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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

SCANNED .... 2 2

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

For	calen	idar year 2016 or tax year be	ginning	, 20	016, and	ending_		, 20
Na	me of fo	undation				A Employe	r identification number	er
CO	LLEEN	CONWAY-WELCH FAMILY FOL	JNDATION, INC			1	26-4421502	
Nu	mber an	d street (or P O. box number if mail is i	not delivered to street address)	Ro	om/suite	B Telephon	e number (see instruct	ions)
c/o	DOUG	LAS J. BROWN, 1005 EIGHTH A	VENUE, SOUTH	j		1	615-345-6234	
Cit	y or tow	n, state or province, country, and ZIP o	or foreign postal code			C If exempt	tion application is pend	ing, check here ▶
NA	SHVILL	LE, TENNESSEE 37203						
G	Check	all that apply:   Initial retu	urn 🔲 Initial return	of a former pub	lic charity	D 1. Foreigi	n organizations, check	here ▶ [
		☐ Final retu	ırn 🔲 Amended ı	return		2. Foreigi	n organizations meeting	the 85% test
		Address				check	here and attach compl	itation · ▶
Н		type of organization					foundation status was 07(b)(1)(A), check here	
		on 4947(a)(1) nonexempt charit				]	or (B)(1)(v), one on here	
ı		narket value of all assets at		: ☑ Cash 🗌	Accrual	F If the four	ndation is in a 60-mont	h termination
		f year (from Part II, col. (c),	Other (specify)			under sed	ction 507(b)(1)(B), chec	khere ▶ 🗹
_	_		(Part I, column (d) must be	on cash basis.)		L		<del></del>
P	art I			(a) Revenue and	(b) Na	t investment	(a) Adjusted not	(d) Disbursements
		amounts in columns (b), (c), and (d)		expenses per books		ncome	(c) Adjusted net income	for charitable purposes
_		the amounts in column (a) (see instr		<u> </u>		<del></del>		(cash basis only)
	1	Contributions, gifts, grants, etc.,		250,0	00		<u> </u>	ļ
	2	Check ► ☐ if the foundation is n	•	<b> </b>			<u> </u>	
	3	Interest on savings and temp	=		56	56	56	
	4	Dividends and interest from s	securities	<del> </del>				
	5a	Gross rents					<u></u>	
_	b	Net rental income or (loss)	6to wet on time 10	<del> </del> -				
Ę	6a	Net gain or (loss) from sale o						
Revenue	_b	Gross sales price for all assets on Capital gain net income (from						
È	) 7   8	Net short-term capital gain .						
_	9	Income modifications		<del></del>				
	10a	Gross sales less returns and allo			<del></del>			
	b	Less: Cost of goods sold .	150	En				
	C	Gross profit or (loss) (attach	schedule)	VED			<del></del>	
	11	Other income (attach schedu	// a> // // // // // // // // // // // // //		7			
,	12	Total. Add lines 1 through 11		£ 201 2500	56	56	56	
	13	Compensation of officers, dir						
ses	14	Other employee salaries and			7			
en	15	Pension plans, employee ber		Le CIT				
Expenses	16a	Legal fees (attach schedule)						
	b	Accounting fees (attach sche	edule)					
Εį	С	Other professional fees (attack						
Ţ	17							
ist	18	Taxes (attach schedule) (see ins						<del></del>
Ξį	19	Depreciation (attach schedul		<u> </u>				
Ď	20	Occupancy		<u> </u>				<del></del>
þ	21	Travel, conferences, and me		<u> </u>			<b> </b>	
a	22				40			
D D	23	Other expenses (attach sche		<del></del>	40	40	40	<del></del>
atii	24	Total operating and adm		}	40			
Operating and Administrative	05	Add lines 13 through 23		212.4	40	40	40	<del></del>
ŏ	25	Contributions, gifts, grants p		213,4 213,5			<b> </b>	<del></del>
_	26 27	Total expenses and disbursem Subtract line 26 from line 12:		213,5	-1			<u> </u>
	a a			36,5	29			
	b			J 30,3	<del></del>	16		<del></del>
	,	Adjusted net income (if neg		<del></del>	1		16	
For		work Reduction Act Notice, see		Cat	No. 11289	<del></del>		rm <b>990-PF</b> (2016)

