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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491319036877

2016

OMB No 1545-0052

## **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.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

or	caler	ndar year 2016, or tax year	beginning 01-01-20	)16 , a	nd er	ding 12-31-	2016		
Name of foundation Bruce Family Foundation						A Employer Id	entification numbe	r	
		,				26-2645971			
		l street (or P O box number if mail is n field Place	ot delivered to street address)	Room/suite		<b>B</b> Telephone number (see instructions)			
C.L		-h-h	. 6			(615) 595-4298	3		
	ry or town, state or province, country, and ZIP or foreign postal code anklin, TN 37075					<b>C</b> If exemption	application is pendin	g, check here	
G Ch	eck al	l that apply 🔲 Initial return	$\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🕨 🔲	
		Final return	Amended return				ganizations meeting k here and attach co		
		Address chan	<del>-</del>			·	undation status was t	· —	
			501(c)(3) exempt private				n 507(b)(1)(A), chec		
		4947(a)(1) nonexempt charitable							
of y	year <i>(f</i>	et value of all assets at end rom Part II, col (c), \$ 808,351	☐ Other (specify)  (Part I, column (d) must	be on cash basis )	ıal		ation is in a 60-montl n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and equal the amounts in column (a) (se	(d) may not necessarily	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , schedule)	received (attach	130,000					
	2	<u></u>	not required to attach						
		Sch B							
	3	Interest on savings and tempora Dividends and interest from secu	•	17,006		17,896			
	4 5a	Gross rents	indes	17,896		17,896			
	b	Net rental income or (loss)							
<u>e</u>	6a			-654					
Revenue	b	Gross sales price for all assets on line 6a 44,27:							
ž	7	Capital gain net income (from Part IV, line 2)				0			
	8 9	Net short-term capital gain .  Income modifications							
	10a	Gross sales less returns and allo							
	b	Less Cost of goods sold	wances						
	С	Gross profit or (loss) (attach sch	edule)						
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11		147,243		17,897			
	13	Compensation of officers, directo	ors, trustees, etc						
	14	Other employee salaries and was	ges						
6	15	Pension plans, employee benefit	s						
20	16a	Legal fees (attach schedule) .							
ž De	b	Accounting fees (attach schedule	e)						
e F	С	Other professional fees (attach s	chedule)						
<u> </u>	17	Interest							
Operating and Administrative Expenses	18	Taxes (attach schedule) (see ins	tructions)	436		436			
	19	Depreciation (attach schedule) a	nd depletion						
	20	Occupancy							
ָלָ בַּ	21	Travel, conferences, and meeting	-						
ਰ -	22	Printing and publications		<b>66.1</b> 7.404		7.5			
בוול	23	Other expenses (attach schedule		7,191		7,151			
era	24	Total operating and administrated Add lines 13 through 23	•	7,627		7,587		0	
ā O	25	Contributions, gifts, grants paid		54,000		/,58/		54,000	
	25 26	Total expenses and disburser	ments. Add lines 24 and	34,000				34,000	
	27	25		61,627		7,587		54,000	
	27	Subtract line 26 from line 12  Excess of revenue over exper	sees and	85,616					
	a	disbursements  Net investment income (if neg		03,010		10,310			
	b c	Adjusted net income (if negative	•			10,310			
or		work Reduction Act Notice, se	•	<u> </u>	L	Cat No 11289>	 	m <b>990-PF</b> (2016)	

827,295

827,295

827,295

827,295

912,912

912,912

912,912

912,912

3

4

5

6

827,295

85,616

912,912

912,912

Form **990-PF** (2016)

808,351

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis ▶ \_

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . . . .

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ \_

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

List and describe	(a) the kind(s) of property sold (e g , re	eal estate,	How acquired P—Purchase	(c) Date acquired	(d) Date sold
2-story brick war	ehouse, or common stock, 200 shs	MLC Co )	D—Donation	(mo , day, yr )	(mo , day, yr )
<b>1 a</b> Wells Fargo 0865 ST			Р	2015-10-21	2016-09-13
<b>b</b> Wells Fargo 0865 LT			Р	2015-03-17	2016-12-19
c Wells Fargo 0865 LT			Р	2010-01-05	2016-11-02
d					
e					
(e)	(f)		(g)		h)
Gross sales price	Depreciation allowed (or allowable)		other basis ense of sale		r (loss) ) minus (g)
<b>a</b> 1	(or anowabic)	pids expe	11,905		-456
	31,278		31,903		-625
С .	1,551		1,124		427
d	1,331		1,121		127
	a sharring gain in callings (b) and are	and by the foundation of	n 13/31/60	<del></del>	
Complete only for asset	s showing gain in column (h) and ow		(k)		l) h) gain minus
(i)	Adjusted basis		of col (i)		less than -0-) <b>or</b>
F M V as of 12/31/69	as of 12/31/69		(j), if any	Losses (fr	om col (h))
a					-456
b					-625
c					427
d					
e					
	1	If gain, also enter in Pa	art I, line 7		
2 Capital gain net income	e or (net capital loss)	If (loss), enter -0- in P	art I, line 7		654
	(1)	4000(5) 1 (6)	'	2	-654
·	gain or (loss) as defined in sections			1	
if gain, also enter in Pa in Part I, line 8	art I, line 8, column (c) (see instructi	ions) If (loss), enter -U	·	3	-456
iii raic i, iiie o			1		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
	private foundations subject to the se				
(1 of optional use by domestic p	onvace roundations subject to the se	ction 4540(a) tax on he	t investment incom	c ,	
If section 4940(d)(2) applies, l	eave this part blank				
Was the foundation liable for th	ne section 4942 tax on the distributa	ble amount of any year	in the base period?	)   Y	es 🗹 No
	ot qualify under section 4940(e) Do		'		
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any entries	5	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitabl	e-use assets	Distribution rati (col (b) divided by c	
2015	60,000		724,197		000 082850
2014	42,491		577,305		000 073602
2013	51,549		478,775		000 107669
2012	26,217		317,000		000 082703
2011	29,808		299,188		000 099630
2 Total of line 1, column (	d)		2		000 446454
'	o for the 5-year base period—divide				
number of years the four	ndation has been in existence if less	than 5 years	<u>3</u>		000 089291
	oncharitable-use assets for 2016 from	n Part X, line 5	<u>4</u>		791,118
<b>5</b> Multiply line 4 by line 3			5		70,640
<b>6</b> Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		103
			7		70,743
	ions from Part XII, line 4 ,				54,000
	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usin	g a 1% tax rate Se	e the Part VI
instructions					000-PE (2010)
				Fo	orm <b>990-PF</b> (2016)

During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes 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?....... (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. . . b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?. 5b Organizations relying on a current notice regarding disaster assistance check here. . . . c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?. . . . If "Yes," attach the statement required by Regulations section 53 4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?................ Yes 🗸 No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b No If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 」Yes □ No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (d) Title, and average (c) Compensation (If Contributions to employee Expense account, (a) Name and address hours per week not paid, enter benefit plans and deferred (e) other allowances (b) devoted to position -0-) compensation Don C Bruce Director 001 00 175 Snug Harbor Drive Hendersonville, TN 37075 Joan Wafford Bruce Director 001 00 175 Snug Harbor Drive Hendersonville, TN 37075 Terry Hendrixson Trustee 001 00 106 Sheffield Place Franklin, TN 37067 Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE." Contributions to (a) Title, and average employee benefit Expense account. Name and address of each employee paid hours per week (c) Compensation plans and deferred (e) other allowances more than \$50,000 (b) devoted to position (d) compensation

