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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. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>. For calendar year 2015 or tax year beginning , and ending

Name of four	ndation				A Employer identificat	ion number
ROBINS	SON FAMILY	FOUNDATION	, INC.		62-185704	18
		f mail is not delivered to street a	<del>·</del>	Room/suite	8 Telephone number	
4409 (	CHICKERING	,	-2732			
City or town, NASHV	•	untry, and ZIP or foreign p 37215-4914	ostal code		C If exemption application	s pending, check here
G Check all th		Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizati	ons, check here
		Final return	Amended return	,		
		Address change	Name change		Foreign organizations check here and attach	meeting the 85% test, computation
H Check type	of organization:	X Section 501(c)(3) ex	cempt private foundation	<del></del>	E If private foundation	status was terminated
Section	4947(a)(1) nonexem	pt charitable trust	Other taxable private foundate	ation	under section 507(b)	
I Fair market	value of all assets at	· 1 —	=	Accrual		a 60-month termination
	ll, col. (c), line 16)		ther (specify)		under section 507(b)	(1)(B), check here
▶\$ Part`I Ana	alysis of Revenue an		mn (d) must be on cash b		4 3 4 4 2 2 2 4 2 4	(d) Disbursements
(The	e total of amounts in colu essarily equal the amoun	mns (b), (c), and (d) may not ts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	tributions, gifts, gran	····			N/A	18.3.73 733
2 Chec	* 💌 X If the foundatio	n is not required to attach Sch. B			The state of the state of the	
3 Intere	est on savings and tempo investments	orary				A State of the second
4 Divid	dends and interest fro	om securities	5,913.	5,913.		STATEMENT 1
5a Gros	ss rents .					The state of the s
b) Netre	ental income or (loss)				1 1 4 5 5 18 C 3 18 18 18 18	
6a Net g	an or (loss) from sale of a s sales price for all		26,567.	- 1 Trails	Carlotte Carlotte	A SECTION OF THE SECT
□ D asset	ls on line 6a	49,219.		00 509		
7 Capit	tal gain net income (from i			26,567.	The second second	THE PROPERTY OF THE PARTY OF TH
O NELS	short-term capital gai	ın		, , , , ,		
Gross	me modifications s sales less returns			20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	
1 .	allowances Cost of goods sold			* * * * * * * * * * * * * * * * * * *	# 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ss profit or (loss)	<del> </del>	· · · · · · · · · · · · · · · · · · ·	****	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	STATE OF THE STATE
11 Othe	r income					3447.57 1
S 12 Tota	I. Add lines 1 throug	h 11	32,480.	32,480.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dell'a di
12 Tota 2 13 Comp 14 Othe 15 Pens	pensation of officers, dire	ctors, trustees, etc	0.	0.		
14 Othe	r employee salaries a	ind wages		•••	MAD 6	0000
	sion plans, employee	benefits			co Wink Z	854
, mile coga			1 000			
	ounting fees	STMT 2	1,000.	0.		0.
_  144	r professional fees			<del></del>		
≥ ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	•	STMT 3	2,046.	0.		0.
	eciation and depletio	•	2,040.		<del> </del>	<u> </u>
	рапсу	. <b>:</b>		<del></del>	<del> </del>	
취	el, conferences, and r	neetinas		<del></del>	•	
]	ing and publications					
g 23 Other	r expenses	STMT 4	150.	0.		0.
23 Other	l operating and admi	inistrative				
expe	enses. Add lines 13 ti	hrough 23	3,196.	0.		0.
25 00111	ributions, gifts, grant	· ·	20,850.			20,850.
l l	l expenses and disbu	ırsements.		_		
<del></del>	lines 24 and 25		24,046.	0.		20,850.
	ract line 26 from line		0 424		<u> </u>	
1 .	ss of revenue over expens		8,434.	32,480.		
	nvestment income (i sted net income (if ne			32,400.	N/A	<del> </del>
522501		eduction Act Notice, see i	nstructions		1 47/43	Form 990-PF (2015)

