approved for F	uture Payment
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor	 	+	
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE,TN 37203	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
BONAPARTS RETREAT DOG RESCUE PO BOX 150232 NASHVILLE,TN 37205	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	250
CHRIST CHURCH CATHEDRAL 900 BROADWAY NASHVILLE,TN 37203	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
FIRST PRESBYTERIAN CHURCH 4815 FRANKLIN PIKE NASHVILLE,TN 37220	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
FRANK WHITE SCHOLARSHIP FUND HOLY HILL FARM 236 JERUSALEM ROAD COHASSET,MA 02025	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
HISTORIC NASHVILLE INC PO BOX 190516 NASHVILLE,TN 37219	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
LEAD PUBLIC SCHOOLS 531 METROPLEX DRIVE SUITE A-200 NASHVILLE,TN 37211	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	300
THE NASHVILLE BALLET 3630 REDMON STREET NASHVILLE,TN 37209	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	200
NASHVILLE SYMPHONY SCHERMERHORN SYMPHONY CENTER ONE SYMPHONY PLACE NASHVILLE,TN 37201	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
SHRINER'S HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA,FL 33607	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
TN PARKS & GREENWAYS FOUNDATION 117 30TH AVENUE SOUTH NASHVILLE,TN 37212	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	100
CHEEKWOOD 1200 FORREST PARK DRIVE NASHVILLE,TN 37205	NONE	501C3	FOR ACTIVE CONDUCT OF EXEMPT PURPOSE	275
Total			▶ 3a	42,025

	110 11100 000			
TY 2015 Accounting Fees Schedule				
Name:	ANNE BRANSFORD	WALLACE FOUNDATION		
	C/O DEBORAH A k	(OLARICH CPA		

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EIN: 62-1551711				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING/TAX	2,764			

erne GRAPHIC Print - DO NOT PROCESS	AS Filed Data -
TY 2015 Investments Corpora	nte Stock Schedule
Name:	ANNE BRANSFORD WALLACE FOUNDATION
	C/O DEBORAH A KOLARICH CPA

Name of Stock

COMMON STOCK

CLOSED END MUTUAL FUNDS

CORPORATE BONDS & NOTES

FIXED INCOME MUTUAL FUNDS

CLOSED END FUNDS/ET PRODUCTS

EQUITY MUTUAL FUNDS

PREFERRED SECURITIES

CLOSED END FUNDS

MUTUAL FUNDS

COMMODITIES

EIN: 62-1551711

DLN: 93491320044806

End of Year Fair

Market Value

228,750

29,579

45,288

16,918

7,584

33,921

34,039

4,950

43,379

10,146

End of Year Book

Value

120,311

33,342

46,717

16,059

7,856

35,321

32,539

4,892

40,974

11,338

cine divi nize princ Be not i necess	AS I lied Buta		D2(1) D3 1323230 1 1000
TY 2015 Other Assets Schedu	le		
Name:		WALLACE FOUNDATION	
	C/O DEBORAH A F	KOLARICH CPA	

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EIN: 62-1551711			
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INCOME RECEIVABLE	107	12,703	12,703

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320044806
TY 2015 Other Decreases Scho	edule	
Name:	ANNE BRANSFORD WALLACE FOUNDATION	N
	C/O DEBORAH A KOLARICH CPA	
ETAL.	60 1551711	

Baractettan	
EIN: 62-1551711	

Description Amount

ADJUST BOOK TO TAX BASIS

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DLN: 93491320044806

Name: ANNE BRANSFORD WALLACE FOUNDATION

THINE BIGHTSI OND WITHER CE I

C/O DEBORAH A KOLARICH CPA
EIN: 62-1551711

 Description
 Revenue and Expenses per Books
 Net Investment Income
 Adjusted Net Income
 Disbursements for Charitable Purposes

 EXPENSES
 INVESTMENT FEES
 3,655
 3,655

 MISCELLANEOUS
 175
 175

eme diviring print - Do Not Process	A3 Tiled Data -	DEN. 33431320044000
TY 2015 Other Income Schede	ile	
Name:	ANNE BRANSFORD WALLACE FOL	UNDATION
	C/O DEBORAH A KOLARICH CPA	

DI N. 93491320044806

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EIN: 62-1551711			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS - OTHER INCOME	689	689	689

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	[DLN: 93491320044806	
TY 2015 Other Liabilities Schedule				
	ANNE BRANSFORD WAI C/O DEBORAH A KOLAF			
EIN:	62-1551711			
Description		Beginning of Year - Book Value	End of Year - Book Value	