Page 6

and contractors (continued)	Form 990-PF (2016)	Page <b>7</b>
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation  otal number of others receiving over \$50,000 for professional services.  Part IX-A Summary of Direct Charitable Activities  st the foundation's four largest direct charitable activities of reganizations and other beneficiaries served, conferences convened, research papers produced, etc  1 none  0  2  3  4  Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none		, Foundation Managers, Highly Paid Employees,
otal number of others receiving over \$50,000 for professional services.  Part IX-A Summary of Direct Charitable Activities st the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of granizations and other beneficiaries served, conferences convened, research papers produced, etc  1 none  0  2  4  Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2	3 Five highest-paid independent contractors for professional serv	rices (see instructions). If none, enter "NONE".
Part IX-A Summary of Direct Charitable Activities st the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of granizations and other beneficiaries served, conferences convened, research papers produced, etc  1 none  0  2  3  4  Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 none  2	(a) Name and address of each person paid more than \$50,000	(b) Type of service (c) Compensation
Part IX-A Summary of Direct Charitable Activities st the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of granizations and other beneficiaries served, conferences convened, research papers produced, etc  1 none  0  2  3  4  Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 none  2		
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Part IX-A Summary of Direct Charitable Activities st the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of granizations and other beneficiaries served, conferences convened, research papers produced, etc  1 none  2  3  4  Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 none  2	<b>Fotal</b> number of others receiving over \$50,000 for professional services.	
set the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of rganizations and other beneficiaries served, conferences convened, research papers produced, etc  1 none  2  3  4  Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2		
1 none  2  3  4  Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2	List the foundation's four largest direct charitable activities during the tax year. Include re	
2  3  4  Part IX-B Summary of Program-Related Investments (see Instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none 2		duced, etc
Part IX-B Summary of Program-Related Investments (see Instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none 2		
Part IX-B Summary of Program-Related Investments (see Instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none 2	2	
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2	3	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2	4	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  1 none  2	Part IX-B Summary of Program-Related Investments (see	instructions)
2		
	1 none	
All other program-related investments See instructions	2	
All other program-related investments See instructions		
All other program-related investments. See instructions		
	All other program-related investments See instructions	
3	3	
otal. Add lines 1 through 3	Total. Add lines 1 through 3	
otal. Add lines 1 through 3	Total Add intes I tillough 5	

2

За 3b

4

5

54.000

54,000

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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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

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

3

4

5

Page 9

39.350

39,350

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Pa	rt XIII	Und

**b** Total for prior years

From 2011. . . .

**d** From 2014. . . . .

e From 2015. . . . .

**b** From 2012. . . . c From 2013. .

XII, line 4 > \$

indicated below:

m 990-PF (2	016)
Part XIII	Undistributed Income (see instructions)

15,233 10,533

28.112 43.000

24,643

10.533 28,112

43.000

24.643

14.650

(a)

Corpus

121,521

14.650

136,171

15,233

120,938

(b)

Years prior to 2015

(c)

2015

m 990-PF (2	016)	
art XIII	Undistributed Income (see instruc	tions)

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . . .

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . .

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

**b** Excess from 2013. .

c Excess from 2014. .

d Excess from 2015. .

e Excess from 2016. .

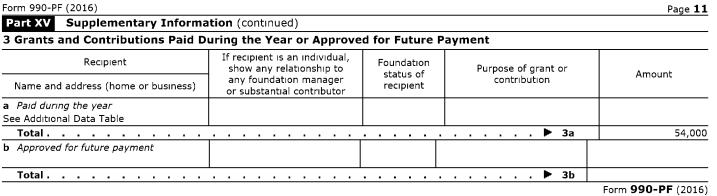
Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . 8 Excess distributions carryover from 2011 not

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .



Enter gross amounts unless otherwise indicated		Unrelated bu	usiness income	Excluded by section	n 512, 513, or 514	(e)	
Program service revenue		(a)		(c)	(d)	Related or exempt function income (See instructions )	
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See matractions )	
d							
_	and contracts from government agencies						
	rship dues and assessments st on savings and temporary cash						
	ments	523920		03		1	
	ds and interest from securities	523000		03		17,896	
	tal income or (loss) from real estate						
	financed property						
	ebt-financed property						
	ntal income or (loss) from personal property						
	nvestment income						
	r (loss) from sales of assets other than ory	523000		05		-654	
	ome or (loss) from special events						
	profit or (loss) from sales of inventory						
Other r							
a contrib						130,000	
4							
е						147.243	
e	al Add columns (b), (d), and (e).			1	.3		
e Subtota Total. , ee worksl	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio	ns )			.3		
e Subtota Total. , ee worksl	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculatio  Relationship of Activities to th	<sup>ns</sup> ) <b>e Accomplish</b>	ment of Exem	pt Purposes		147,243 147,243	
e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
e Subtota Total. , ee worksh art XVI ine No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
e Subtota Total. , ee worksh art XVI ine No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
e Subtota Total. , ee worksh art XVI ine No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
e Subtota Total. , ee worksh art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
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Subtota Total.  e workshart XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
e Subtota Total. , ee worksh art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
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e Subtota Total. , ee worksh art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
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e Subtota Total. , ee worksh art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
e Subtota Total. , ee worksh art XVI ine No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
e Subtota Total. , ee worksh art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
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eSubtota Total. A e worksh art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	
Subtota Total.  e workshart XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex instructions )  Income funds grants  Income funds grants	ns ) <b>e Accomplish</b> income is reporti	ment of Exem	pt Purposes  f Part XVI-A contrib	uted importantly to	147,243	

 /
 Information Regarding Transfers To and Transactions and Relationships With Noncharitable
Exempt Organizations

Part XVII	Information Re Exempt Organi		ansfers To	and Transact	ions and	Relatio	nships With No	oncharit	able		
	ganization directly or in Code (other than sectio	directly engag						tion 501		Yes	No
	from the reporting foun		-		-		<b>y</b>	-			
( <b>1</b> ) Cash								.	1a(1)		No
<b>(2)</b> Other	assets								1a(2)		No
<b>b</b> Other tran											
	of assets to a nonchari	•	-					h	1b(1)		No No
(2) Purchases of assets from a noncharitable exempt organization									1b(2) 1b(3)		No
	(4) Reimbursement arrangements.								1b(4)		No
. ,	s or loan guarantees.							- 1	1b(5)		No
	mance of services or m							. [	1b(6)		No
c Sharing of	facilities, equipment, n	nailing lists, ot	her assets, o	r paid employees				. [	1c		No
of the goo	ver to any of the above ds, other assets, or ser- nsaction or sharing arra (b) Amount involved	vices given by ngement, show	the reporting w in column (	foundation If th	ne foundation he goods, c	on receive other asse	d less than fair ma	arket value eived	9	ngemen	ts
	<b>(-</b> )	(-,			(-/		,	,		- <u> </u>	
described	ndation directly or indire in section 501(c) of the omplete the following so (a) Name of organization	Code (other t chedule	han section 5		ection 527?				Yes	<b>☑</b> N	0
of m Sign which	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, cor		nplete Declaratio				based on a	all infor	mation	of
Here	*****			2017-11-15	*	****		May the IR with the pr			
<b>     </b>	Signature of officer or ti	rustee		Date	<b>7</b> T	itle		(see instr	)2 🗹 Y	es 🗆 N	ю
1	Print/Type preparer's	name I	Preparer's Sig	gnature	Date		Check if self- employed ▶ ☑	PTIN			
Paid Preparer	Terry Hendrixson				2017	-11-15	employed F 🛂				
Use Only		y Hendrixson C	.PA					Fırm's EI	N ►		
,	Firm's address ► 10	6 Sheffield Pla anklin, TN 370						Phone no	(615)	595-4	1298
								l For	m <b>99</b> 0	)-PF (	2016)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Nashville Intercity Ministries NC porgrams for inner city youth 10,000 1000 Apex Street Nashville, TN 37206

Tennessee Prison Ministry 136 Rains Ave Nashville, TN 37203	NC	prison ministry	10,000
CLC Christian Leadership PO BOx 3645 Brentwood, TN 370243645	NC	Mens christian leadership training	1,000
Palmer Home for Children PO Box 746 Columbus, MS 39703	NC	home for childern	500
Fresh Start Resoources 129 Walton Ferry Rd	NC	christian womens ministry	2,000

54,000

Hendersonville, TN 37075

Total.