Part II Bal		Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	of year	
		Balance Sheets Atlached scriedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash-non-interest-bearing	26,030	62,560	62,560	
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶	1			
	4	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	1	disqualified persons (attach schedule) (see instructions)	}	}		
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Ś	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	<del></del>			
ASi	10a	Investments—U.S. and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)				
	C	Investments—corporate bonds (attach schedule)	<del> </del>	<del></del>		
	11	Investments—land, buildings, and equipment: basis ▶	<del></del>			
	''	Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans	<del> </del>			
	13		<del></del>			
		Investments—other (attach schedule)			<del></del>	
	14	Land, buildings, and equipment: basis				
	4-	Less accumulated depreciation (attach schedule)	<del> </del>			
	15	Other assets (describe >)  Total assets (to be completed by all filers—see the	<del>}</del>			
	16	instructions. Also, see page 1, item I)	2, 000	10 510		
_	1		26,030	62,560	62,560	
	17	Accounts payable and accrued expenses	<del> </del>			
S	18	Grants payable	} <del></del>			
ij	19	Deferred revenue	<u> </u>			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)	<del></del>			
	22	Other liabilities (describe ► ) <b>Total liabilities</b> (add lines 17 through 22)	<del>-</del>			
	23	Total liabilities (add lines 17 through 22)	<u> </u>			
S	[	Foundations that follow SFAS 117, check here ▶ □				
Balances	Į	and complete lines 24 through 26 and lines 30 and 31.				
an	24	Unrestricted	L			
3a	25	Temporarily restricted	L			
a	26	Permanently restricted				
S		Foundations that do not follow SFAS 117, check here ▶ □	Į į			
Net Assets or Fun		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	26,030	62,560		
ets	28	Paid-ın or capital surplus, or land, bldg., and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
¥	30	Total net assets or fund balances (see instructions)	26,030	62,560		
ē	31	Total liabilities and net assets/fund balances (see				
_	<u>.                                    </u>	instructions)	26,030	62,560		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		Il net assets or fund balances at beginning of year-Part II, colu				
	end-	of-year figure reported on prior year's return)		· · ·   1	26,030	
2		er amount from Part I, line 27a			36,529	
3		er increases not included in line 2 (itemize) Rounding			1	
4		lines 1, 2, and 3			62,560	
				<del></del>		
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), line	30 6	62,560	

Part	V Capital Gains and I	Losses for Tax on Investm	ent Income				
		kind(s) of property sold (e.g., real estate; ; or common stock, 200 shs. MLC Co)		(b) How acquired P-Purchase D-Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a							
<u> </u>		<del></del>					
c							 
<u>d</u>							
<u>е</u>	<del></del>	<del></del>					L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					<u> </u>		
<u>         b</u>							
<u></u> с							<del></del>
<u>d</u>							
ее	Complete only for assets show	ing gain in column (h) and owned	by the foundati	on on 12/31/69			<del></del>
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col. (i)		. (k), but no	(h) gain minus t less than -0-) or rom col. (h))
а							
b				N/A			
С							
d							
e			<del></del>				<del></del>
2	Capital gain net income or (		also enter in enter -0- ın I		2		
3	If gain, also enter in Part I,	or (loss) as defined in sections line 8, column (c) (see instruc-	tions). If (los		3 NONE		
Part		r Section 4940(e) for Redu		Net Investment			HONE
Was t		this part blank. ection 4942 tax on the distribu ualify under section 4940(e). D			oase peri	od?	☐ Yes ☐ No
1	Enter the appropriate amou	int in each column for each yea	ar; see the ins	structions before ma	aking any	entries.	<del></del>
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net valu	(c) e of nonchantable-use as	ssets		(d) Inbution ratio divided by col (c))
	2015	16	9,925	2	0,668		8 2216
	2014		7,092	1	9,182		.3697
	2013	10	1,500	11-	8,332		8577
	2012	<del></del>	2,000	6	4,447		9620
	2011	3	3,600	6.	2,389		5385
2	Total of line 1, column (d)				. <u>2</u>		10.9495
,		ation has been in existence if le				<del> </del>	2.1899
4	Enter the net value of nonch	nantable-use assets for 2016 for	om Part X, Iır	ne 5	. 4	-	92,496
5	Multiply line 4 by line 3 .				. 5	<del></del> -	202,556
6	Enter 1% of net investment	income (1% of Part I, line 27b	)		. 6	<del> </del>	0
7	Add lines 5 and 6				. 7		202,556
8		s from Part XII, line 4 er than line 7, check the box ir				using a 1	213,487 % tax rate. See the

