DLN: 93493279009457 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

		f the Treasur nue Service		ocial security numbers on this forn bout Form 990 and its instructions				O	pen to Public Inspection
\ F	or the	e 2016 ca		ginning 01-01-2016 ,and endi	ing 12-31	-2016	1		
□ Ad		pplicable change ange	C Name of organization THE MEMORIAL FOUNDATION				62-1202		cation number
	tıal ret	-	Doing business as						
□ r etur	n/tern	nınated 1 return	Number and street (or P O box 100 BLUEGRASS COMMONS BLV	f mail is not delivered to street address) D NO 320	Room/suit	e	E Telephon		
□ Apı	plicatio	on pending .	City or town, state or province, o	country, and ZIP or foreign postal code			(615) 82	22-9499	
		Į	HENDERSONVILLE, TN 37075				G Gross red	ceipts \$ 14	,471,700
			F Name and address of princ SCOTT PERRY 100 BLUEGRASS COMMONS I HENDERSONVILLE, TN 3707	BLVD NO 320		SI	this a group ret ibordinates? re all subordinate		□Yes ☑No
Tax	k-exen	npt status	·	◀ (Insert no)	7 527	` í ın	cluded? "No," attach a li		Yes No
W	ebsit	e:► WW	W MEMFOUNDATION ORG	(insert no)	327		roup exemption		•
(Forn	n of or	ganization	☑ Corporation ☐ Trust ☐ A	Association ☐ Other ►		L Year of f	ormation 1994	M State o	of legal domicile TN
Pa	rt I	Sumr	nary				L		
ACTIVILIES & GOVERNARIO	2 3 4 5	Number o Number o Total num	s box if the organization f voting members of the gover f independent voting members ber of individuals employed in	discontinued its operations or disprining body (Part VI, line 1a)	 ne 1b) . a)			3 4 5	18 18 5
₹	l		·	necessary)				6	0
	l			Part VIII, column (C), line 12				7a	0
	Ь	Net unreia	ated business taxable income f	rom Form 990-T, line 34	<u> </u>		Prior Year	7b	0 Current Year
	g	Contributi	ons and grants (Part VIII, line	1h)		-	1,193,4		1,200,300
ēnuē	l		service revenue (Part VIII, line	,			1,155,1	0	0
Rave	l	-	• • •	A), lines 3, 4, and 7d)	•		6,592,5	_	2,138,260
<u> </u>	11	Other rev	enue (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 10c, and 11e)			694,1	.48	611,015
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), l	line 12)		8,480,1	.11	3,949,575
	13	Grants an	d sımılar amounts paıd (Part I	X, column (A), lines 1–3)			7,851,7	'32	5,664,650
	14	Benefits p	aid to or for members (Part IX	(, column (A), line 4)				0	0
\$	l	•		benefits (Part IX, column (A), line	,		889,3	55	799,821
Expenses	l .		- , , ,	olumn (A), line 11e)				0	0
3	l		aising expenses (Part IX, column (D			-	1.015.0	25	1 227 444
_	l	·		nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25)		-	1,815,6 10,556,7	_	1,327,444 7,791,915
	l	·	· ·	B from line 12		-	-2,076,6		-3,842,340
× %		Revenue	cos expenses subtract mic re	, month and 12 i i i i i	• •	Begini	ning of Current Ye	_	End of Year
Net Assets or Fund Balances									
88	l		ets (Part X, line 16)		•		134,599,0	124	134,039,299
272	21	Total liabi	lities (Part X, line 26)				1,197,1	_	430,527
\$ 5	l		6 11 1 6 11 11	24.6			133,401,9	105	133,608,772
Fu	l	Net assets	s or fund balances Subtract lir	ne 21 from line 20					
Par Inder Inowl	t II pena edge nowle	Signal alties of per and belief edge	nture Block erjury, I declare that I have ex , it is true, correct, and compl	ne 21 from line 20			ed on all informa 2017-10-06		
Par Inder	t III pena edge nowle	Signal alties of per and belief edge	ature Block erjury, I declare that I have ex	amıned this return, including accor			ed on all informa		
Par Inder Inder Inny k Sign Here	t II pena edge nowle	Signal alties of per and belief edge ******** Signatu SCOTT Type or	eture Block erjury, I declare that I have ex , it is true, correct, and complor re of officer PERRY PRESIDENT	amıned this return, including accor	than office	er) is basi	2017-10-06 Date Check I If P		vhich preparer has
Par Inder Inder Inny k Sign Here	t III pena edge nowle	Signal alties of person and belief edge Signature Signature SCOTT Type or	re of officer PERRY PRESIDENT print name and title print/Type preparer's name	amined this return, including accorete Declaration of preparer (other	than office	er) is basi	2017-10-06 Date	TIN 200320901	vhich preparer has
Par Inder Inder Sign Here	t II pena edge nowle	Signal alties of per and belief edge Signature SCOTT Type or Pr	reture Block ergury, I declare that I have exity, it is true, correct, and complete of officer PERRY PRESIDENT print name and title Int/Type preparer's name EN YOUNGSTEAD	amined this return, including accorete Declaration of preparer (other Preparer's signature KEN YOUNGSTEAD	than office	er) is basi	2017-10-06 Date Check if self-employed	TIN 000320901	vhich preparer has
Par Inder Inder Sign Here	t III pena edge nowle	Signal alties of per and belief edge Signature SCOTT Type or Pr	reture Block erjury, I declare that I have ex i, it is true, correct, and comple re of officer PERRY PRESIDENT print name and title rint/Type preparer's name EN YOUNGSTEAD Tm's name KRAFTCPAS PLLC	amined this return, including accorete Declaration of preparer (other Preparer's signature KEN YOUNGSTEAD	than office	er) is basi	2017-10-06 Date Check	TIN 00320901 0713250 242-7351	vhich preparer has

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)					Page 2
Par	t IIII Stateme	ent of Program Service	e Accomplis	hments		
	Check if S	chedule O contains a respo	nse or note to	any line in this Part III		🗹
1		he organization's mission				
THE	FOUNDATION RESE	PONDS TO DIVERSE COMMU	JNITY NEEDS,	ASSISTING AGENCIES T	LE THROUGH SUPPORT TO NONPRO HAT FOCUS ON HEALTH, HUMAN A JBSTANCE ABUSE PROGRAMS	
2	Did the organizat	ion undertake any significal	nt program ser	vices during the year wh	uch were not listed on	
	the prior Form 99	90 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sch	edule O			
3	Did the organizat	cts, any program				
	services?					🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedule	∋ O			
4	Section 501(c)(3)		ns are required	l to report the amount of	argest program services, as measu f grants and allocations to others, ti	
4a	(Code) (Expenses \$	7,701,711	including grants of \$	5,664,650) (Revenue \$)
	See Additional Data					·
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d						
	Other program se	ervices (Describe in Schedu	le O)			
	(Expenses \$	ınclı	ıdıng grants of	<u> </u>) (Revenue \$)
40	Total program	service expenses >	7 701 7	711		

or X as applicable

Yes

Nο

Νo

Nο

No

Nο

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Page 3

No

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

complete Schedule G, Part III

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

5

3

4

Nο Nο Nο

	Yes
)	

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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1 01111	330 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"			

Page 4

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

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Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Nο

25a No b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Nο

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 Nο

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Nο

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a Νo

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

orm '	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	l 1		N.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·		
Se	Check if Schedule O contains a response or note to any line in this Part VI			✓
1 a	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			_
	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
1/	TN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JUDY MILLIKEN 100 BLUEGRASS COMMONS BLVD SUITE HENDERSONVILLE, TN 37075 (615) 822-9499	<u>_</u>		0 (2015)

DIRECTOR

(13) JO SANDERS

(14) FRANK GORDON

(15) FRANK GRACE JR DIRECTOR

(16) S FLEMING WILT

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

organization and any related organizations

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

• List all of the organization's former directo organization, more than \$10,000 of reportable co	mpensation fro	m the	orgar	ıızatı	ion	and ar	ny re	elated organization:	5		
List persons in the following order individual trus compensated employees, and former such person	stees or directo ns	rs, ınstı	itutio	nal t	rust	ees,	offic	ers, key employees	s, highest		
Check this box if neither the organization no		rganızat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					er	compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) WILLIAM P PURYEAR DIRECTOR	0 10	×						0	0	0	
(2) FRANK M BUMSTEAD DIRECTOR	0 10	х						0	0	0	
(3) VARINA F BUNTIN DIRECTOR	0 10	x						0	0	0	
(4) CHARLES W FENTRESS DIRECTOR	0 10	х						0	0	0	
(5) BETH LITTLE DIRECTOR	0 10	×						0	0	0	
(6) ALICE I HOOKER DIRECTOR	0 10	х						0	0	0	
(7) JULIE B WILLIAMS ED D DIRECTOR	0 10	х						0	0	0	
(8) DREW R MADDUX SR DIRECTOR	0 10	х						0	0	0	
(9) EDDIE PHILLIPS DIRECTOR	0 10	×						0	0	0	
(10) DAVID E MCKEE MD DIRECTOR	0 10	x						0	0	0	
(11) GEORGE C PAINE II DIRECTOR	0 10	х						0	0	0	
(12) J EDWARD PEARSON	0 10	l ,						0	0	0	

0 10 (17) ALFONZO ALEXANDER Х 0 0 Form 990 (2016)

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Page 8

(C)

Compensation

Form 990 (2016)