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
Center for Living 1979 Old Hillsoboro Rd Franklin, TN 37064	NC	holistic treatment for illness	500
Community Church 381 W Main St	NC	religious/church	15,000

Community Church 381 W Main St Hendersonville, TN 37075	NC	religious/church	15,000
Fellowship of Christian Athletes P O Box 97 Hendersonville, TN 37077	NC	focus on athletic personel promoting christian values	1,000
	The state of the s		The state of the s

P O Box 97 Hendersonville, TN 37077	NC .	promoting christian values	1,000
Manna Worldwide 4255 W Risinger Road Fort Worth, TX 76123	NC	resuce children from poverty	1,000

Manna Worldwide 4255 W Risinger Road Fort Worth, TX 76123	NC	resuce children from poverty	1,000
Music for the Sole PO Box 159027	NC	christian music ministry	500

Fort Worth, TX 76123			
Music for the Sole PO Box 159027 Nashville, TN 372159027	NC	christian music ministry	

1010 1101 Elly 174 7 0 1 2 5			
Music for the Sole PO Box 159027 Nashville, TN 372159027	NC	christian music ministry	!

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CSRA CV 3170 Fairvuew Park Drive NC veteran support programs 1,000 Falls Church, VA 22042 Lee University 1120 N Ocoee St NC 1,000 religious education Cleveland, TN 37311 1,000 National Mutiple Sclerosis Society NC medical treatment and reserch 214 Overlook Cur for MC 000 500

Brentwood, TN 37027		מיי ויוו	
Mission Ciscovery 1509 Hunt Club Blvd Hendersonville, TN 37066	NC	short term mission trips	
American Red Cross 2201 Charlotte Ave Nashville, TN 37203	NC	medical blood supply	

Total .

3a

Mission Ciscovery 1509 Hunt Club Blvd Hendersonville, TN 37066		NC	short term mission trips	1,0
	American Red Cross 2201 Charlotte Ave	NC	medical blood supply	5

54,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Long Hollow Baptist Church NC christian church 1,000 3031 LOng Hollow Pike

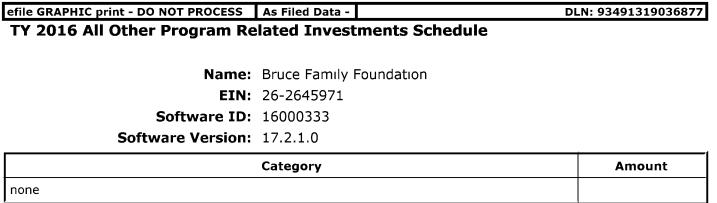
Hendersonville, TN 37075			
American Merchant Marines Vets 2722 Maynes Ct Santa Rosa, CA 95405	NC	veterans assistant	1,000

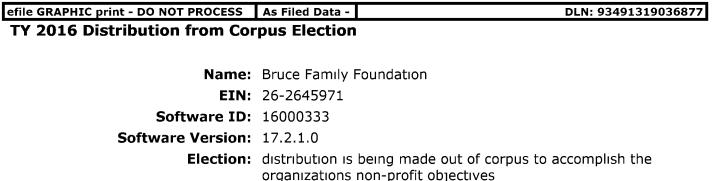
2722 Maynes Ct Santa Rosa, CA 95405			
Ashley's Place 315 W Smith St Gallatin, TN 37066	NC	child advocacy	1,000
Renewal House of Tennessee P O Box 280356	NC	addiction recovery for women	5,000

	·			E4.000
Renewal House of Tennessee P O Box 280356 Nashville, TN 37228		NC	addiction recovery for women	5,000
Ashley's Place 315 W Smith St Gallatin, TN 37066		NC	child advocacy	1,000
Santa Rosa, CA 95405				

Gallatin, TN 37066			
Renewal House of Tennessee P O Box 280356 Nashville, TN 37228	NC	addiction recovery for women	5,000
Total	 		54,000