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	260.	314.	314.
	2	Savings and temporary cash investments			
	3	Accounts receivable		,	, ,
		Less; allowance for doubtful accounts			
	4	Pledges receivable			, ;
ļ		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			_ ,
	•	Less: allowance for doubtful accounts	`		
.,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	·· · · · · · · · · · · · · · · · ·		
As	-	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 5	283,653.	292,033.	344,326.
		Investments - corporate bonds			· · · · · · · · · · · · · · · · · · ·
		Investments - land, buildings, and equipment basis			\$4.5 °
	• •	Less accumulated depreciation			
	12	Investments - mortgage loans			
- 1	13	Investments - other			
	14	Land, buildings, and equipment basis	,		matter than the second
ŀ		Less accumulated depreciation			
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	283,913.	292,347.	344,640.
П	17	Accounts payable and accrued expenses			
- 1		Grants payable			
ွှ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
۱g	21	Mortgages and other notes payable			
=	22	Other liabilities (describe )			
	23_	Total liabilities (add lines 17 through 22)	0.	0.	The American
1		Foundations that follow SFAS 117, check here			
- 1		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
ğ	25	Temporarily restricted			
Ва	26	Permanently restricted	₩		
밀		Foundations that do not follow SFAS 117, check here			<b>是在</b>
띤		and complete lines 27 through 31.			
8	27	Capital stock, trust principal, or current funds	352,000.	352,000.	ATTACK TO THE REAL PROPERTY OF THE PARTY OF
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	<b>福州</b>
	29	Retained earnings, accumulated income, endowment, or other funds	-68,087.	-59,653.	
Ž	30	Total net assets or fund balances	283,913.	292,347.	
			283,913.	292,347.	
ᆜ	31	Total liabilities and net assets/fund balances		434,341.	
Pa	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1 1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	283,913.
		amount from Part I, line 27a		2	8,434.
		increases not included in line 2 (itemize)		3	0.
4 /	Add I	ines 1, 2, and 3		4	292,347.
5 [	Decr	eases not included in line 2 (itemize)		5	0.
6	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	292,347.
		· · · · · · · · · · · · · · · · · · ·	<del></del>		Form <b>990-PF</b> (2015)

	NSON FAMILY FOUL			<u> </u>		2-185		Page 3
<u> </u>			income	SEE ATTACH		TATEME		<del></del>
	oe the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs			(b) How acquired P - Purchase D - Donation		acquired   lay, yr.)	(d) Dat (mo., da	
1a	,			D * Donation				
b			<del></del>	<del> </del>				
C	<del> </del>						<del></del>	
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			ain or (loss) s (f) minus (		
a				_				
b		ļ						
<u>C</u>	<del></del>						<del></del>	
d 49,219.	<del></del>		22,65	2			26	,567.
Complete only for assets showing	nain in column (h) and owned by t	he foundation		<del></del>	Gaine (C	Col. (h) gaın ı		, 30 7 •
(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) E>	cess of col. (i)		(k), but ı	not less than (from col. (f	-0-) or	
a			· · · · · ·					
b						•		
С								
d								
e	••••			<u> </u>			26	,567.
2 Capital gain net ıncome or (net capı	tal loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$	n Part I, line In Part I, line	7 7	} 2			26	,567.
Net short-term capital gain or (loss)	as defined in sections 1222(5) and	d (6):						
If gain, also enter in Part I, line 8, co				<b>}</b>		/-		
If (loss), enter -0- in Part I, line 8 Part V Qualification Uni	der Section 4940(e) for	Reduced	Tay on Net I	nvestment Inco	me	N/A		
For optional use by domestic private for	<del> </del>				1110			
to optional use by domestic private it	Junuations Subject to the Section 4	340(a) tax on	net mvestment mt	Joine.)				
f section 4940(d)(2) applies, leave this	part blank.							
Was the foundation liable for the section	n 4942 tax on the distributable ame	ount of any ye	ar in the base peri	od?			Yes	X No
f "Yes," the foundation does not qualify	under section 4940(e). Do not cor	mplete this pai	rt.					
1 Enter the appropriate amount in each	ch column for each year; see the in	structions bef	ore making any en	itries.				
(a) Base period years	(b)	tributions	Not indus of no	(c) ncharitable-use assets		Distribi	(d) ution ratio	
Calendar year (or tax year beginning			Net value of no			(col. (b) dıvı		<del>. ,,</del>
2014		2,900. 6,569.		370,654 330,730				<u>61783</u> 80334
2013 2012		9,000.		283,780				66953
2011		8,678.		293,011	_			63745
2010		9,818.	·	281,410				70424
	· · · · · · · · · · · · · · · · · · ·							
2 Total of line 1, column (d)					2		. 34	43239
Average distribution ratio for the 5-y	ear base period - divide the total o	on line 2 by 5,	or by the number	of years				
the foundation has been in existence	e if less than 5 years				3		.06	<u> 58648</u>
Enter the net value of noncharitable-	use assets for 2015 from Part X, I	ine 5			4		364	,210.
Multiply line 4 by fine 3					5		25	,002.
Enter 1% of net investment income	(1% of Part I, line 27b)				6			325.
Add lines 5 and 6					7		25,	,327.
Enter qualifying distributions from P	art XII, line 4				8		20	,850.
If line 8 is equal to or greater than lii See the Part VI instructions.	·	1b, and comp	lete that part using	g a 1% tax rate.				