(B) Description of services

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and Individual trustee or director Office emptov Former Highest organizations MISC) In stitutional Trustee related below dotted organizations employee line) t compensated (18) VIRGINIA PUPO-WALKER DIRECTOR (19) SCOTT PERRY Х 260,696 0 50,660 PRESIDENT (20) JACKSON ROUTH 40.00 Х 0 31.780 133.953 ·.... VICE PRESIDENT - PROGRAMS (21) JUDY MILLIKEN 40 00 Х 89,667 0 30,874 VICE PRESIDENT OF FINANCE 1b Sub-Total • c Total from continuation sheets to Part VII, Section A . ٠ 484.316 d Total (add lines 1b and 1c) 113,314 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 2 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Νo 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Νo Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Name and business address

compensation from the organization ▶ 0

Part		III Statement of	Revenue							raye y
				a respo	onse or note to any	y line in thi	ıs Part VIII			🗆
						(A Total re	1)	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	La Federated campaig	ns	1a				revenue		512-514
nts nts	ſ	b Membership dues		1b						
irat 10 u		c Fundraising events			<u> </u>					
S. G		_		1c	1 200 000					
		d Related organization		1d	1,200,000					
S.E		e Government grants (c		1e						
<u>.</u>		f All other contributions and similar amounts n		1f	300					
Contributions, Gifts, Grants and Other Similar Amounts		above								
		g Noncash contribution in lines 1a-1f \$	ons included							
Cont		h Total.Add lines 1a-1	1f		•	1.3	200,300			
	┌├				Busines		200,300			
Ĭ.	2 a	1								
<u>خ</u> ب د	١.			-						
Service Revenue	! <u>ا</u>	ь ———								
Ę.	\	d								
S				_						
Program	1	f All other program se	rvice revenue	!						
Ğ	۱,	Total.Add lines 2a-2	f		•					
		Investment income (i			nterest and other	.]				
		sımılar amounts) .			1	<u> </u>	2,107,484			2,107,484
	l	· Income from investm			ond proceeds i	-				
	5	Royalties				<u>▶ </u>				
	_	- 6	(ı) Rea	l	(II) Personal					
	0	a Gross rents	1,6	40,513						
		b Less rental expenses		29,498						
		Doubel masses on		11 015		_				
		c Rental income or (loss)		511,015						
		d Net rental income o	or (loss)			7	611,015	i		611,015
			(ı) Securit	ties	(II) Other					
	7	a Gross amount from sales of assets other than inventory	9,5	523,403						
		b Less cost or other basis and sales expenses	9,4	192,627						
		C Gain or (loss)		30,776						
		d Net gain or (loss)			>		30,776	i		30,776
Other Revenue	8	a Gross income from f (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of						
Re		b Less direct expense		b						
er_		c Net income or (loss)	from fundrais	sing ev	ents					
ŧ	9	a Gross income from g		ies						
O		See Part IV, line 19		a	}					
		b Less direct expense	·s	ь		-				
		c Net income or (loss)			les					
		Da Gross sales of invent returns and allowand	tory, less	a						
		b Less cost of goods s	sold	b		\dashv				
		c Net income or (loss)		invent	corv >					
		Miscellaneous			Business Code					
	1	1a								
		b								
		с								
		d All other revenue .								
		e Total. Add lines 11a			<u> </u>	+				
		2 Total revenue. See	: IIISTRUCTIONS	• •	* * * *		3,949,575		0	0 2,749,275 Form 990 (2016)
										Form 990 (2016)

orm 990 (2016)				Page 10
Part IX Statement of Functional Expenses section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		🗆
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,664,650	5,664,650	-	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	597,650	554,458	43,192	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	127,958	115,396	12,562	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,705	10,324	4,381	
9 Other employee benefits	22,914	18,540	4,374	
LO Payroll taxes	36,594	34,056	2,538	
L1 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	34,546	31,091	3,455	
d Lobbying	·		· ·	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
	114.014	102 422	11 401	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,914	103,423	11,491	
L2 Advertising and promotion	0.171	7.254	017	
L3 Office expenses	8,171	7,354	817	
L4 Information technology	15,242	13,718	1,524	
L5 Royalties				
L 6 Occupancy	78,488	78,488		
L 7 Travel				
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9 Conferences, conventions, and meetings	25,978	23,380	2,598	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,531	2,278	253	
23 Insurance	20,229	18,206	2,023	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INVESTMENT MANAGMENT FE	1,017,384	1,017,384		
b OTHER EXPENSE	6,584	5,926	658	
c PROPERTY TAXES	3,377	3,039	338	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,791,915	7,701,711	90,204	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part IX

					Beginning of year		End of year
	1	Cash-non-interest-bearing			5,710,226	1	6,741,926
	2	Savings and temporary cash investments .		[2,483,691	2	2,308,594
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali	nployees Complete Part		5		
ssets	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	(c)(3)(B), and of section 501(c)(9)		6		
SS (8	Inventories for sale or use		8			
Ą	9	Prepaid expenses and deferred charges	125,144	9	94,288		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		14,064,795			
	b	Less accumulated depreciation	10b	5,227,503	9,066,515	10 c	8,837,292
	11	Investments—publicly traded securities .			75,633,368	11	76,816,641
	12	Investments—other securities See Part IV, line	11 .	[41,580,080	12	39,240,558
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[0	15	0
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	134,599,024	16	134,039,299
	17	Accounts payable and accrued expenses			9,041	17	13,155
	18	Grants payable			965,000	18	200,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
Š	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
lities	22	Loans and other payables to current and former key employees, highest compensated employee					

Page **11**

22 23

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34

217.372

430,527

131,707,336

133,608,772

134,039,299 Form **990** (2016)

1,901,436

223.078

1,197,119

131.611.489

133,401,905

134.599.024

1,790,416

Assets or Fund Balances | Liabilities

23

24

26

27

28

29

30

31

32

33 34

Net

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here > \square and

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,949,575
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	,791,915
3	Revenue less expenses Subtract line 2 from line 1	3		-3	,842,340
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		133	,401,905
5	Net unrealized gains (losses) on investments	5		4	,049,207
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B) 10		133	,608,772
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\checkmark
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	•			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both	d on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both	te basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ĺ

2c

3a

3b

Yes

Νo

Form **990** (2016)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Additional Data

Software Version: **EIN:** 62-1202302

Name: THE MEMORIAL FOUNDATION

Software ID:

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVIDING GRANTS TO OTHER 501(C)(3) ORGANIZATIONS

efile	GR/	APHIC prii	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493279009457
SCH	IED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
(Fori	n 990			organization is a sect	ion 501(c)(3)	organization o		2016
990E	Z)			4947(a)(1) nonexe ▶ Attach to Form				2010
•		the Treasury	► Information ab	out Schedule A (Form			ıctions is at	Open to Public Inspection
Name	of th	ue Service ne organiza		www.ms.g	<u>04/10/11/990</u> .		Employer identific	<u> </u>
HE ME	-MORIA	AL FOUNDATIC	IN .				62-1202302	
Par			for Public Charity St				See instructions.	
	ganız.		a private foundation becau	•	•	•	/A\/:\	
1		•	onvention of churches, or			. ,, ,	(A)(I).	
2			scribed in section 170(b		,			
3		•	or a cooperative hospital s	-				
4		name, city,	esearch organization oper and state		-			·
5			ation operated for the ben (iv). (Complete Part II)	efit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 1/0
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(4)(v).	
7	✓		ation that normally receive (0(b)(1)(A)(vi). (Comple		s support from a	governmental (unit or from the gener	al public described in
8		A communi	ty trust described in sect i	ion 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization rant college of agriculture					ege or university or a
L O		from activit	ation that normally receive ties related to its exempt in income and unrelated but see section 509(a)(2).	functions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
1	П	•	ation organized and opera		r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and opera ly supported organization through 12d that describ	s described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization or n(s) the power to regularl	perated, supervised, or co y appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically by	
b		Type II. A manageme	Part IV, Sections A and supporting organization s nt of the supporting organ	upervised or controlled i nization vested in the sar				
С		Type III f	plete Part IV, Sections : unctionally integrated. organization(s) (see instru	A supporting organizatio				ted with, its
d		Type III n	on-functionally integra integrated The organiza) You must complete F	ted. A supporting organition generally must satis	ization operated fy a distribution	ın connection w	th its supported organ	
e		Check this	box if the organization red	eived a written determir	nation from the I	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-functiona of supported organization		organization			
g			ing information about the		s)		_	
		f supported ((iii) Type of organization (described on lines 1- 10 above (see instructions))	(i Is the organiz your governir	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total		الدمار	tion Act Notice, see the	Tuetuuetiens for	Cat No 11285		 Schedule A (Form 9	

15 Public support percentage for 2015 Schedule A, Part II, line 14 15 22 650 % 16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶□ and stop here. The organization qualifies as a publicly supported organization h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶ ☑ organization h 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