Part.					40 — S	ee insti	ucti	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ a Date of ruling or determination letter: (attach copy of letter if no							
b	Domestic foundations that meet the section 4940(e) requirements in Pa			<sup>s)</sup> [	1			<u> </u>
	here ► ✓ and enter 1% of Part I, line 27b			Ì	<del>-                                    </del>		—	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign of Part I, line 12, col. (b).		ns enter 4%	of )			~ <del></del>	-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	dations only.	Others enter	-0-)	2			Į.
3	Add lines 1 and 2				3			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found	dations only	Others enter	-0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero of	or less, ente	r-0		5			0
6	Credits/Payments:	1 . 1						
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a		L				
b	Exempt foreign organizations—tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868) .	6c   6d		<b> </b>				
d 7	Backup withholding erroneously withheld			L	7			-
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here [] if		is attached	•	8			+
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of		, is attached	•	9			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the				10			<del></del>
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶	}	Refunded	<b>•</b>	11			<del> </del>
Part	VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any natio		_			l it	Yes	s No
	participate or intervene in any political campaign?					1a		1
b	Did it spend more than \$100 during the year (either directly or i Instructions for the definition)?			·		1b	}	-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the published or distributed by the foundation in connection with the activity		nd copies o	f any	materi	als		
^						1c	-	1
d	Enter the amount (if any) of tax on political expenditures (section 4955)			r:			+	+-
	(1) On the foundation. ▶ \$ (2) On foundation ma			•				
e	Enter the reimbursement (if any) paid by the foundation during the year on foundation managers. ▶ \$	for political	expenditure	tax in	npose	4		
2	Has the foundation engaged in any activities that have not previously be	een reporte	d to the IRS?			2		1
	If "Yes," attach a detailed description of the activities.						T	
3	Has the foundation made any changes, not previously reported to the IRS							_
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a co			•			↓	10
4a	Did the foundation have unrelated business gross income of \$1,000 or					<u> </u>	↓	~
_	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?			•		4b	┼	<del> </del>
5	Was there a liquidation, termination, dissolution, or substantial contract If "Yes," attach the statement required by General Instruction T.	lion auring i	ne year? .	•		5	┼	1,
6	Are the requirements of section 508(e) (relating to sections 4941 through	h 4945) sat	isfied either:			1	1	
•	By language in the governing instrument, or	in to to, out	ionica citrior.				1	
	By state legislation that effectively amends the governing instrument	t so that no	mandatory	direct	ions th	at	1	
	conflict with the state law remain in the governing instrument?					í	1	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "	Yes," comple	te Part II, col.	(c), and	d Part X		~	1
8a	Enter the states to which the foundation reports or with which it is regis	stered (see i	nstructions) I	<b>&gt;</b>			T	
	Tennessee					}		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of						.l	.
_	(or designate) of each state as required by General Instruction G? If "No		-				1"	<del> </del>
9	Is the foundation claiming status as a private operating foundation with 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (							-{
	complete Part XIV	•						-
10	Did any persons become substantial contributors during the tax year?					9	+	+
. •	names and addresses						1	1
								<u> </u>