Form 990-PF (2015) ROBINSON FAMILY FOUNDATION, IN			<u> 185704</u>		Page 4
Part VI   Excise Tax Based on Investment Income (Section 4940	(a), 4940(b), 4940(e), or 49	<del>}48 -</del>	see instr	uction	s)
1a Exempt operating foundations described in section 4940(d)(2), check here $\blacktriangleright$ and eigenvalues	nter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if nec	essary-see instructions)			,	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		6	50.
of Part I, line 27b			- 4		
c 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. Other	• •	2			0.
3 Add lines 1 and 2	, , , , , , , , , , , , , , , , , , ,	3		6	50.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	there enter -0-1	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	nors cines o ,	5		6	50.
6 Credits/Payments:			-		
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a   1,040.		,	, -	•
	6b 1,040.				<i>:</i>
b Exempt foreign organizations - tax withheld at source	<del></del>		,	•	
c Tax paid with application for extension of time to file (Form 8868)	6c		,	•	• .
d Backup withholding erroneously withheld	6d			1,0	40
7 Total credits and payments. Add lines 6a through 6d	alan d	7		<u> </u>	4U.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	onea -	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			00
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	200	10			90.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	390 · Refunded ►	11			0.
Part VIII-A Statements Regarding Activities				- IV	TAU
1a During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or did it participate or intervene	ın	<u> </u>	<del></del>	No
any political campaign?			1.1		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es (see instructions for the definition)	)?	11	<b>D</b>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	l copies of any materials published	d or		Sec. 184	13,484
distributed by the foundation in connection with the activities.			1.2		<u> </u>
c Did the foundation file Form 1120-POL for this year?			10	<u>c                                    </u>	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					27.
(1) On the foundation. ► \$ 0 . (2) On foundation managers.	<b>.►</b> \$0.				<u>i</u>
e Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax imposed on foundation				(\$.5
managers. ► \$ 0 .			<u> </u>	Po C';	<u> </u>
2 Has the foundation engaged in any activities that have not previously been reported to the IR	S?		2		X
If "Yes," attach a detailed description of the activities.				经	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in		Γ	34.6	W SAN	45
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change.			<u>3</u>	,	Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	?		4:	a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	-	N	/A 4	b	<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<u>;                                    </u>	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 eith	her:				
<ul> <li>By language in the governing instrument, or</li> </ul>				建金莲	
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	directions that conflict with the state	law	<b>32</b>		Sec.
remain in the governing instrument?	_		6	3 X	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete Part II, col. (c), and Part XV		7	7 <u>X</u>	<u></u>
			.		
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ıs) ►				
TN					1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)		<u> </u>		
of each state as required by General Instruction G? If "No," attach explanation			81	b X	ļ
9 Is the foundation claiming status as a private operating foundation within the meaning of sec		ıdar			
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If *Yes, * co	omplete Part XIV		_ 9		Х
10. Did any nersons become substantial contributors during the tay year? If you a great a reheatile	a listing their earner and addresses		10	n I	x