Section A. Public Support						
the organization fails to o	qualify under t	he tests listed b	pelow, please co	mplete Part II.)	
(Complete only if you ch	ecked the box	on line 10 of Pa	art I or it the or	ganization railed	a to qualify unde	er Part II. If

	the organization rans to	quantity unitarity		ээлэл, рассо ос		/	
Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in)	. ,		, ,		, ,	
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants")						
2							
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
9	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	· ' '						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
-	from line 6)						
-	ection B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
	Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Calendar year (or fiscal year beginning in) ► Amounts from line 6	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest,	(a) 2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total
9	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
9 L0a	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9 L0a	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9 L0a	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9 LOa b	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9 LOa b	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9 LOa b	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9 LOa b	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9 l0a b c 11	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9 LOa b	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9 l0a b c 11	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9 l.Oa b c 11	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 l.Oa b c 11	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9 10a b c 111	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,						
9 10a b c 111	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo						ganization,
9 10a b c 11 12	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	's first, second, th				
9 10a b c 11 12 13 14	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	's first, second, th	nird, fourth, or fift		ection 501(c)(3) or	ganization,
9 10a b c 11 12 13 14 <u>Se</u>	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public Section C. Computation C. Computation C. Computation C. Computation C. Computation C. Computation C.	r the organization Support Perce e 8, column (f) d	's first, second, the intage invided by line 13,	nird, fourth, or fift		ection 501(c)(3) or	ganization,
9 10a b c 11 12 13 14 S6 15	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage from 2015 S	r the organization Support Perce e 8, column (f) d chedule A, Part I:	's first, second, the second of the second o	nird, fourth, or fift		ection 501(c)(3) or	ganization,
9.0a b c 11 12 13 14 S6	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section D. Computation of Investe	r the organization Support Perce e 8, column (f) d chedule A, Part I: nent Income	's first, second, the intage ivided by line 13, II, line 15 Percentage	olumn (f))	h tax year as a se	ection 501(c)(3) or	ganization,
9 l0a b c 11 12 13 14 Se 15 16 Se	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage from 2015 S	r the organization Support Perce e 8, column (f) d chedule A, Part I: nent Income	's first, second, the intage ivided by line 13, II, line 15 Percentage	olumn (f))	h tax year as a se	ection 501(c)(3) or	ganization,
9 l0a b c 11 12 13 14 Se 15 16 Se 17	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section D. Computation of Investe	r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income 6 (line 10c, colu	's first, second, the second of the second o	olumn (f))	h tax year as a se	15 16	ganization,
9 l0a b c 11 12 13 14 Se 15 16 Se 17	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section Public support percentage for 2016 (lin Public support percentage from 2015 Section D. Computation of Investi Investment income percentage from 2015	r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income .6 (line 10c, colui 015 Schedule A,	's first, second, the second of the second o	column (f))	h tax year as a se	15 16 17 18	ganization, ▶□
9 l0a b c 11 12 13 14 Se 15 16 Se 17 18 19a	Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section D. Computation of Investi Investment income percentage for 2015	r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income .6 (line 10c, colui 015 Schedule A, organization did r	's first, second, the second of the second o	column (f))	h tax year as a se	15 16 17 18 133 1/3%, and line	ganization, ▶□

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ightharpoons

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

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10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	Ī

	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box	

		30	l
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections	·	
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

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9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		T.	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers, directors, or trustoss either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

Part VI	Supplemental Information.
	Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, SECTION C, 17A	THE MEMORIAL FOUNDATION (THE "FOUNDATION") IS A PUBLICLY SUPPORTED ORGANIZATION WITHIN THE MEANING OF I R C 170(B)(1)(A)(VI) WHILE THE FOUNDATION DID NOT REACH THE 33% PERCENT PU BLIC SUPPORT TEST UNDER TREASURY REGULATIONS 1 170A-9(E)(2) FOR 2016, IT DID SATISFY THE F ACTS AND CIRCUMSTANCES TEST UNDER TREASURY REGULATIONS 1 170A-9(E)(3) FOR YEARS 2003, 200 4, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 AND 2016 THE FOUNDATIO N'S PUBLIC SUPPORT PERCENTAGE WAS, 29 0282%, 21 0607%, 16 7969%, 16 7168%, 19 1934%, 15 73 96%, 18 8531%, 22 1730%, 23 0085%, 23 6910%, 25 0989%, 24 3902%, 22 6562% AND 22 3416% RES PECTIVELY ALTHOUGH EACH YEAR IT IS BELOW 33% PERCENT, THEY STILL GREATLY EXCEED THE MINIM UM 10 PERCENT OF PUBLIC SUPPORT REQUIRED UNDER THE FACTS AND CIRCUMSTANCES TEST DESPITE T HE LOWER PUBLIC SUPPORT PERCENTAGE, IT IS EXPECTED THAT FOR 2015 AND THE YEARS FOLLOWING, THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE WILL EQUAL OR EXCEED 10 PERCENT AS RESULT OF AD DITIONAL CONTRIBUTIONS FOR ALL YEARS PRIOR TO 2001, THE FOUNDATION EASILY MET THE 33% PER CENT PUBLIC SUPPORT TEST THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE WILL EQUAL OR EXCEED 10 PERCENTAGE HAS DECREASED EACH YE AR BECAUSE A HIGH PERCENTAGE OF ITS SUPPORT CAME FROM INVESTMENT INCOME ON ENDOWMENT FUNDS THESE ENDOWMENT FUNDS WERE CONTRIBUTED BY NASHVILLE MEMORIAL HOSPITAL, INC , A TENNESSEE NON-PROFIT HOSPITAL THAT IS TAX-EXEMPT UNDER I R C 501(C)(3) ("THE HOSPITAL") THE HOSPI TAL CONTRIBUTED THE FUNDS TO THE FOUNDATION, WITH THE APPROVAL OF THE ATTORNEY GENERAL OF THE STATE OF TENNESSEE, IN CONNECTION WITH ITS DISSOLUTION THE FOUNDATION WAS
	NOT FUNDED BY A SMALL GROUP OF INDIVIDUALS, AND, IN FACT, NO DISQUALIFIED PERSONS HAVE CONTRIBUTED TO THE FOUNDATION THE FOUNDATION RECEIVES CONTRIBUTIONS FROM THE HOSPITAL,
	AND WILL CONTINU E TO DO SO AS THE HOSPITAL COMPLETES ITS DISSOLUTION PROCESS AND IS ABLE TO
	TRANSFER FUNDS THAT ARE NO LONGER RESTRICTED FOR LEGAL AND LIABILITY PURPOSES SINCE
	FORMATION, THE FOUN DATION HAS BEEN GOVERNED BY A LARGE BLUE-RIBBON BOARD OF TRUSTEES (THE

Evolanation

990 Schedule A, Supplemental Information

Return Reference

"BOARD") THE BOARD CURRENTLY CONSISTS OF EIGHTEEN PROMINENT COMMUNITY AND CIVIC LEADERS THAT REPRESENT A BRO AD CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE PUBLIC THESE INDIVIDUAL HAVE DEMONSTRA TED EXPERIENCE IN CIVIC AND CHARITABLE CAUSES AND HAVE KNOWLEDGE OF BUSINESS AFFAIRS THAT ARE REQUIRED TO EFFECTUATE THE CHARITABLE PURPOSES OF THE

FOUNDATION THE BOARD MEMBERS AR E NOT COMPENSATED FOR THEIR SERVICES DURING 2003, 2004, 2005, 2006, 2007, 2008, 2009, 201 0, 2011, 2012, 2013, 2014, 2015 AND 2016, AT THE DIRECTION AND UNDER THE SUPERVISION OF THE BOARD, THE FOUNDATION PROVIDED \$3,779,790, \$6,635,647,

\$7.443.418. \$7,933,005, \$11,255,0 52, 5,688,457, \$6,542,944, \$8,125,024, \$6,632,511, \$6,772,953,

\$6,363,074, \$6,384,618, \$7, 851,732 AND \$5,664,650 RESPECTIVELY, IN GRANTS AND CHARITABLE CONTRIBUTIONS TO APPROXIMATE LY 200 CHARITABLE ORGANIZATIONS LOCATED THROUGHOUT MIDDLE

TENNESSEE EACH YEAR MANY OF THE SE ORGANIZATIONS RELY HEAVILY

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
SCHEDULE A, PART II, SECTION C, 17A	ON THE FOUNDATION FOR FUNDING BECAUSE THE FOUNDATION DISPERSES FUNDS TO NUMEROUS COMMUNITY ORGANIZATIONS WITH A WIDE-VARIETY OF CHARITABLE PURPOSES, IT ATTRACTS ATTENTION FROM THE GENERAL PUBLIC, INCREASING NOT ONLY THE PUBLIC'S AWARENESS OF THE FOUNDATION, BUT ALSO OF THESE RECIPIENT ORGANIZATIONS THIS AWARENESS AND GOODWILL IN THE COMMUNITY WILL BENEFIT THE FOUNDATION IF IT ESTABLISHES ADDITIONAL FUND-RAISING ACTIVITIES IN THE FUTURE BASED O N ALL THE FACTS AND CIRCUMSTANCES DESCRIBED ABOVE, THE FOUNDATION SHOULD CONTINUE TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION UNDER TREASURY REGULATIONS 1 170A-9(E)(3)						

Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

DLN: 93493279009457 OMB No 1545-0047

Open to Public

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** THE MEMORIAL FOUNDATION 62-1202302 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