Part	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		~
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		-
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► N/A			
14		5-345-	6234	
	Located at ► 1005 EIGHTH AVENUE SOUTH, NASHVILLE, TENNESSEE ZIP+4 ►	3720	3	
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 2016, did the foundation have an interest in or a signature or other authority		Yes	1
	over a bank, securities, or other financial account in a foreign country?	16		~
	the foreign country ►		i	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<b></b>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		, ,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		,	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes  No			
	(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)?			
	(6) Agree 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			
	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	,		
C	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 2016?	1c		٧
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 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?		- 1	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		Ì	
	all years listed, answer "No" and attach statement—see instructions.)	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
20	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		.	
Ja	at any time during the year?		İ	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		1	
•	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		ŀ	
	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		l	
_	foundation had excess business holdings in 2016.)	3b	<b> </b>	
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		-
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		

·											
	0-PF (2016)	4-14	R.: P	4700							Page <b>6</b>
	VII-B Statements Regarding Activities			4720	May Be H	equire	ed (contil	nued)		r	
5a	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt t	-		on locat	ion 4045/o	112	☐ Yes	₽ No			
	(2) Influence the outcome of any specific public						_	[₽] NO	'		
	directly or indirectly, any voter registration dr	_			•	•		₽ No	. 1		
	(3) Provide a grant to an individual for travel, stu						Yes	☑ No			
	(4) Provide a grant to an organization other than						)				
	section 4945(d)(4)(A)? (see instructions)						☐ Yes	✓ No	.		
	(5) Provide for any purpose other than religious,							_			
_	purposes, or for the prevention of cruelty to of If any answer is "Yes" to 5a(1)–(5), did any of the							☑ No			
D	Regulations section 53 4945 or in a current notice							ibea in	1		
	Organizations relying on a current notice regarding	_	_		•		•		5b		<del> </del> -
С	If the answer is "Yes" to question 5a(4), does t	_							' <b> </b>		
	because it maintained expenditure responsibility							☑ No	,		
	If "Yes," attach the statement required by Regula			٠,				_			
6a	Did the foundation, during the year, receive any		-	•		emiums	;				
	on a personal benefit contract?						☐ Yes	✓ No			
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	?.	6b		<u></u>
70	If "Yes" to 6b, file Form 8870.  At any time during the tax year, was the foundation a	a party t	to a probibitor	d toy ob	altar transac	tion?	□Yes				
	If "Yes," did the foundation receive any proceeds						_		7b		<sup> </sup>
	VIII Information About Officers, Direct								_1	ees.	
	and Contractors					<b>.</b>	.3, .			,	
1	List all officers, directors, trustees, foundation					ı (see i	nstructio	ns).			
	(a) Name and address		e, and average rs per week		mpensation not paid,		Contributions		(e) Expe		
		devote	ed to position	en	ter -0-)	and def	erred compe	nsation	other a	allowar	ices
	EN CONWAY-WELCH	Directo	r, as needed	ŀ	0			0			0
	VILLE, TENNESSEE  K BUMSTEAD			}		L			<del> </del>		
	VILLE, TENNESSEE	Directo	r, as needed	ł	0			0			0
	LAS J. BROWN										
	/ILLE, TENNESSEE	Directo	r, as needed	ł	0			0			0
DEBBI	E HILL										
NASH	VILLE, TENNESSEE	<u> </u>	r, as needed		0			0	İ		0
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incli	uded on li	ne 1—	see instr	uction	s). If no	one,	enter
(	a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per videvoted to p	week	(c) Comper	nsation	(d) Contribution (d) Co	benefit leferred	(e) Expe		
NO	DNE										
			I		]		Ī				

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowances
NONE				
Total number of other employees paid over \$50,000				0