Form	1 990-PF (2015) ROBINSON FAMILY FOUNDATION, INC. 62-1857	048		Page 5
Pa	art VII-A   Statements Regarding Activities (continued)			
_			Yes	No
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		X
40				
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1		Х
	If "Yes," attach statement (see instructions)	12	v	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		<del></del>	
14	The books are in care of ► LAURA SUE ROBINSON Telephone no. ► 615-50	4-2	132	
	Located at ► 4409 CHICKERING LANE, NASHVILLE, TN ZIP+4 ►37	215		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
:Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
تتا		1.4.	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	35	.00	
ıa	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?  Yes X No	35		· ]
		٠,٠ ١	., 24	5.x
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	\ \ \frac{1}{2} \cdot \text{.} \cdot	. 5	2
	a disqualified person? Yes X No	** \$7.c		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	**	7.5	• "
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	12 Tr.	(A)	,
	(5) Transfer any income or assets to a disqualified person (or make any of either available		4.551	2.1
	for the benefit or use of a disqualified person)?	1	1,45	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	4	18 6	. 1
	if the foundation agreed to make a grant to or to employ the official for a period after	- NA	400	\$~ .
	termination of government service, if terminating within 90 days.)			3
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			流.
•	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		\$ 2°	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		·*;>;	. 1
U			3 1.4	X
_	before the first day of the tax year beginning in 2015?	1c	20.	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		
	defined in section 4942(j)(3) or 4942(j)(5)):	<b>1888</b>		
a	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 X No			
	If "Yes," list the years -,,			
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			37.
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		<b>38.00</b>	<b>9</b>
	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.	314	100	
	<b>&gt;</b>	1	, '	. #5
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ь	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
J	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			
		ľ		
	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,	-	$\vdash$	
_	Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b		v
	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	<b></b>		<del></del> _
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
	Fo	rm 990	)-PF	(2015)

Form 990-PF (2015) ROBINSON FAMILY FOUNDATION			<u>62-18570</u>	48 Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)	
5a During the year did the foundation pay or incur any amount to:	<u> </u>			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?	. to our y on, an oonly or main	• •	es X No	
•	2		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		16	ן טאונבבו אי	.1
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in Section		. (₹)	1 1 1
4945(d)(4)(A)? (see instructions)			es X No	`
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Y6	es 🗓 No 📑	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		ž. 🚕 🖄
section 53.4945 or in a current notice regarding disaster assistance (see instru-	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned	<b> </b>	<b>第</b> 经过途:
expenditure responsibility for the grant?		- /	es 🔲 No 🧗	
If "Yes," attach the statement required by Regulations section 53.4945	-5/d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promiting on	□ v <sub>4</sub>	es 🛣 No	
·	oreanal benefit contract?			6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonar benefit contract?		24	200 200 200
If "Yes" to 6b, file Form 8870.		,	िक्⊒ <b>व्रि</b>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		. L Y6		
b If Yes, did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII	es, Foundation Mar	nagers, Highly		
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their of	ı	14.10	- <del> </del>	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
SEE STATEMENT 6		0.	0.	0.
· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		
			·	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
Compensation of five highest-paid employees (other than those incl     (a) Name and address of each employee paid more than \$50,000		enter "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	account, other

Total number of other employees paid over \$50,000

Form 990-PF (2015) ROBINSON FAMILY FOUNDATION, INC.	62-18	357048 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	ti .	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
	<del></del>	▶ 0
Total number of others receiving over \$50,000 for professional services  PartilX=A} Summary of Direct Charitable Activities		
	motion such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses
1 N/A		
1		
2		
3		
· · · · · · · · · · · · · · · · · · ·		
ParttlX≑Bi Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2	Amount
N/A	<u> </u>	741100111
1,11		
)		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Total. Add lines 1 through 3