Par	3111	Organizations Ma	aintaining Col	lections of A	rt, Histor	ical T	reası	ires, or	Other	Similar A	ssets	(continued)
3		the organization's acq (check all that apply)	uisition, accessior	n, and other rec	ords, check	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collection
а		Public exhibition			d		Loan	or excha	inge prog	rams		
b		Scholarly research			e		Othe	r				
c		Preservation for future	e generations									
4	Provide Part	de a description of the XIII	organızatıon's col	lections and exp	lain how th	ey furt	her the	e organız	ation's ex	empt purp	ose in	
5		ig the year, did the orga is to be sold to raise fur								ular	□ y	es 🗆 No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			ı Form 990), Part	: IV, lı	ne 9, or	reporte	ed an amo	unt on	Form 990, Part
1a		e organization an agent ded on Form 990, Part)		an or other inter	rmediary for	r contri	bution	s or othe	r assets	not	☐ Y	es 🗌 No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete t	he following	, table		[Amount	 :
С		nning balance						Ī	1c			
d	Addıt	ions during the year						[1d			
е	Dıstrı	butions during the year	r					[1e			
f	Endın	ng balance						[1f			
2a	Did th	he organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrov	v or cu	istodial a	ccount lia	ability?		es 🗆 No
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here if t	he explanat	ion ha	s been	provided	in Part)	KIII		
Pa	rt V	Endowment Fund	ds. Complete ıf	the organizat	ion answei	red "Y	es" or	n Form 9	990, Par	t IV, line	10.	
				(a)Current yea	ar (b) F	Prior yea	ar	(c)Two ye	ars back	(d)Three ye	ears back	(e)Four years back
	_	ing of year balance .										
b	Contrib	outions										
С	Net inv	estment earnings, gair	ns, and losses									
d	Grants	or scholarships										
е		expenditures for facilitie ograms	es									
f	Admını	strative expenses .										
g	End of	year balance										
2	Provid	de the estimated percei	ntage of the curre	ent year end bal	ance (line 1	g, colu	mn (a)) held as	5			
а	Board	d designated or quasi-e	ndowment 🟲									
b	Perm	anent endowment 🕨										
С	Temp	orarily restricted endov	wment ▶									
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%								
3а		here endowment funds nization by	not in the posses	sion of the orga	nization tha	it are h	ield an	d admini	stered fo	r the	_	Yes No
	(i) ur	nrelated organizations										Ba(i)
ь	Ìf "Ye	elated organizations .es" on 3a(ii), are the rel	lated organization				. ۲	· · ·			. 3	3b
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's e	endowment	funds						
Pai	rt VI	Land, Buildings,			F 000	D	T) / !		C =	000 5		- 10
	Descri	Complete if the ord option of property	(a) Cost or oth (investme	er basis (b)	Cost or other		_			m 990, Pa epreciation	T X, III	(d)Book value
1a	Land					7	34,758				+	734,758
	Buildin	as					46,027			5,068,486	†	8,077,541
		old improvements					•				+	. ,
		nent				1	84,010			159,017	1	24,993
	Other						-			,	+	,
		lines 1a through 1e (Co	L olumn (d) must ei	ual Form 990.	Part X. colu	mn (B). line :	10(c)) .		>	+	8.837.292

Part VII	Investments—Other Securities. Complete if the	ne org	ganization ansv	wered 'Yes' on	Form 990, Par	t IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(1	b) Book value	Cos	(c)Method of v t or end-of-year	
(1)Financial						
(3)Other	eld equity interests		20 240 550			
(A) OTHER S	ECURITIES		39,240,558		F	
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)		20 240 550			
Part VIII	Investments—Program Related. Complete if	the o	39,240,558 rganization an		n Form 990, P	art IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment		(b) Book value		(c) Method of v	valuation
(1)			1		t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) ————						
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	d 'Yes'		art IV, line 11d :	See Form 990, P	Part X, line 15
(1)	(a) Description					(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a	answe	red 'Yes' on Fo	rm 990, Part 1	▶ [V, line 11e or	
	See Form 990, Part X, line 25. (a) Description of liability			ook value		
(1) Federal II			(5) 1	Jook Value		
SECURITY D	EPOSIT PAYABLE			64,962		
ACCRUED IN	VESTMENT FEES			152,410		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	217,372		
2. Liability fo	or uncertain tax positions In Part XIII, provide the text o		footnote to the o	rganızatıon's fına		
organization'	s liability for uncertain tax positions under FIN 48 (ASC 7	/4U) (uneck here if the	text of the footr	note has been pr	rovided in Part XIII 🗹

1

2

e

3

5

1

2

b

d

3

4

C 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

Amounts i Investmen b Other (De:

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Other losses .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, bu
Investment expenses not included on Form 990, Part
Other (Describe in Part XIII)
Add lines 4a and 4b

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue, gains, and other support per audited financial statements

ut not on line 1 t VIII, line 7b .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 4a 4b

> > 2a

2b

2c

2d

2a

2b 2c

2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

						Γ
_			 			ı

2e	
3	
4c	
5	

2e

3

3	Subtract line 2e from line 1 .	3					
4	Amounts included on Form 990, F						
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII) .		4b				
c	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4	Ic. (This must equal Form 990, Part I, line 18) .		5		
Par	t XIII Supplemental Info	ormation					
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 nes 2d and 4b, and Part XII, lines 2d and 4b			de any	addıtıonal ınformatıon	
	Return Reference Explanation						
ee A	dditional Data Table						
			, and the second				

Schedule D (Form 990) 2015

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software Version:

Software ID:

EIN: 62-1202302

Name: THE MEMORIAL FOUNDATION

WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD ACCORDINGLY, THERE WERE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKE N IN THE COURSE OF PREPARING THE FOUNDATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE
	INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMI NATION BY THE APPLICABLE TAXING AUTHORITIES, MANAGEMENT HAS PERFORMED ITS EVALUATION OF AL

L INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE

LATING TO UNCERTAIN INCOME TAX POSITIONS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2016

DLN: 93493279009457 OMB No 1545-0047

Department of the Treasury Internal Revenue Service				ation answered "Yes," o ▶ Attach to Form le I (Form 990) and its	990.			Open to Public Inspection
lame of the organization	ATION						Employer identific	ation number
THE MEMORIAL FOUND							62-1202302	
			and Assistance					
				the grants or assistance,		for the grants or assistance	e, and	☑ Yes ☐ No
_	_	•	_	se of grant funds in the Ur				
				i nd Domestic Governme ditional space is needed	ents. Complete if the or	rganızatıon answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and addr organization or governmen		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Tab	ole							
1)								
(2)								
[3)								
(4)								
5)								
(6)								
7)								
(8)								
9)								
10)								
[11)								
[12]								
			-	s listed in the line 1 table			•	1670

Schedule I (Form 990) 2016)					Page 2			
Part III Grants and Ot	her Assistance to	Domestic Individua onal space is needed	als. Complete if the org	ganization answered "Yes"	" on Form 990, Part IV, line 22				
(a) Type of grant or	•	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
(1)									
(2)									
(3)									
(4)	,								
(5)	,								
(6)									
(7)	,		,						
Part IV Suppleme	ental Informati	on. Provide the inf	ormation required in	Part I, line 2, Part III	, column (b), and any other ac	iditional information.			
Return Reference	Explanation	ion							
PART I, LINE 2	THE ORGAN	EVERY ORGANIZATION IS REQUIRED TO GIVE THE FOUNDATION A PROGRESS REPORT ON HOW GRANT MONEY WAS SPENT INCOME AND EXPENSE REPORTS FROM THE ORGANIZATIONS ARE CHECKED FOR SOURCES OF INCOME AND EXPENSE ALLOCATION OF THE ORGANIZATIONS ON-SITE VISITS OF 100 PLUS ORGANIZATIONS ARE DONE FACILITIES OF CARTAL CRANTS AND WORK RETNICE.							

Additional Data

2000 MALLORY LANE SUITE

FRANKLIN, TN 37067

130-542

Software ID: Software Version:

EIN: 62-1202302

Name: THE MEMORIAL FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
A SOLDIER'S CHILD PO BOX 11242 MURFREESBORO, TN 37129	26-3032468	501(C)(3)	15,000	0			TO FURTHER EXEMPT PURPOSES		
ABLE YOUTH	57-1158431	501(C)(3)	12,000	0			TO FURTHER EXEMPT		

PURPOSES

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance ACE NASHVILLE 62-0476670 501(C)(3) 10,000 TO FURTHER EXEMPT

PURPOSES

C/O MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204						PURPOSES
ADVENTURE SCIENCE CENTER	62-0479192	501(C)(3)	30,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

800 FORT NEGLEY BLVD

NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance AGAPE 62-0760716 501(C)(3) 47.500 TO FURTHER EXEMPT

4555 TROUSDALE DRIVE NASHVILLE, TN 37204		551(5)(5)	.,,253	-		PURPOSES
ALIGNMENT NASHVILLE 21 WHITE BRIDGE ROAD	45-0549393	501(C)(3)	10,000	О		TO FURTHER EX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37205

EXEMPT SUITE 201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-0983550 501(C)(3) 150.000 TO FURTHER EXEMPT ALIVE HOSPICE PURPOSES

1718 PATTERSON STREET NASHVILLE, TN 37203 ALL TOGETHER MADISON 03-0573906 501(C)(3) 45.000 TO FURTHER EXEMPT C/O DISCOVER MADISON 303 PURPOSES MADISON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STREET

MADISON, TN 37115

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 10.000 ALZHEIMER'S ASSOCIATION-13-3039601 TO FURTHER EXEMPT MID SOUTH CHAPTER PURPOSES C/O ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION 4825 TROUSDAL

DISORDERS ASSOCIATION
4825 TROUSDAL
NASHVILLE, TN 37220

AMERICAN HEART
ASSOCIATION-GREATER
SOUTHEAST AFFILIATE
C/O AMERICAN HEART
ASSOCIATION 1818

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PATTERSON STREET NASHVILLE. TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 53-0196605 501(C)(3) 40.000 AMERICAN RED CROSS-TO FURTHER EXEMPT NASHVILLE AREA CHAPTER PURPOSES C/O AMERICAN NATIONAL RED 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203