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
		<b>}</b>
Tota	I number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
	it the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
_		<del> </del>
2		
3		
		1
		<u> </u>
4		
		0
Dat	t IX-B Summary of Program-Related Investments (see instructions)	<del></del>
_	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
	other program-related investments. See instructions.	
3		
9		
		ı
Tota	1. Add lines 1 through 3	0
-	· · · · · · · · · · · · · · · · · · ·	orm <b>990-PF</b> (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		<del></del>
	purposes:		
а	Average monthly fair market value of securities	1a	
þ	Average of monthly cash balances	1b	93,905
C	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	93,905
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	93,905
4	Cash deemed held for charitable activities. Enter $1\frac{1}{2}\%$ of line 3 (for greater amount, see	1	
	ınstructions)	4	1,409
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	92,496
6	Minimum investment return. Enter 5% of line 5	6	4,625
Part	and certain foreign organizations check here ► □ and do not complete this part.)	oundation	ns
1	Minimum investment return from Part X, line 6	1	4,625
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	-
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,625
4	Recoveries of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	4,625
6	Deduction from distributable amount (see instructions)	6	-
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	4,625
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	213,487
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	-
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	213,487
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>  -   -   -   -   -   -   -   -   -   -</del>	
-	Enter 1% of Part I, line 27b (see instructions)	5	-
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	213,487
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		
	qualifies for the section 4340(e) reduction of tax in those years.		900-PE (0010)

Part	XIII Undistributed Income	(see instructions	s)			
1	Distributable amount for 2016 the	from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
_		· · · · · · · · · · · · · · · · · · ·				4,625
2	Undistributed income, if any, as of th					
a	Enter amount for 2015 only		<del></del>			
Ъ	Total for prior years: 20,20_			<del></del>		
3	Excess distributions carryover, if	•				
a	From 2011	30,481 58,778				
b	From 2012	100,084				
C	From 2013	6,133				
d	From 2014	168,892				
e			364,368			
f 4	<b>Total</b> of lines 3a through e Qualifying distributions for 2016		304,300			
4	line 4: ► \$ 213,487	nonr r art XIII,				
_	Applied to 2015, but not more that	an line 2a			<del></del>	
	Applied to undistributed income			<del></del>		
~	(Election required—see instruction					
С	Treated as distributions out of co	<u> </u>				
·	required—see instructions)	' '				
d	Applied to 2016 distributable amo	<del></del>				4,625
e	Remaining amount distributed ou		208,862			7,023
5	Excess distributions carryover ap		200,002			
•	(If an amount appears in column					
	amount must be shown in columi	1 7				
6	Enter the net total of each indicated below:	column as				
а	Corpus. Add lines 3f, 4c, and 4e. S	Subtract line 5	573,230			
	Prior years' undistributed incom			<del></del>		
	line 4b from line 2b	i i				
С	Enter the amount of prior years'	undistributed				
_	income for which a notice of d				ļ	
	been issued, or on which the se					
	tax has been previously assessed					
d	Subtract line 6c from line	6b. Taxable				
	amount-see instructions					
е	Undistributed income for 2015.	Subtract line				
	4a from line 2a. Taxable	amount-see				,
	instructions	<b></b>				
f	Undistributed income for 2016.					
	4d and 5 from line 1. This amo					
	distributed in 2017	<del> </del>				
7	Amounts treated as distributions	•				
	to satisfy requirements impose					•
	170(b)(1)(F) or 4942(g)(3) (Elec-					
c	required—see instructions)					
8	Excess distributions carryover frapplied on line 5 or line 7 (see ins		20.404			
0	Excess distributions carryov	· · · · · · · · · · · · · · · · · · ·	30,481	<del></del>		
9	Subtract lines 7 and 8 from line 6		E40 740			
10		~~ · · ·	542,749			
10	Analysis of line 9:	E0 770				
a		58,778 100,084	}		1	
b	Excess from 2013	6,133				
G	Excess from 2014 Excess from 2015	168,892				
d e	- , ,,,,	208,862	[			-
		200,002				