SHORT OPTIONS

333

1,100

TY 2015 Other Professional Fees Schedule			
Name:	ANNE BRANSFORD WALLACE FOUNDATION		
	C/O DEBORAH A KOLARICH CPA		

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EIN: 62-1551711				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	58			

TY 2015 Taxes Schedule						
Name: ANNE BRANSFORD WALLACE FOUNDATION C/O DEBORAH A KOLARICH CPA						
EIN: 62-1551711						
Category	Amount	Net Investment	Adjusted Net	Disbursements for		

EIN: 62-1551/11				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements Charitable Purposes
FOREIGN TAX	220	220		
EXCISE TAX	650			

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efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491320044806
Schedule B		Schedu	le of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information abo	out Schedule B (Fo	Form 990, 990-EZ, or 990-PF orm 990, 990-EZ, or 990-PF) and its i owwwww.www.ex	instructions is at	2015
Name of the organizati		N		Employer id	entification number
C/O DEBORAH A KOL				62-155171	1
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)()(enter number) org	anızatıon		
	- 4947(a)(1)	nonexempt charita	able trust not treated as a private fo	oundation	
	☐ 527 politica	l organization			
Form 990-PF	√ 501(c)(3) €	exempt private four	ndation		
	4947(a)(1)	nonexempt charita	able trust treated as a private found	ation	
	☐ 501(c)(3) t	axable private four	ndation		
	_		hat received, during the year, contri s I and II See instructions for detern		
For an organiza under sections s received from a Part VIII, line 1h,	509(a)(1) and 170(b)(1 ny one contributor, dur or (ii) Form 990-EZ, lin)(A)(vi), that check ing the year, total of a 1 Complete Parts	form 990 or 990-EZ that met the 33 ¹ /ked Schedule A (Form 990 or 990-Econtributions of the greater of (1) \$5 s I and II	Z), Part II, line 13, 16a 5,000 or (2) 2% of the	a, or 16b, and that amount on (i) Form 990,
during the year,		ore than \$1,000 ex	<i>cclusively</i> for religious, charitable, s		
during the year, this box is chec purpose Do not	contributions exclusive ked, enter here the total complete any of the particular to	e <i>ly</i> for religious, ch il contributions that arts unless the Ge l	r (10) filing Form 990 or 990-EZ that aritable, etc., purposes, but no suclewer received during the year for neral Rule applies to this organizatemore during the year	h contributions totaled an <i>exclusively</i> religion ion because it receive	d more than \$1,000 lf us, charitable, etc , ed <i>nonexclusively</i>
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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

Name of organization
ANNE BRANSFORD WALLACE FOUNDATION
C/O DEBORAH A KOLARICH CPA

Employer identification number 62-1551711

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person
	ANNE B WALLACE 30 OLD CLUB COURT		Payroll
		\$ 6,224	Noncash —
	NASHVILLE, TN 37215		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		s	Payroll
			Noncash —
			(Complete Part II for noncash contributions)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
			Person
		s	Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		<u>\$</u>	│ │ Noncash ┌─
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		<u>\$</u>	Noncash ┌─
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
		s	Payroll
			Noncash
			(Complete Part II for noncash contributions)

Name of organization ANNE BRANSFORD WALLACE FOUNDATION		Employer identification number		
	KOLARICH CPA	62-1551711		
Part II	Noncash Property			
	(see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	100 SHARES POOL	\$ 8 319	2015-11-04	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	188 SHARES HOME DEPOT CORP	\$ 23 252	2015-11-04	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	173 SHARES PROCTOR & GAMBLE	\$ 13 785	2015-12-15	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

edule B (Form 990, 9	990-EZ, or 990-PF) (2015)		Page 4
ne of organization	ALLACE FOUNDATION		Employer identification number
E BRANSFORD WA DEBORAH A KOLA	ALLACE FOUNDATION ARICH CPA		62-1551711
total more line entry. of \$1,000 or	than \$1,000 for the year from any on	e contributor. Complete col , enter the total of <i>exclusive</i> ation once. See instruction	tbed in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following Iy religious, charitable, etc., contributions s.) ▶ \$
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. -			
-	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. -		(e) Transfer of gift	
-	Transferee's name, address, and	. ,	Relationship of transferor to transferee
(a) O.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
-	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· =		(e) Transfer of gift	
_	Transferee's name, address, and	, ,	Relationship of transferor to transferee
			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)