Form 990-PF (2015) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 367,375. a Average monthly fair market value of securities 1a 2,381. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 369,756. 1đ d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 369 Subtract line 2 from line 1d 3 5,546 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 364,210. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 18. Minimum investment return. Enter 5% of line 5 PartXI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 18,211. Minimum investment return from Part X, line 6 650 Tax on investment income for 2015 from Part VI, line 5 h Income tax for 2015. (This does not include the tax from Part VI.) 650 Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 17,561 5 Add lines 3 and 4 5 6 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 17 561 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 20.850. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3Ь Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 20.850 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 20,850 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2015)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				17,561.
2 Undistributed income, if any, as of the end of 2015				` .
a Enter amount for 2014 only		,	0.	1
b Total for prior years:		0.		, v.
3 Excess distributions carryover, if any, to 2015:	···	, , ,	<del></del>	, , , , , , , , , , , , , , , , , , , ,
a From 2010 3,883.				
b From 2011 4,171.	`			
c From 2012 5,011.		, , , ,	,	·
d From 2013 10,394.		. ,	,	
e From 2014 5,369.	, ,			
f Total of lines 3a through e	28,828.			[ At 1
4 Qualifying distributions for 2015 from				• ,
Part XII, line 4: ►\$ 20,850.		,		` , , ;
a Applied to 2014, but not more than line 2a	,	<b>*</b>	0.	(%)
b Applied to undistributed income of prior				*, ,
years (Election required - see instructions)	<	0.		,
c Treated as distributions out of corpus	<del></del>			,
(Election required - see instructions)	0.		, ,	भूति । ज्यादेश १
d Applied to 2015 distributable amount			,	17,561.
e Remaining amount distributed out of corpus	3,289.			\$ .
· ,	0.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount		• •	3 =	435
must be shown in column (a).)  6 Enter the net total of each column as indicated below:	•			Barrio Cara
	32,117.	•		A Company of the Comp
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	32,117	<u> </u>		5.5 × 4.
line 4b from line 2b	•	0.	, , , , , ,	A STATE OF THE STA
c Enter the amount of prior years'			<u>,</u> ,	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			w with it is a start with the	A CONTRACTOR OF THE PROPERTY O
amount - see instructions		0.	DASSETTE . ST SE	A Partie Color
e Undistributed income for 2014. Subtract line		, a		
4a from line 2a. Taxable amount - see instr.		,,,	0.	Section 1
f Undistributed income for 2015. Subtract		,		
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
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)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	3,883.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	28,234.			· · · · · · · · · · · · · · · · · · ·
10 Analysis of line 9:				
a Excess from 2011 4,171.				
b Excess from 2012 5 , 011 .				
c Excess from 2013 10,394.				
d Excess from 2014 5,369.				
e Excess from 2015 3, 289.				<u> </u>