	90-PF (2016)			VIII A	<del></del>	Page 10
Part.					<b>)</b>	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for		_			<u> </u>
	Check box to indicate whether the four		e operating foundat		ection	(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	ļ	Prior 3 years	<del>,</del>	(e) Total
	investment return from Part X for	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	
	each year listed		ļ <u>.</u>			ļ
_	85% of line 2a		ļ	L		<u> </u>
С	Qualifying distributions from Part XII,		}			
	line 4 for each year listed		<u> </u>	<u></u>		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly			<del> </del>		<del> </del>
•	for active conduct of exempt activities.	<b>\</b>	}			}
	Subtract line 2d from line 2c ,	ļ		ļ		(
3	Complete 3a, b, or c for the		<del> </del>	<del></del>		<u> </u>
3	alternative test relied upon:	]		1		
_	<b>,</b>	1				
а	"Assets" alternative test—enter	}	}	N/A		}
	(1) Value of all assets	<del></del>	<del> </del>	N/A		<del> </del>
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3		<del>                                      </del>	<del> </del>	·	<del> </del>
_	of minimum investment return shown in		1			
	Part X, line 6 for each year listed	<b> </b>	<del> </del>	<del> </del>	<del></del>	<del></del>
С	"Support" alternative test—enter:	İ		[		
	(1) Total support other than gross		İ			[
	investment income (interest, dividends, rents, payments on		}			ĺ
	securities loans (section	<b>!</b>	}	ŧ		<b>'</b>
	512(a)(5)), or royalties)	<u> </u>	<del> </del>	<b></b>		<del></del>
	(2) Support from general public and 5 or more exempt		ł			ļ
	organizations as provided in	Ì	]	j		]
	section 4942(j)(3)(B)(iii)	<u> </u>	<del></del>	ļ		
	(3) Largest amount of support from		1		n	
	an exempt organization		<del> </del>	ļ		<del></del>
	(4) Gross investment income			<u> </u>		L
Part	• • • • • • • • • • • • • • • • • • • •		•	ne foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation	-				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have c	ontributed more th	ian \$5,000). (See S	ection 507 (d)(2).)	
	EEN CONWAY-WELCH	100/		1	. /	
b	List any managers of the foundation ownership of a partnership or other el					irge portion of the
	, , ,	ridity) of which the	ioundation has a	10 % Of greater lift	riest.	
NONE			an Cabalanabia a	<u> </u>		<del></del>
2	Information Regarding Contribution					
	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the f					
	other conditions, complete items 2a,		giris, grainis, etc.	(see manuchons) t	o individuais or or	ganizations under
			dduaga af tha a succ		-4	at discount of
	The name, address, and telephone nu		· ·	• •		iaaressea:
JULL	EEN CONWAY-WELCH, C/O DOUGLAS J.	. DROWN, 1005 ER	SITITI MVENUE, SUL	TIT, INASMVILLE, II	EININESSEE 3/203	
	The form in which confections should	d ha submitted a-	od information and	matariala thay at-	uld maluda:	<del></del>
D	The form in which applications should	ue subiffilited an	iu iniormation and	materials they sno	uia meiude:	
NO PE	RE DETERMINED FORM					
	Any submission deadlines:		<del></del>			
NONE	•					
	Any restrictions or limitations on av	vards, such as b	by geographical ar	reas, charitable fie	elds, kinds of ins	titutions, or other

factors:

NONE

3	Grants and Contributions Paid During t	he Veer or Approv	od for Eur	turo Dovment	
		If recipient is an individual.	Foundation	ture Payment	<del></del>
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	COMINGRION	
а	Paid during the year		ļ		
				Į	ł
SEE A	ATTACHED SCHEDULE				
		N/A	501(c)(3)	Unrestricted	213,487 00
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			İ		}
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				<u>L</u>	
	Total	<u> </u>	· · · ·	▶ 3ε	213,487
р	Approved for future payment	j	Ì	]	
		}	}	[	
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		1	}		
	Total	<u> </u>	<u> </u>	<u> </u>	<del> </del>
	LOTAL			<b>₽</b> 21	<b>.</b> I