CROSS

NASHVILLE, TN 37076

ANDREW JACKSON 62-0478087 501(C)(3) 150,000 TO FURTHER EXEMPT FOUNDATION PURPOSES 4580 RACHELS LANE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance AQUINAS COLLEGE 62-0812782 501(C)(3) 7,500 TO FURTHER EXEMPT C/O UNITED STATES PURPOSES CONFERENCE OF

CATHOLIC BISHOPS 4210 HARDING ROAD NASHVILLE, TN 37205 ARTHRITIS FOUNDATION-58-1341679 501(C)(3) 20,000 TO FURTHER EXEMPT TENNESSEE PURPOSES C/O ARTHRITIS FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37203

209 10TH AVENUE SOUTH SUITE 123

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-1826603 501(C)(3) 30.000 TO FURTHER EXEMPT BACKFIELD IN MOTION

920 WOODLAND STREET NASHVILLE, TN 37206					PURPOSES
BEGIN ANEW C/O CHRISTIAN WOMENS JOB CORPS OF MIDDLE TENNESSEE 420 MAIN STREET	501(C)(3)	37,500	0		TO FURTHER EXEMPT PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7056024 501(C)(3) 50.000 BIG BROTHERS BIG SISTERS TO FURTHER EXEMPT OF MIDDLE TENNESSEE PURPOSES 1704 CHARLOTTE AVENUE

SUITE 130 NASHVILLE, TN 37203 501(C)(3) 50,000 BOYS & GIRLS CLUBS OF 62-0540402 MIDDLE TENNESSEE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TO FURTHER EXEMPT PURPOSES 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **BUFFALO VALLEY** 58-1374964 501(C)(3) 30.000 TO FURTHER EXEMPT SES RTHER EXEMPT

415 PARK STREET SOUTH HOHENWALD, TN 38462		, , , ,	·			PURPOSES
BUILDING LIVES FOUNDATION BUILDING LIVES 2000 MALLORY LANE	20-5584526	501(C)(3)	32,000	0		TO FURTHER PURPOSES

STE 130-166

FRANKLIN, TN 370678231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance BYRUM-PORTER SENIOR 62-1221323 501(C)(3) 55 000 TO FURTHER EXEMPT

PURPOSES

CENTER 9123 HIGHWAY 49 E ORLINDA, TN 37141	01 1111013	302(3)(3)	33,833	•		PURPOSES
CASA	62-1203459	501(C)(3)	30,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

601 WOODLAND STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CATHOLIC CHARITIES OF 62-0679520 501(C)(3) 30,000 TO FURTHER EXEMPT TENNESSEE PURPOSES C/O UNITED STATES

CONFERENCE OF CATHOLIC BISHOPS 2806 MCGAVOCK PIKE NASHVILLE, TN 37214						
CENTER FOR NONPROFIT MANAGEMENT 37 PEABODY STREET SUITE	58-2000064	501(C)(3)	25,000	0	1	TO FURTHER EXEMPT PURPOSES

201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-2000064 501(C)(3) 16.000 TO FURTHER EXEMPT CENTER FOR NONPROFIT MANAGEMENT PURPOSES 37 PEABODY STREET SUITE

201 NASHVILLE, TN 37210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GALLATIN, TN 37066

CHILDREN ARE PEOPLE 62-1814354 501(C)(3) 37,500 TO FURTHER EXEMPT PO BOX 1443 IPURPOSES

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance COMMUNITIES IN SCHOOLS 46-1196944 501(C)(3) 25,000 TO FURTHER EXEMPT PURPOSES OF TENNESSEE

1207 18TH AVENUE SOUTH NASHVILLE, TN 37212						
COMMUNITY CARE FELLOWSHIP C/O GENERAL COUNCIL ON FINANCE ADMINISTRATION OF THE UNITED METHOD NASHVILLE, TN 37206	36-2167731	501(C)(3)	25,000	0		TO FURTHER EXEMPT PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance COMMUNITY CHILD CARE 58-1788663 501(C)(3) 35.000 TO FURTHER EXEMPT PURPOSES SERVICES.

182 EXECUTIVE PARK DRIVE HENDERSONVILLE, TN 37075						1 0141 031
COMMUNITY RESOURCE	62-1308387	501(C)(3)	15,000	0		TO FURT

NASHVILLE, TN 37210

RTHER EXEMPT **IPURPOSES** CENTER 218 OMOHUNDRO PLACE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-0067354 501(C)(3) 50.000 CONEXION AMERICAS TO FURTHER EXEMPT 2195 NOLENSVILLE PIKE PURPOSES

NASHVILLE, TN 37211

COTTAGE COVE URBAN MINISTRIES
630 BENTON AVENUE

PORPOSES

TO FURTHER EXEMPT PURPOSES

PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 62-1867122 501(C)(3) 15.000 COUNCIL ON AGING OF TO FURTHER EXEMPT MIDDLE TENNESSEE PURPOSES 95 WHITE BRIDGE ROAD 114

NASHVILLE, TN 37205

COUNTRY MUSIC HALL OF FAME AND MUSEUM C/O COUNTRY MUSIC FOUNDATION 222
5TH AVENUE SOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CROSSBRIDGE 16-1755991 501(C)(3) 10.000 TO FURTHER EXEMPT

PURPOSES

335 MURFREESBORO ROAD PURPOSES NASHVILLE, TN 37210 03-0573906 501(C)(3) 20,000 TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DISCOVER MADISON 303 MADISON STREET

MADISON, TN 37115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 30-0615389 501(C)(3) 8.000 EAST NASHVILLE HOPE TO FURTHER EXEMPT EXCHANGE PURPOSES

PO BOX 68423 NASHVILLE, TN 37206

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BRENTWOOD, TN 37027

FASTER SEALS TENNESSEE 62-0504893 501(C)(3) 30,000 TO FURTHER EXEMPT 750 OLD HICKORY BLVD 2-260 PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-4955577 501(C)(3) 25.000 END SLAVERY TENNESSEE TO FURTHER EXEMPT 50 VANTAGE WAY SUITE 255 PURPOSES

NASHVILLE, TN 37228

FAITH FAMILY MEDICAL 62-1816811 501(C)(3) 40,000 0 TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

326 21ST AVENUE NORTH NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 62-1816811 501(C)(3) 50.000 TO FURTHER EXEMPT FAITH FAMILY MEDICAL CENTER PURPOSES 224 21CT AVENUE NODTH

NASHVILLE, TN 37203						
FAMILY RECONCILIATION CENTER C/O RECONCILIATION MINISTRIES PO BOX 90827	58-1593837	501(C)(3)	10,000	0		TO FURTHER EXEMPT PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 44-0610626 501(C)(3) 100.000 FELLOWSHIP OF CHRISTIAN TO FURTHER EXEMPT ATHLETES PURPOSES

449 METROPI EX DRIVE NASHVILLE, TN 37211 TO FURTHER EXEMPT

FIFTYFORWARD 62-0566419 501(C)(3) 25.000 174 RAINS AVENUE

NASHVILLE, TN 37203

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 62-0566419 501(C)(3) 200,000 TO FURTHER EXEMPT FIFTYFORWARD MADISON

PURPOSES

STATION C/O FIFTYFORWARD 301 MADISON STREET MADISON, TN 37115						PURPOSES
GALLATIN DAY CARE CENTER	62-6085831	501(C)(3)	20,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GALLATIN, TN 37066

108 SOUTHPARK CIRCLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-1012538 501(C)(3) 15.000 GALLATIN SENIOR CITIZENS TO FURTHER EXEMPT CENTER PURPOSES

TO FURTHER EXEMPT

PURPOSES

30,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

200 EAST FRANKLIN STREET GALLATIN, TN 37066 GILDA'S CLUB NASHVILLE

1707 DIVISION STREET

NASHVILLE, TN 37203

62-1614190

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0589380 501(C)(3) 35.000 GIRL SCOUTS OF MIDDLE TO FURTHER EXEMPT TENNESSEE PURPOSES

TO FURTHER EXEMPT

PURPOSES

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

4522 GRANNY WHITE PIKE NASHVILLE, TN 37204 GLOBAL EDUCATION CENTER

4822 CHARLOTTE AVENUE

NASHVILLE, TN 37209

62-1681169

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-2033381 501(C)(3) 35.000 GRACE PLACE MINISTRY TO FURTHER EXEMPT

PO BOX 1771
HENDERSONVILLE, TN 37077

GREATER FAITH COMMUNITY
ACTION CORPORATION
PO BOX 215

PURPOSES

TO FURTHER EXEMPT
PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SPRINGFIELD, TN 37172

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HABITAT FOR HUMANITY OF 58-1636286 501(C)(3) 20,000 TO FURTHER EXEMPT

GREATER NASHVILLE 2950 KRAFT DRIVE SUITE 100 NASHVILLE, TN 37204						PURPOSES
HANDS ON NASHVILLE 37 PEABODY STREET SUITE	62-1461078	501(C)(3)	50,000	o		TO FURTHER EXEMPT PURPOSES

3/ PEABOUT STREET SUITE 206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0498798 501(C)(3) 25,000 HEARING BRIDGES TO FURTHER EXEMPT

935 EDGEHILL AVENUE NASHVILLE, TN 37203						PURPOSES
HOME BOUND MEALS	62-1773683	501(C)(3)	15,000	o	I .	TO FURTHER EXEMPT

381 W MAIN STREET HENDERSONVILLE, TN 37075

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance HOMESAFE OF SUMNER 58-1575248 501(C)(3) 40,000 TO FURTHER EXEMPT