Part XIV Private Operating Fo		structions and Part V		N/A	5/048 Page 1
1 a If the foundation has received a ruling or			<del></del>	N/A	
foundation, and the ruling is effective for		·			
b Check box to indicate whether the founda		=	in coction	4942(j)(3) or 49	942( <sub>1</sub> )(5)
2 a Enter the lesser of the adjusted net	Tax year	ig toutidation described	Prior 3 years	1 4542(])(3) UI 43	542(J)(3) 
' F	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(4) 2010	(0,2011	(0) 20 10	(0) 2012	(0) 10141
investment return from Part X for			1		
each year listed	<del></del>		<del> </del>	<del> </del>	<u> </u>
b 85% of line 2a	•		<del> </del>		
c Qualifying distributions from Part XII,			:	-	
line 4 for each year listed					-
d Amounts included in line 2c not				i	
used directly for active conduct of					
exempt activities		<u> </u>		<del> </del>	
e 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:					
a "Assets" alternative test - enter:					
(1) Value of all assets	· · · · · · · · · · · · · · · · · · ·			· · ···-	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed	· · · · · · · · · · · · · · · · · · ·		<del></del>		
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	İ				
an exempt organization					-
(4) Gross investment income  Part XV# Supplementary Inform	nation (Comple	te this part only	if the foundation l	ad \$5,000 or mor	e in assets
at any time during the	•			40,000 01 11101	· dood.c
1 Information Regarding Foundation	<del></del>	•			
a List any managers of the foundation who	•	han 2% of the total cont	ributions received by the	foundation before the clos	e of any tay
year (but only if they have contributed mo	re than \$5,000). (See so	ection 507(d)(2).)	and the result of the same of		o or any tax
NONE					
b List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large portio	n of the ownership of a pa	rtnership or
other entity) of which the foundation has a			, , , , , , , , , , , , , , , , , ,	• •	·
NONE					
2 Information Regarding Contribution	n, Grant, Gift, Loan,	Scholarship, etc., Pi	ograms:		
Check here ► X if the foundation onl	y makes contributions t	o preselected charitable	organizations and does n	ot accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc. (se	ee instructions) to indiv	iduals or organizations i	ander other conditions, co	mplete items 2a, b, c, and	d.
a The name, address, and telephone numbe	r or e-mail address of th	ne person to whom appl	cations should be address	sed:	
<b>b</b> The form in which applications should be	submitted and informat	ion and materials they s	hould include:		
c Any submission deadlines:			···		<del></del>
a rang outstands outstands.					
d Any restrictions or limitations on awards,	such as by geographica	l areas, charitable fields	kinds of institutions, or o	ther factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year BELMONT UNIVERSITY FOR WRIGHT LENGTH OF 1900 BELMONT BLVD. SERVICE AWARDS; MASSEY NASHVILLE, TN 37212 SCHOOL CENTER 5,850. HABITAT FOR HUMANITY FOR GENERAL OPERATIONS PO BOX 1394 CLAYTON, GA 30525 1,000. MEMORIAL SLOAN-KETTERING CANCER SUPPORT CLINICAL CENTER RESEARCH OF CANCER 1275 YORK AVE. NEW YORK, NY 10065 2,500. PARK TUDOR SCHOOL FOR GENERAL 7200 NORTH COLLEGE AVE OPERATIONS. INDIANAPOLIS, IN 46240 2,500. ST. AUGUSTINE'S EPISCOPAL CHAPEL FOR GENERAL OPERATIONS BOX 6330 STATION B VANDERBILT UNIV br church. NASHVILLE, TN 37235 2,000. SEE CONTINUATION SHEET(S) 20,850. Total ➤ 3a b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

	•				
Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		uded by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
			1		
	- 1 - 1		I		
<u> </u>	1 1		╁──		
d	_		┼	<del> </del>	
e	- <del> </del>		├		
f			├		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			<u> </u>		
4 Dividends and interest from securities	<u> </u>		14	5,913.	
5 Net rental income or (loss) from real estate:	, ;	بالإطارات والمراجع	3 Ye	<b>网络大大工学等的</b>	
a Debt-financed property					
b Not debt-financed property				<u> </u>	
	<del></del>		t	1	
6 Net rental income or (loss) from personal			1		
property			<del> </del>		<u>.                                    </u>
7 Other investment income			-		<del></del>
8 Gain or (loss) from sales of assets other					
than inventory			18	26,567.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			1		
1 Other revenue:			1		
a					
b					
****	1 1				
	ľ		<del>                                     </del>		
d	- <del>                                    </del>		<del> </del>	<del> </del>	
E	يارن ويعني فيادر	<u> </u>	1988	32,480.	0.
2 Subtotal. Add columns (b), (d), and (e)	5 Co. "Manife Sty. 1		D. 3846		
3 Total. Add line 12, columns (b), (d), and (e)				13	32,480.
See worksheet in line 13 instructions to verify calculations.	)	<del>-</del>			···
Part XVIB Relationship of Activities	to the Acco	mplishment of Exe	empt	Purposes	
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Line No. Explain below how each activity for which in			contrib	buted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other the	an by providing fun	ids for such purposes).			
					,
					· <u>-</u> · ·
		···			
					<del></del>
	-				
	•	<del></del>			
				·····	
		•			