Pai	rt X\	Analysis of Income-Producing Ac	tivities				
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
			Business code	Amount	Exclusion code	Amount	function income (See instructions)
1	Pro	gram service revenue:					
	а						
	b						
	C						
	ď						
	e ·						
	f						
	g .	Fees and contracts from government agencies	t	<del> </del>			
2	_	nbership dues and assessments			<del> </del>		<del></del>
3		rest on savings and temporary cash investments	\	<del></del> -	<del> </del>	<del></del>	
4		dends and interest from securities	<del></del>		<del> </del>		
4			<del></del>		1.		<del></del>
5		rental income or (loss) from real estate:	<b> </b>	<del></del>	<del>  `                                   </del>		
		Debt-financed property	<del></del>		<del> </del>		
_		Not debt-financed property		<del></del>	<del> </del>		
6		rental income or (loss) from personal property			<b> </b>		l————
7		er investment income			14	56	
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events			<b>-</b>		! 
10		ss profit or (loss) from sales of inventory	L	L			
11	Oth	er revenue: a			<u> </u>		
	b						
	C						
	ď						
	e						
12	Sub	total, Add columns (b), (d), and (e)	1				
		total. Add columns (b), (d), and (e)	L	<u> </u>		13	56
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	56
<b>13</b> (See	Tot work	al. Add line 12, columns (b), (d), and (e)	 ns.)			13	56
13 (See Pa	Tot work	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemp	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		
13 (See Pal Lin	Tot work it XV e No.	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  line  Relationship of Activities to the A	ns.) Accomplishm Income is reporposes (other that	ent of Exemported in column in by providing fur	t Purposes		

Part	XVII		n Regarding Tran ganizations	isters to and transacti	ons and	Relationship	ps with No	ncharita	ble	
	in sec	ne organization d	lirectly or indirectly	engage in any of the followi section 501(c)(3) organization					Yes	No
	_		orting foundation to	a noncharitable exempt of	rganızatior	of:		ł		
		•	-		•			. 1a(	1)	1
	(2) 0	ther assets .		· · · · · · · · · · · · · · · · · · ·						1
b	Other	r transactions:							1	
	(1) S	ales of assets to	a noncharitable exe	empt organization				. (1b(	(1)	~
	(2) P	urchases of asse	ts from a noncharita	able exempt organization .				. [1b(	2)	1
	(3) R	ental of facilities,	equipment, or other	er assets				. 1b(	3)	V
			-	· · · · · · · · · · · · · · · · · · ·				<u> </u>	4)	~
				· · · · · · · · · · ·						<u></u>
				nip or fundraising solicitatio					(6)	1
				sts, other assets, or paid er						
d				s," complete the following						
				ces given by the reporting ement, show in column (d)						
(=) L :===		(b) Amount involved		haritable exempt organization		cription of transfer				
(a) Line	no (	b) Amount involved	(c) Name of Honor	nantable exempt organization	(d) Desc	inpuon oi transier	s, transactions, a	and snaring a	arrangem	ients
	-+				<del>                                     </del>					
	+			<del></del>						
	$\dashv$			<del></del>	+			<del></del>		
	-			<del> </del>	<del>                                     </del>					
	-			· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>					
				NONE						
						<del>_</del> _				
	desc	ribed in section 5		· · · · · · · · · · · · · · · · · · ·	or in sect	ion 527?		· 🗆 Y		No
	(a) Name of organization		(b) Type of organization		(c) Description of relationship					
			<del></del>		<del></del>					
				N/A		<del> </del>				
		<del></del>				<del>                                     </del>				
		<del></del>								
		er pénalties of perjury, J	declare that I have examin-	ed this return, including accompanying	g schedules ar	nd statements, and	to the best of my	knowledge ar	nd belief, r	t is true,
Sign	corre	ect, and complete Decl	aration of preparer (other th	nan taxpayer) is based on all information	$\overline{}$		rledge Ma	ay the IRS dis	scuss this	return
Here	1 6 4/	With the p				th the prepar	er shown	below		
		nature of officer or trus	stee	Date Tr			(SE	e instructions	/' ⊠ Yes	⊔ио
Paid	-	Print/Type preparer	's name	Preparer's signature	100-	Date	Check [	7 if PTIN		
Prep	arer	DOUGLAS J. BR	OWN	ار لیلومال	1200	74/201	self-empl		013519	47
Use (		Firm's name ▶	BROWN & TATRO, P	c. 1			Firm's EIN ▶	26-1	953871	
	y	Firm's address ▶	1005 EIGHTH AVENU	JE, SOUTH, NASHVILLE, TEN	INESSEE :		Phone no.	615-34	5-6234	
							-	Form S	90-PF	(2016)