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93491319036877					
TY 2016	TY 2016 Accounting Fees Schedule									
		Name:								
I		EIN:	26-2645971							
1		Software ID:	16000333							
	<b>Software Version:</b> 17.2.1.0									
Category	Amount	Net Investme Income		usted Net ncome	Disbursements for Charitable Purposes					





Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.										
TY 2016 Gain/Loss from Sale of Other Assets Schedule										
	1	<b>Name:</b> Brud	e Family	Foundation						
		<b>EIN:</b> 26-2	2645971							
	Softwa	are ID: 1600	00333							
	Software Ve	ersion: 17.2	2.1.0							
Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
Wells Fargo 0865 ST	2015-10	Р	2016-09		11,449	11,905			-456	

31,278 31,903

1,124

1,551

DLN: 93491319036877

-625

427

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2015-03

2010-01

2016-12

2016-11

Wells Fargo 0865 LT

Wells Fargo 0865 LT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	D	LN: 93491319036877
TY 2016 Investments Corpora	nte Stock Schedule		
Name:	Bruce Family Foundation		
EIN:	26-2645971		
Software ID:	16000333		
Software Version:	17.2.1.0		

Software Version: 17.2.1.0		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
Mutual Funds invested with Wells Fargo	912,912	808,351

efile GRAPHIC print - DO NOT PROCESS	As Filed Data - DLN: 93491319036877			
TY 2016 Other Expenses Sche	dule			
- 				
Name:	Bruce Family Fo	oundation		
EIN:	: 26-2645971			
Software ID:	<b>Software ID:</b> 16000333			
Software Version:	Software Version: 17.2.1.0			
Other Expenses Schedule	Other Expenses Schedule			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
annual filing fees for Tennessee	40			
investment advisory fees	7,151	7,151		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349131903687	· <b>7</b>
TY 2016 Other Increases Schedule				_
Name:	Bruce Family F	oundation		
EIN:	26-2645971			
Software ID:	16000333			
Software Version:	17.2.1.0			
De	escription		Amount	
rounding				1

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491319036877
TY 2016 Taxes Schedule				
Name:	Bruce Family	y Foundation		
EIN:	26-2645971			
Software ID:	16000333			
Software Version:	17.2.1.0			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Tax on investment income	436	436		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491319036877					
Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	F) ► Attach to Form 990, 990-EZ, or 990-PF  tof the Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at				
Name of the organizat Bruce Family Foundation	ion	Employer identification number			
·		26-2645971			
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	lion			
	☐ 527 political organization				
Form 990-PF	√ 501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxable private foundation				
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions for contributio				
Special Rules					
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> 3% s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pany one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 one 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	art II, line 13, 16a, or 16b, and that			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions exclusively for religious, charitable, etc., purposes, but no such contributions, enter here the total contributions that were received during the year for an excomplete any of the parts unless the <b>General Rule</b> applies to this organization beable, etc., contributions totaling \$5,000 or more during the year	tributions totaled more than \$1,000 exclusively religious, charitable, etc., ecause it received nonexclusively			
990-EZ, or 990-PF), bu	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)				
For Paperwork Reduction for Form 990, 990-EZ, or 9		le B (Form 990, 990-EZ, or 990-PF) (2016)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization Employer identification number 26-2645971 Bruce Family Foundation Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Don C Bruce via American Home Desig Payroll 880 Conference Drive \$0 Noncash Goodletsville, TN 37072 (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
Name of organization Bruce Family Foundation		Employer identification number	
	л	26-26	545971
Part II	Noncash Property		_
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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
=			
(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
		s	
<u> </u>	<del>-</del>	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organization Bruce Family Foundation			Employer identification number 26-2645971
than \$1,00 organizati the year. (	00 for the year from any one contributo	r. Complete columns (a) thro of exclusively religious, chari actions.)   \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No.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 ZIP 4 F	Relationship of transferor to transferee
(a) No.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 ZIP 4	Relationship of transferor to transferee
(a) No.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 ZIP 4	Relationship of transferor to transferee
(a) No.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	Relationship of transferor to transferee
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)