Form 990			SON FAMIL						857048	Pa	ige 13
Part 2	XVII			sfers To a	nd Tran	sactions a	nd Relations	hips With Nonc	haritable		
1 Did	the ore	Exempt Organi panization directly or indir		of the followin	na with any c	ther organization	on described in sect	non 501(c) of		Yes	No
		other than section 501(c)						1011 30 1(0) 01			
		rom the reporting founda					24,0110				
	Cash				,	-			1a(1)		Х
٠,	Other	assets							1a(2)		Х
b Oth	er trans	sactions:									
(1)	Sales	of assets to a noncharitat	ole exempt organizat	tion					1b(1)		X
(2)	Purch	ases of assets from a nor	ncharitable exempt o	rganization					1b(2)		Х
(3)	Renta	of facilities, equipment,	or other assets						1b(3)		Х
(4)	Reimb	oursement arrangements							1b(4)		X
(5)	Loans	or loan guarantees							1b(5)		X
		mance of services or mei	,	-					1b(6)		X
	•	facilities, equipment, mai	- ·						<u>  1c</u>	<u> </u>	X
		ver to any of the above is	•	-		• •	=			ets,	
		s given by the reporting for the value of the goods, or			eo iess tnan	iair market valu	e in any transaction	i or snaring arrangeme	int, snow in		
(a) Line n		(b) Amount involved	<del>,</del>	f noncharitable	e exempt ord	ianization	(d) Description	n of transfers, transactions	and sharing arr	angemen	its
(4) 2	<del>*                                     </del>	(b) / anodik involved	(0) (10.110 0.	N/A	o onompt org	,u	(2) 2000.00.0				
	+						<del>-  </del>	<del></del>			
							<del> </del>				
								·· <u>·</u> ·			
	<del></del>						_				
										-	
	_						<del>-  </del>				
	-				-				· · ·		
<del></del>	·						<del></del>				-
	+										
2a  s i	he four	dation directly or indirect	the affiliated with or	related to one	or more tax	r-exempt organi	zations described				
		501(c) of the Code (other	•			. v			Yes	X	No
		mplete the following sche									
		(a) Name of org	janization		<b>(b)</b> Type o	of organization		(c) Description of rela	itionship		
		N/A									
					ļ						
		<u>.</u>									
					1						
	Linder	penalties of perjury, I declare to	hat I have examined this	return including	accompanyin	n schedules and st	atements and to the h	est of my knowledge			
Sign		lief, it is true, correct, and com		-					May the IRS return with th	e prepar	er
Here		3.0PC	50	_	1	5-16-16	Prosi	0.4	shown below		<sup>tr</sup> )? ☐ <b>No</b>
	Sign	ature of officer or trustee			Date		Title			<u> </u>	
	1 - 9.	Print/Type preparer's na		Preparer's s		· · · · · · · · · · · · · · · · · · ·	Date	Check X if F	PTIN		
				1		1.		self- employed			
Paid		R. BARRY D	EAN	R. 12	ang 1	eances	3/11/16		P00734		
Prep	arer	Firm's name ► FRA	SIER, DEA	N & HO	WARD,	PLLC		Firm's EIN ► 62	-10735	78	

Phone no. 615-383-6592

Use Only

Firm's address ▶ 3310 WEST END AVE STE 550 NASHVILLE, TN 37203

Part IV   Capital Gains and Lo	sses for Tax on Investment Income				
	d describe the kind(s) of property sol rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 82.388 SHS HAR	TFORD CAP APPREC	A		VARIOUS	11/19/15
b 84.920 SHS INVESCO COMSTOCK A VARIOUS					
	VESCO COMSTOCK A			VARIOUS	11/19/15
d 81.557 SHS HAR	TFORD CAP APPREC			11/19/07	03/26/15
e 153.149 SHS HA	RTFORD CAP APPREC			VARIOUS	04/21/15
	RTFORD CAP APPREC			11/15/06	11/19/15
q CAPITAL GAINS	DIVIDENDS				
h					
1					
le .					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a 3,140.		3,008.			132.
b 2,102.		2,110.			-8.
c 5,398.		3,924.			1,474.
d 3,100.		3,335.			-235.
e 6,000.		5,960.			40.
f 4,360.		4,315.			45.
g 25,119.					25,119.
h					
1					
j					
k					
1					
m					
n					
0					
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69		sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ֈ), if any	Gains (excess but r	of col. (h) gain ove oot less than "-0-")	r col. (k),
a					132.
b					-8.
С					1,474.
d					-235.
e					40.
f					45.
9					25,119.
h					
1					
i					
k	<u> </u>				
1					<del></del>
<u>m</u>					
<u>n</u>				····	
0		<u></u>	ļ		
Capital gain net income or (net ca)	pital loss) { If gain, also enter -0	in Part I, line 7	2		26,567.
	ss) as defined in sections 1222(5) an	`			
If gain, also enter in Part I, line 8,		· (0).			
If (loss), enter "-0-" in Part I, line t		<u> </u>	3	N/A	