PURPOSES

HOMEWORK HOTHING	62 1446120	E04(C)(2)	15 000		TO FURTU
331 S WATER STREET GALLATIN, TN 37066					
COUNTIES					PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4805 PARK AVENUE

NASHVILLE, TN 37209

ITO FURTHER EXEMPT HOMEWORK HOTLINE 62-1446139 501(C)(3) 15,0001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-1164825 501(C)(3) 30.000 HOPE CLINIC FOR WOMEN TO FURTHER EXEMPT 1810 HAYES STREET PURPOSES

NASHVILLE, TN 37203 HOSPITAL HOSPITALITY 62-0909363 501(C)(3) 30,000 HOUSE OF NASHVILLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37203

TO FURTHER EXEMPT PURPOSES 214 REIDHURST AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 62-0933337 501(C)(3) 10.000 HUMANITIES TENNESSEE TO FURTHER EXEMPT 807 MAIN STREET SUITE B PURPOSES NASHVILLE, TN 37206 62-0533104 501(C)(3) 25,000 TO FURTHER EXEMPT

IMAGINATION LIBRARY OF
MIDDLE TENNESSEE
C/O UNITED WAY OF
METROPOLITAN
NASHVILLE 250 VENTURE
CIRCLE

62-0533104

501(C)(3)

25,000

0

TO FURTHE
PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance **INROADS** 62-0967197 501(C)(3) 10,000 TO FURTHER EXEMPT

PO BOX 1562 ANTIOCH, TN 37011						PURPOSES
INSIGHT COUNSELING CENTERS	58-1731899	501(C)(3)	25,000	o		TO FURTHER EXEMPT PURPOSES

100 VINE COURT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TRITEDEATTIL DERITAL CLINIC 63 1567615 E01/C1/21 < 0 0 0 0 0 1</p> TO FURTHER EXEMPT

PURPOSES

1721 PATTERSON STREET NASHVILLE, TN 37203	62-156/615	501(C)(3)	60,000	U	l .	PURPOSES
INTREPID COLLEGE PREP	45-4616636	501(C)(3)	7,500	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5432 BELL FORGE LANE FAST

ANTIOCH, TN 37013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THER EXEMPT ES

TO FURTHER EXEMPT

PURPOSES

12,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

56-2193808

JOBS FOR LIFE

PO BOX 20368

RALEIGH, NC 27619

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 62-0582571 501(C)(3) 60.000 JUNIOR ACHIEVEMENT OF TO FURTHER EXEMPT MIDDLE TENNESSEE PURPOSES 120 POWELL PLACE NASHVILLE, TN 37204 KING'S DAUGHTERS CHILD 62-0729602 501(C)(3) 45.000 TO FURTHER EXEMPT DEVELOPMENT CENTER PURPOSES

C/O KINGS DAUGHTERS DAY

HOME 590 N DUPONT STREET MADISON, TN 37115

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance LIGHTHOUSE CHRISTIAN 62-1069504 501(C)(3) 7,500 TO FURTHER EXEMPT PURPOSES SCHOOL

MADISON, TN 37116

C/O LIGHTHOUSE MINISTRIES OF ANTIOCH 5100 BLUE HOLE ROAD ANTIOCH, TN 37013						
MADISON TIGERS YOUTH SPORTS PO BOX 10	30-0607803	501(C)(3)	10,000	0		TO FURTHER EXEMPT PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 62-1833327 501(C)(3) 30.000 TO FURTHER EXEMPT MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE PURPOSES 8119 ISABELLA LANE SUITE 105A

TO FURTHER EXEMPT

IPURPOSES

30,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BRENTWOOD, TN 37027
MARY PARRISH CENTER

NASHVILLE, TN 37206

P O BOX 60009

62-1816561

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-0479366 501(C)(3) 75.000 TO FURTHER EXEMPT MCNEILLY CENTER FOR PURPOSES

CHILDREN 100 MERIDIAN STREET NASHVILLE TN 37207 MEN OF VALOR 62-1836815 501(C)(3) 80.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37217

TO FURTHER EXEMPT 1410 DONELSON PIKE SUITE PURPOSES B-1

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 73-1697900 501(C)(3) 40.000 MENDING HEARTS TO FURTHER EXEMPT PO BOX 280236 PURPOSES NASHVILLE, TN 37228 MENTAL HEALTH AMERICA OF 62-0637710 501(C)(3) 30,000 TO FURTHER EXEMPT MIDDLE TENNESSEE PURPOSES C/O MENTAL HEALTH ASSOCIATION OF

MIDDLE TENNESSEE 446 METROPLEX DRIV NASHVILLE, TN 37211

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 62-0923487 501(C)(3) 15.000 TO FURTHER EXEMPT MID-CUMBERLAND HUMAN RESOURCE AGENCY PURPOSES

1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217					
MIDDLE TENNESSEE COUNCIL- BOY SCOUTS OF AMERICA C/O BOY SCOUTS OF AMERICA PO BOX 150409	501(C)(3)	35,000	0		TO FURTHER EXEMPT PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THER EXEMPT

MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)(3)	50,000	0		TO FURTHER PURPOSES

27-0039292 60,000 TO FURTHER EXEMPT MORNING STAR SANCTUARY 501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 568

MADISON, TN 371160568

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-1665552 501(C)(3) 7.500 MUSCULAR DYSTROPHY TO FURTHER EXEMPT ASSOCIATION - NASHVILLE PURPOSES C/O MUSCULAR DYSTROPHY ASSOCIATION

TO FURTHER EXEMPT

PURPOSES

ASSOCIATION
783 OLD HICKORY BLVD SUITE
300W
BRENTWOOD, TN 37027

17,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

35-2438992

MUSIC FOR SENIORS

NASHVILLE, TN 372035330

161 RAINS AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NASHVILLE ADULT LITERACY 58-1488230 501(C)(3) 15.000 TO FURTHER EXEMPT COLINICII DUDDOCEC

COUNCIL						PURPUSES
4805 PARK AVENUE SUITE 305 NASHVILLE, TN 37209						
11/10/11/12/22/ 111 0/205						-
NASHVILLE BAR FOUNDATION	62-1097270	501(C)(3)	10,000	0		TO FURTHER EXEMPT

NASHVILLE, TN 37219

150 4TH AVENUE NORTH PURPOSES SUITE 1050

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-1274532 501(C)(3) 15.000 TO FURTHER EXEMPT NASHVILLE CARES 633 THOMPSON LANE PURPOSES

NASHVILLE, TN 37204

NASHVILLE CHAMBER PUBLIC BENEFIT FOUNDATION 211 COMMERCE STREET SUITE

PORPOSES

50,000

TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

100

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant non-cash assistance organization ıf applıcable grant cash (book, FMV, appraisal, or assistance or government other) assistance 62-1484097 501(C)(3) 45.000 NASHVILLE CHILDREN'S TO FURTHER EXEMPT ALLIANCE PURPOSES 1264 FOSTER AVENUE NASHVILLE, TN 37210

NASHVILLE, TN 37210

NASHVILLE CHILDREN'S
THEATRE
C/O NASHVILLE ACADEMY
THEATRE AND
NASHVILLE CHILDRENS
THEATRE ASSOCIA

THEATRE ASSOCIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 62-0637709 501(C)(3) 35,000 NASHVILLE CHILDREN'S TO FURTHER EXEMPT THEATRE PURPOSES C/O NASHVILLE ACADEMY

THEATRE AND NASHVILLE CHILDRENS THEATRE ASSOCIA NASHVILLE, TN 37210 501(C)(3) 10.000 NASHVILLE CIVIC DESIGN 31-1743508 CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37201

TO FURTHER EXEMPT PURPOSES 138 2ND AVENUE NORTH SUITE 106

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 62-1828238 501(C)(3) 25.000 NASHVILLE CONFLICT TO FURTHER EXEMPT RESOLUTION CENTER PURPOSES

4732 W LONGDALE DRIVE NASHVILLE, TN 37211						TON OSES
NASHVILLE OPERA C/O NASHVILLE OPERA ASSOCIATION	62-1119830	501(C)(3)	20,000	0		TO FURTHER EXEMPT PURPOSES

3622 REDMON STREET NASHVILLE, TN 372094827

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 62-0794650 501(C)(3) 30.000 TO FURTHER EXEMPT NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER PURPOSES

PO BOX 280507 NASHVILLE, TN 37228						
NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVENUE SOUTH	48-1266314	501(C)(3)	12,000	0		TO FURTHE PURPOSES

NASHVILLE, TN 37212

HER EXEMPT SUITE 202

(b) EIN (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 48-1266314 501(C)(3) 25.000 NASHVILLE PUBLIC TO FURTHER EXEMPT EDUCATION FOUNDATION DURPOSES

(e) Amount of non-

(f) Method of valuation

(a) Description of

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

1207 18TH AVENUE SOUTH SUITE 202 NASHVILLE, TN 37212						FORFOSES
NASHVILLE PUBLIC TELEVISION	62-1740928	501(C)(3)	75,000	0		TO FURTHER EXEMPT

TELEVISION 161 RAINS AVENUE

NASHVILLE, TN 37203

(a) Name and address of

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-1811578 501(C)(3) 15,000 TO FURTHER EXEMPT NASHVILLE REPERTORY

THEATRE 161 RAINS AVENUE NASHVILLE, TN 37203						PURPOSES
NASHVILLE RESCUE MISSION C/O NRM HOLDINGS 639 LAFAYETTE	45-2424130	501(C)(3)	50,000	0		TO FURTHER EXEMPT PURPOSES