### Schedule B

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

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

**Employer identification number** 

COLLEEN CONWAY-WELCH FAMILY FOUNDATION, INC. 26-44							
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private	e foundation					
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private fou	indation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules							
regulations unde 13, 16a, or 16b,	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, durir	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributor, durii contributions tot during the year f <b>General Rule</b> ap	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization	that ign't covered by the General Rule and/or the Special Rules doesn	It file Schodule B /Form 000					

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization **Employer identification number** COLLEEN CONWAY-WELCH FAMILY FOUNDATION, INC. 26-4421502 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **COLLEEN CONWAY-WELCH** 1 Person  $\square$ Payroll 250,000 C/O DOUGLAS J. BROWN Noncash (Complete Part II for 1005 EIGHTH AVENUE, SOUTH, NASHVILLE, TN 37203 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a)

No.

Name, address, and ZIP + 4

Person

**Payroll** 

Noncash (Complete Part II for noncash contributions.)

Type of contribution

**Total contributions** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization **Employer identification number** Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) FMV (or estimate) (d) from Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (b) (d) Date received FMV (or estimate) from Description of noncash property given Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (c) FMV (or estimate) (a) No. (b) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d)

Description of noncash property given

from

Part I

**Date received** 

FMV (or estimate)

(See instructions)

Employer identification number

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$							
	Use duplicate copies of Part III if additional space is needed.							
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, a	nd 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				
-	(e) Transfer of gift							
_				elationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use		f gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfe	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use of		f gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

## CONWAY-WELCH FAMILY FOUNDATION, INC. ATTACHMENT TO 2016 990-PF PART XV

## RECIPIENT - All 501(c)(3) Recipients

# **AMOUNT**

Julie's Village	\$	10,000.00
A Tennessee Waltz	•	200.00
The American Red Cross		10,000.00
American Academy of Nursing		5,000.00
Sexual Assault Center		100.00
United Way of Metropolitan Nashville		10,000.00
Society of International Business Fellows		250.00
Belmont Mansion Association		50.00
Frist Center for the Visual Arts		1,000.00
Nashville Symphony		1,000.00
Nashville Fire Fighters Association		54.00
Friends of Warner Parks		1,000.00
NLN Foundation		10,000.00
Sisters of Saint Francis		1,000.00
Girl Scouts of Middle Tennessee		1,000.00
Hope Through Healing Hands		2,500.00
Blue Bell Society		150.00
Healthy Tennessee		10,000.00
New York University		20,000.00
The USO		100.00
Nashville Rescue Mission		113.00
American Red Cross		10,000.00
United Way of Metropolitan Nashville		12,000.00
American Academy of Nursing		5,370.00
PKD Foundation		500.00
The Conservancy Gala		275.00
The Women's Fund		300.00
Freed-Hardeman University		1,000.00
Global Action Platform		5,500.00
Nashville Public Library Foundation		785.00
TDOSHS Foundation		2,500.00
Nashville Symphony Ball		640.00
Junior League of Nashville		100.00
Cheekwood		1,000.00
Friends of the National Institute of Nursing Research		25,000.00
Friends of the National Institute of Nursing Research		5,000.00
New York University		60,000.00

TOTAL: \$213,487.00