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
ST. JUDE CHILDREN'S HOSPITAL			DOD GENERAL OPPONIES	
501 ST. JUDE PLACE			FOR GENERAL OPERATIONS OF HOSPITAL	
MEMPHIS, TN 38105			Dr NOSPITAL	2,500.
			<del>                                     </del>	2,000.
TABERNACLE PRESBYTERIAN CHURCH			FOR GENERAL OPERATIONS	
418 E. 34TH STREET			OF CHURCH	
INDIANAPOLIS, IN 46205				750.
THE HARPETH HALL SCHOOL			FOR EDUCATIONAL	
3801 HOBBS ROAD			INSTITUTION'S ANNUAL	
NASHVILLE, TN 37215			FUND	2,000.
UNIVERSITY SCHOOL OF NASHVILLE 2000 EDGEHILL AVENUE			FOR EDUCATIONAL INSTITUTION'S ANNUAL	
NASHVILLE, TN 37212			FUND	1,000.
			, UND	1,000.
WASHINGTON TOWNSHIP LITTLE LEAGUE			FOR GENERAL OPERATION	
P.O. BOX 40493			OF LITTLE LEAGUE	
INDIANAPOLIS, IN 46240				750.
Total from continuation sheets	<u> </u>			7,000.

FORM 990-PF DIVIDE	ENDS AND INTE	EREST FROM S	ECURITIES	STATEMENT 1
GROSS AMOUN		s reven	UE NET INVEST	
MORGAN STANLEY 31,0	032. 25,1	19. 5,	913. 5,913	
TO PART I, LINE 4 31,0	25,1	119. 5,	913. 5,913	
FORM 990-PF	ACCOUNT	ING FEES	· · · · · · · · · · · · · · · · · · ·	STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,000	· ·	0.	0.
TO FORM 990-PF, PG 1, LN 16	5B 1,000	),	0.	0.
FORM 990-PF	T <i>P</i>	XES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(D) CHARITABLE PURPOSES
TAXES	2,046		0.	0.
TO FORM 990-PF, PG 1, LN 18	2,046		0.	0.
FORM 990-PF	OTHER	EXPENSES		STATEMENT 4
				<del></del>
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
DESCRIPTION INVESTMENT MANAGEMENT FEES	EXPENSES	NET INVES MENT INCO	T- ADJUSTED	CHARITABLE

FORM 990-PF C	CORPORATE STOCK		STATEMENT 5	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
INVESTMENT COMPANY OF AMERICA HARTFORD CAPITAL APPRECIATION FUN	D CL A	100,519.	112,339. 119,148.	
INVESCO VAN KAMPEN COMSTOCK FD CL	-	85,170.	112,839.	
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	292,033.	344,326.	

	LIST OF OFFICERS, D AND FOUNDATION MANA	STATEMENT 6		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
BAILEY P. ROBINSON, III NASHVILLE, TN	PRESIDENT 0.00	0.	0.	0.
LAURA SUE ROBINSON NASHVILLE, TN	SECRETARY 0.00	0.	0.	0.
EVE ROBINSON HANLEY INDIANAPOLIS, IN	DIRECTOR 0.00	0.	0.	0.
GLENN L. HANLEY INDIANAPOLIS, IN	DIRECTOR 0.00	0.	0.	0.
TRACEY ROBINSON	DIRECTOR 0.00	0.	0.	0.
BAILEY P. ROBINSON, IV	DIRECTOR 0.00	0.	0.	0.
COURTNEY K. ROBINSON NASHVILLE, TN	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.