STREET NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-1567873 501(C)(3) 30.000 TO FURTHER EXEMPT NASHVILLE STATE COMMUNITY COLLECT DUDDOCEC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1600 56TH AVENUE NORTH

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance NURSES FOR NEWBORNS OF 43-1601329 501(C)(3) 30.000 TO FURTHER EXEMPT TENNESSEE PURPOSES

C/O NURSES FOR NEWBORNS						1 3111 3323
FOUNDATION						
50 VANTAGE WAY SUITE 101						
NASHVILLE, TN 37228						
OASIS CENTER	62-0968273	501(C)(3)	50,000	0	l .	TO FURTHER EXEMPT

YOUTH OPPORTUNITY CENTER IPURPOSES 1704 CHARLOTTE PIKE SUITE 200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance OASIS CENTER 62-0968273 501(C)(3) 20,000 TO FURTHER EXEMPT

YOUTH OPPORTUNITY CENTER						PURPOSES
1704						
CHARLOTTE PIKE SUITE 200						
NASHVILLE, TN 37203						
OPEN TABLE NASHVILLE	27-3514899	501(C)(3)	10,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OPEN TABLE NASHVILLE 210 MORTON AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance OPERATION ANDREW GROUP 62-1799192 501(C)(3) 10.000 TO FURTHER EXEMPT

3902 GRANNY WHITE PIKE NASHVILLE, TN 37204						PURPOSES
OPERATION STAND DOWN TENNESSEE	62-1638832	501(C)(3)	125,000	0		TO FURTHER EXEMPT PURPOSES

1125 12TH AVENUE SOUTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THER EXEMPT

TO FURTHER EXEMPT

PURPOSES

OUR KIDS 1804 HAYES STREET	58-1830327	501(C)(3)	25,000	0		TO FURTHER
NASHVILLE, TN 37203						

35,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PARK CENTER

NASHVILLE, TN 37203

801 12TH AVENUE SOUTH

62-1336640

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 58-1475675 501(C)(3) 10.000 PENCIL FOUNDATION TO FURTHER EXEMPT PO BOX 90426 PURPOSES NASHVILLE, TN 37209 TO FURTHER EXEMPT

POPE JOHN PAUL II HIGH
SCHOOL
C/O UNITED STATES
CONFERENCE OF
CATHOLIC BISHOPS 117
CALDWELL DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HENDERSONVILLE, TN 37075

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 58-1567835 501(C)(3) 20.000 PREVENT CHILD ABUSE TO FURTHER EXEMPT PURPOSES

TENNESSEE
4721 TROUSDALE DRIVE 201
NASHVILLE, TN 37220

PROJECT RETURN 62-1058325 501(C)(3) 60,000 0 TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

806 4TH AVENUE SOUTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-3265261 501(C)(3) 25.000 PROJECT TRANSFORMATION TO FURTHER EXEMPT TENNESSEE PURPOSES

522 RUSSELL STREET 501(C)(3) 20.000 TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37206 RENEWAL HOUSE PO BOX 280356

NASHVILLE, TN 372280356

62-1631055

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance ROCK THE STREET WALL 36-4746332 501(C)(3) 10.000 TO FURTHER EXEMPT

STREET 3523 TRIMBLE ROAD NASHVILLE, TN 37215						PURPOSES
ROCKETOWN OF MIDDLE	62-1571573	501(C)(3)	30,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TENNESSEE

601 4TH AVENUE SOUTH NASHVILLE, TN 37210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THER EXEMPT

ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)(3)	17,500	0		PURPOSES
ROOM IN THE INN	62-0811413	501(C)(3)	40,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37202

PO BOX 25309

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THER EXEMPT

SADDLE UP	58-1930303	501(C)(3)	10,000	0		TO FURTHER
1549 OLD HILLSBORO ROAD						PURPOSES
FRANKLIN, TN 37069						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1234 THIRD AVENUE SOUTH

NASHVILLE, TN 37210

SAFE HAVEN FAMILY SHELTER 62-1807653 501(C)(3) 45,000 TO FURTHER EXEMPT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-2198012 501(C)(3) 35.000 SALAMA URBAN MINISTRIES TO FURTHER EXEMPT 1205 EIGHTH AVENUE SOUTH PURPOSES

1205 EIGHTH AVENUE SOUTH
NASHVILLE, TN 372035003

SALVATION ARMY-NASHVILLE
58-0660607
AREA COMMAND

PURPOSES

TO FURTHER EXEMPT
PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

631 DICKERSON ROAD NASHVILLE, TN 372078625

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-2278505 501(C)(3) 40.000 SALVUS CENTER TO FURTHER EXEMPT 556 HARTSVILLE PIKE PURPOSES

GALLATIN, TN 37066 SECOND HARVEST FOOD BANK 62-1049447 501(C)(3) 50,000 TO FURTHER EXEMPT OF MIDDLE TENNESSEE PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

331 GREAT CIRCLE ROAD NASHVILLE, TN 37228

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance SEXUAL ASSAULT CENTER 62-1043294 501(C)(3) 50.000 TO FURTHER EXEMPT

101 FRENCH LANDING DRIVE NASHVILLE, TN 37228		, , ,	·			PURPOSES
SHOW HOPE C/O SHAOHANNANHS HOPE PO	32-0011220	501(C)(3)	25,000	o		TO FURTHER EXEMPT

FRANKLIN, TN 37065

BOX 647

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance HER EXEMPT

TO FURTHER EXEMPT

PURPOSES

SIMON YOUTH FOUNDATION	35-2035269	501(C)(3)	20,000	0		TO FURTH
225 W WASHINGTON STREET			·			PURPOSES
INDIANAPOLIS, IN 46204						

35,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SONGS FOR SOUND

2720 FUGENTA AVENUE

NASHVILLE, TN 37203

27-4519248

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 10.000 SOUTHEAST COMMUNITY 62-1823596 TO FURTHER EXEMPT CAPITAL CORPORATION PURPOSES 201 VENTURE CIRCLE

NASHVILLE, TN 37228

ST LUKE'S COMMUNITY HOUSE 62-0484183 501(C)(3) 35,000 0

TO FURTHER EXEMPT PURPOSES

HOUSE EPISCOPAL INC 5601 NEW YORK AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-1285699 501(C)(3) 125.000 TO FURTHER EXEMPT STARS NASHVILLE

SUITE 200 NASHVILLE, TN 37203						PURPOSES
STOKES BROWN LIBRARY C/O FRIENDS OF THE GORHAM-MACBANE	62-0755665	501(C)(3)	10,000	0		TO FURTHER EXEMPT PURPOSES

LIBRARY PO BOX 1168 SPRINGFIELD, TN 371721168

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 62-1793484 501(C)(3) 25.000 TO FURTHER EXEMPT SUMNER CHILD ADVOCACY CENTER - ASHI EV'S DI ACE PURPOSES

CENTER ASHLET STEACE				LI CIVI ODED
C/O ASHLEYS PLACE 315				
WEST SMITH				
STREET				
GALLATIN, TN 37066				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

976 GRASSLAND PLACE

GALLATIN, TN 37066

501(C)(3) SUMNER TEEN CENTER 46-0784352 12,000 TO FURTHER EXEMPT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 13-3541913 501(C)(3) 75.000 TO FURTHER EXEMPT TEACH FOR AMERICA-GREATER NASHVILLE PURPOSES

C/O TEACH FOR AMERICA 220

NASHVILLE, TN 37228

E-250

ATHENS WAY SUITE 300 NASHVILLE, TN 37228						
TENNESSEE ENVIRONMENTAL COUNCIL ONE VANTAGE WAY SUITE	62-0951294	501(C)(3)	10,000	O		TO FURTHER EXEMPT PURPOSES

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 62-1053507 501(C)(3) 6.000 TO FURTHER EXEMPT TENNESSEE HISTORICAL SOCIETY PURPOSES WAR MEMORIAL BUILDING

GROUND FLOOR 305 SIXTH AVENUE NORT NASHVILLE, TN 372430084						
TENNESSEE KIDNEY FOUNDATION 37 PEABODY STREET SUITE 206	27-0812507	501(C)(3)	20,000	0		TO FURTHER EXEMPT PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 62-0541813 501(C)(3) 25,000 TENNESSEE MEDICAL TO FURTHER EXEMPT FOUNDATION PURPOSES 216 CENTERVIEW DRIVE

SUITE 304
BRENTWOOD, TN 37027

TENNESSEE PERFORMING
ARTS CENTER
C/O TENNESSEE PERFORMING
ARTS
CENTER MANAGEMENT
CORPORATION PO BO

TO FURTHER EXEMPT
PURPOSES

TO FURTHER EXEMPT
PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TENNESSEE PRIMARY CARE 62-1036411 501(C)(3) 10.000 TO FURTHER EXEMPT ASSOCIATION PURPOSES 710 SPENCE LANE

TO FURTHER EXEMPT

PURPOSES

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NASHVILLE, TN 37217 TENNESSEE PRISON

OUTREACH MINISTRY

136 RAINS AVENUE NASHVILLE, TN 37203 35-2458555

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance TENNESSEE SENIOR OLYMPICS 58-2049992 501(C)(3) 10.000 TO FURTHER EXEMPT PURPOSES DO BOV 601

MT JULIET, TN 37121						PORPOSES
TENNESSEE WILDLIFE FEDERATION 300 ORLANDO AVENUE SUITE 200	62-6047188	501(C)(3)	10,000	0		TO FURTHER EXEMPT PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 62-1471789 501(C)(3) 10.000 TO FURTHER EXEMPT THE BIG PAYBACK MIDDLE TENNESSEE PURPOSES C/O THE COMMUNITY

FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVEN NASHVILLE, TN 37215						
THE BROWN CENTER FOR AUTISM	26-3131014	501(C)(3)	30,000	0	1	TO FURTHER EXEMPT PURPOSES

2702 GREYSTONE ROAD NASHVILLE, TN 37204

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 58-1609026 501(C)(3) 15.000 TO FURTHER EXEMPT THE CONSERVANCY FOR THE DIDDOSES DADTHENON AND CENTENNIAL

PARTHENON AND CENTENNIAL						PURPUSES
PARK						
PO BOX 196340						
NASHVILLE, TN 37219						
THE CONTRIBUTOR	37-1551739	501(C)(3)	10,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37203

PO BOX 332023

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-5453981 501(C)(3) 30.000 TO FURTHER EXEMPT THE EDISON SCHOOL 2100 B NASHVILLE PIKE PURPOSES GALLATIN, TN 37066 THE FAMILY CENTER 62-1237360 501(C)(3) 30,000 TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

C/O EXCHANGE CLUB FAMILY

CENTER 139 THOMPSON LANE NASHVILLE, TN 37211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 45-3953822 501(C)(3) 35.000 THE FOUNDATION FOR TO FURTHER EXEMPT ATHLETICS IN NASHVILLE PURPOSES SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 327

NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance THE NEW BEGINNINGS 90-0751722 501(C)(3) 27.500 TO FURTHER EXEMPT DURDOSES CENTER

THE NEW TRACE	10 0001771	 	_		
509 CRAIGHEAD STREET SUITE 100 NASHVILLE, TN 37204					T GIVI G S E S
CENTER					TPUKPUSES

THE NEXT DOOR 43-2001774 501(C)(3) 100,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37202

ITO FURTHER EXEMPT PO BOX 23336 PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance UNITED CEREBRAL PALSY OF 58-1663741 501(C)(3) 15.000 TO FURTHER EXEMPT

PURPOSES

MIDDLE TENNESSEE 1200 NINTH AVENUE NORTH SUITE 110 NASHVILLE, TN 37208		(-)(-)	,			PURPOSES
UNIVERSITY SCHOOL OF	23-7424429	501(C)(3)	15,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE

2000 EDGEHILL AVENUE NASHVILLE, TN 37212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0795167 501(C)(3) 30.000 URBAN LEAGUE OF MIDDLE TO FURTHER EXEMPT PURPOSES

TO FURTHER EXEMPT

PURPOSES

12.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TENNESSEE 50 VANTAGE WAY SUITE 201 NASHVILLE, TN 37228

62-1471146

WALDEN'S PUDDLE

JOELTON, TN 370800641

PO BOX 641

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-1625142 501(C)(3) 25.000 WAYNE REED CHRISTIAN TO FURTHER EXEMPT

PURPOSES

CHILDCARE CENTER 11-B LINDSLEY AVENUE NASHVILLE, TN 37210			·			PURPOSES
WELCOME HOME MINISTRIES	62-1515995	501(C)(3)	40,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 100183

NASHVILLE, TN 37224

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-6393377 501(C)(3) 10,000 TO FURTHER EXEMPT WESTMINSTER HOME

CONNECTION				PURPOSES
C/O WESTMINSTER				
PRESBYTERIAN CHURCH				
3900 WEST END AVENUE				
NASHVILLE, TN 37205				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37203

YMCA OF MIDDLE TENNESSEE 62-0476243 501(C)(3) 75,000 TO FURTHER EXEMPT 1000 CHURCH STREET PURPOSES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0570681 501(C)(3) 37.500 YOUTH ENCOURAGEMENT TO FURTHER EXEMPT

PURPOSES

SERVICES 521 MCIVER STREET NASHVILLE, TN 37211			·			PURPOSES
YOUTH VILLAGES	58-1716970	501(C)(3)	35,000	0		TO FURTHER EXEMPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37211

3310 PERIMETER HILL DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0475702 501(C)(3) 80.000 ITO FURTHER EXEMPT YWCA OF NASHVILLE AND MIDDLE TENNESSEE PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIDDLE TENNESSEE
C/O NASHVILLE YOUNG
WOMENS
CHRISTIAN ORGANIZATION
1608 WOODMON
NASHVILLE. TN 37215

Schedule J Co

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493279009457

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
THE MEMORIAL FOUNDATION

Employer identification number
62-1202302

1111	- MEMORIAE I CONDATION	62-1202302			
Рa	rt I Questions Regarding Compensation				
				Yes	No
1 a		vided any of the following to or for a person listed on Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	→ Health or social club dues or initiation fees			
	Discretionary spending account	→ Personal services (e g , maid, chauffeur, chef)			
b		ganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec	eimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing orgai organization's CEO/Executive Director Check all th used by a related organization to establish compens				
	□ Compensation committee				
	Independent compensation consultant	□ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	tions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of		7		No
8	-	paid or accured pursuant to a contract that was I Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebuttable presumption procedure described in Regulations	9		

(A) Name and Title (B) Breakdown of		W 2 dilayor 1033 M13e compensation		(C) Redirentent and	(D) Nontaxable	(E) rotal of columns	(1) Compensation in	
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 SCOTT PERRYPRESIDENT	(i)	260,696	0	0	18,000	32,660	311,356	0
		0						

(ii) 133.953 10,958 20,822 165,733

Schedule J (Form 990) 2015

2 JACKSON ROUTH VICE PRESIDENT -PROGRAMS

Return Reference	Explanation					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Part III Supplemental Information						
Schedule J (Form 990) 2015	:hedule J (Form 990) 2015					

Schedule J (Form 990) 2015

efile GRAPH	file GRAPHIC print - DO NOT PROCESS					
SCHEDULE O (Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Depar				990-F7	OMB No 1545-0047	
				r responses to specific questions on ide any additional information. n 990 or 990-EZ. 990 or 990-EZ) and its instructions is at		
THE MEMORIAL FOUNDATION				Employer ider	tification number	
990 Schedul	e O, Supp	plemental Informatio	n			
Return Reference		Explanation				
FORM 990, PART VI,	R TO ITS	FILING AND THE FILED	FORM 990 IS MADE	MENT COMMITTEE OF THE E AVAILABLE TO EACH MEMBE	R FOR REVIEW	IF BOA

COMMITTEE AT THE NEXT SCHEDULED BOARD MEETING

LINE 11B

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND A CONFLICT OF INTEREST FORM IS SI PART VI, GNED AT EACH COMMITTEE MEETING IF IT APPLIES TO ANY GRANTS THAT ARE BEING CONSIDERED SECTION B, LINE 12C

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE EXECUTIVE COMMITTEE REVIEWS THE CEO'S PERFORMANCE AND THEN THE CEO WILL RECEIVE THE SA
PART VI,	ME PERCENT OF COMPENSATION INCREASE AS THE ORGANIZATION'S EMPLOYEES THE COMPENSATION OF O
SECTION B,	THER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED AFTER A PERFORMANCE REVIE
LINE 15	WBY THE CEO

990 Schedule O, Supplemental Information

Return Explanation

Peference

Reference	
FORM 990,	THE CONFICT OF INTEREST, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PART VI,	PUBLIC UPON REQUEST
SECTION C,	
LINE 19	

Return Explanation

Reference	
FORM 990, PART XII,	THE ORGANIZATION'S REVIEW PROCESS OR SELECTION PROCESS OF AUDITED FINANCIAL STATEMENTS DID NOT CHANGE FROM PRIOR YEAR

LINE #2C

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493279009457 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE MEMORIAL FOUNDATION 62-1202302 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the organ	zation answered "\	l (es" on Form 990,	Part IV, line 34 bed	lause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) con entit	512(b) ntrolled
						Yes	No
(1)NASHVILLE MEMORIAL HOSPITAL 100 BLUEGRASS COMMONS BLVD SUITE 32 HENDERSONVILLE, TN 37075 62-0725924	ADMINISTRATION OF INSURANCE AND RETIREMENT PLANS AFTER SALE OF HOSPITAL	TN	501(C)(3)	170(B)(1)(A)(III)			No
02-0723924							
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 50135\	<u>'</u>	<u> </u>	Schedule R (Form	990) 20	16

		1 (1)	1 1		1 45	1 40	1 .			1 ()		., 1	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-			(h) Disproprtionate allocations?		Code V-UBI amount in bot 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ener?	(k) Percenta ownersh
					514)			Yes	No	1	Yes	No	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9	90, Part IV	, line	34	
Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line i) ntage ership	Se (1	(I) ection 512 3) control entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	control
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3

nedule R (Form 990) 2016		Page 3
Part V Transactions With Related Organizations Complete If the organization a	vered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Y	es No
During the tax year, did the organization engage in any of the following transactions with one of	ore related organizations listed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		No
f b Gift, grant, or capital contribution to related organization(s)	1b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)	1c Y	es
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
f h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)	11	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)		No
I Performance of services or membership or fundraising solicitations for related organization(s)		No
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
${f s}$ Other transfer of cash or property from related organization(s)		No
If the answer to any of the above is "Yes," see the instructions for information on who must of	plete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) (c) (d) Transaction Amount involved Method of determining amount involved type (a-s)	olved
RECEIVED GRANT CONTRIBUTION FROM THE NASHVILLE MEMORIAL HOSPITAL	C 1,200,000 CASH	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	-year allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2016

