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

Department of the Treasury ▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service

OMB No. 1545-0052

2016

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

		ndar year 2016 or tax year beginning			, 2	2016, and en	ding	, 20	
		of foundation					A Employer identif	ication number	
$\mathbf{E}\mathbf{I}$	LΑ	RAE RUPP PARKS MEMOR	RIAL	FUND			62-1638744		
		r and street (or PO box number if mail is not de				Room/suite	+	er (see instructions)	
	PO BOX 150502						(615) 917-0685		
-		town, state or province, country, and ZIP of	r foreign	nostal code	<u> </u>		C If exemption applicat		
		VILLE TN 37215	n loreign	postal code			check here	_	
		k all that apply. Initial return		Industrial			_	´ <b>⊢</b>	
•	Oneci	· · · · · · · · · · · · · · · · · · ·		-	of a former p	ublic charity	D 1. Foreign organiz	ations, check here 🕨 📙	
		Final return	- 1	Amended ret			2. Foreign organizati	ons meeting the 85%	
<del></del>	<u> </u>	Address chang		Name chang				nd attach computation 🕨 📘	
				empt private fo			E If private foundation	on status was	
_		on 4947(a)(1) nonexempt charitable trust	Oth	er taxable priva	te foundation	·	507(b)(1)(A), chec		
			Account	ng method	Cash	Accrual			
-		rom Part II, col. (c), line 16)		(specify)			F If the foundation is		
	\$	165,963 (Pa	art I, colu	mn (d) must be	on cash bas	ıs.)	termination under 507(b)(1)(B), chec		
Pa	art I	Analysis of Revenue and Expenses	(a) B	levenue and				(d) Disbursements	
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the	1	penses per	( <b>b</b> ) Net in	4	(c) Adjusted net	for charitable	
		amounts in column (a) (see instructions).)	1	books	inco	ome	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received			8: v.	No. No. of the State of the Sta	w.g., ., ., ., ., ., ., ., ., .,		
	2	(attach schedule)	W ,A	(°'' 11 )**	W * /	·	and all the state of the state	*	
	3	Interest on savings and temp, cash investments		<u> </u>	<del> </del>		<u> </u>	**************************************	
	4	Dividends and interest from securities	-	6,063		6,063	<u>-</u>		
	5a	_		0,000	<u> </u>	0,003		77.48.2	
en!	b	Net rental	- Ville	74	334.	3,50006	NN 2.	******	
S		income or (loss)	4 100	<u></u>	21		388.	*	
CANNED Revenue	ba	Net gain/(loss) from sale of assets not on line 10 Gross sales price for 667			3,4	* * * * * * * * * * * * * * * * * * * *	<u> </u>	* %	
<b>5</b>	_	all assets on line 6a	3 6		1	**		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
me.	7	Capital gain net income (from Part IV, line 2)	200			0	****		
O	8	Net short-term capital gain	2.9		- 'X	<b>%</b>	0	***	
D	9	Income modifications	**		#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	O YA	0	·	
AUG	Ι.	Gross sales less returns & allowances	*	<u> </u>	* *	s	**	22.3	
80	b	Less Cost of goods sold	<b>\$</b>	7.	2,75	2,72	·	., # #	
en en	C	Gross profit or (loss) (attach schedule)			71 3.2	* (			
	11	Other income (attach schedule)					0	%	
2017	12	Total. Add lines 1 through 11		6,063		6,063		***	
7	13	Compensation of officers, directors, trustees, etc		1,358		679	<del></del>	679	
	14	Other employee salaries and wages							
	15	Pension plans, employee benefits				-		<del> </del>	
ses		Legal fees (attach schedule)							
ĕ		Accounting fees (attach schedule) #1	<u> </u>	800		-		700	
쫎		Other professional fees (attach schedile)	<b>-</b>	1,049		1,049		- ,00	
Operating and Administrative Expens	17	Interest	<del></del>	1,013		1,017	- •		
aţį	18	Taxes (attach schedule) (see instructions)							
istr	10	Depreciation (attach-sch-) and depletion		·					
	13								
Į,	20	Occupancy							
ğ	21						<del>_</del>		
3 26	22	Printing-and-publications							
ting	23	Other expenses (attach schedule)	<u></u>						
era	24	<b>3</b>							
ă		expenses. Add lines 13 through 23		3,207		1,728	0	1,379	
•		Contributions, gifts, grants paid		8,000				8,000	
	26	Total exp. & disbursements. Add lines 24 and 25		11,207		1,728	0	9,379	
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbursements	,	-5,144					
	b	Net investment income (if neg , enter -0-)		·		4,335			
		Adjusted net income (if neg., enter -0-)				-,			
	<u> </u>	the state of the s	<u> </u>						

P	art II	Attached schedules and amounts in the description column should be for	Beginning of year	End	of year
_		end-of-year amounts only. (See inst )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing	6,782	8,866	8,866
	2	Savings and temporary cash investments	17,948	8,645	8,645
	3	Accounts receivable ▶			
	1	Less allowance for doubtful accts. ▶			
	4	Pledges receivable ▶			4
	1	Less allowance for doubtful accts. ▶		*****	
	5	Grants receivable		• "-	
	6	Receivables due from officers, directors, trustees, and other			
	١.,	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)		s c	a Salaran
		Less allowance for doubtful accounts		, , , , , , , , , , , , , , , , , , ,	
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments U.S. and state govt. obligations (attach schedule)		<u> </u>	
	b	Investments corporate stock (attach schedule)#.3	82,396	82,240	148,452
	С	Investments corporate bonds (attach schedule)	<del></del>		
	11	Investments land, buildings, and equipment basis ▶	. <u> </u>		
		Less accumulated depreciation (attach schedule)	·	· · · · · · · · · · · · · · · · · · ·	xadini C
	12	Investments mortgage loans	<del></del>		
	13	Investments other (attach schedule)			
	14	Land huldings and agrupment basis			*4600
		Less accumulated depreciation (attach schedule) · · · ·	. `\$942	aa r sa .	itan . K
	15	Other assets (describe			<del></del>
	16	Total assets (to be completed by all filers see the	<u> </u>		<del></del> -
		ınstructions. Also, see page 1, item l)	107,126	99,751	165,963
	17	Accounts payable and accrued expenses	.,		* 33.3.
	18	Grants payable			
es	19	Deferred revenue			W
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶			
	23	Total liabilities (add lines 17 through 22)	0		
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			**
ည	24	Unrestricted			****
alances	25	Temporarily restricted	·		
8	26	Permanently restricted	<del>.</del>		
Fund Ba		Foundations that do not follow SFAS 117, check here ▶⊠			
or F		and complete lines 27 through 31.			, ,
ţ	27	Capital stock, trust principal, or current funds			· .
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	107,126	99,751	
ţ	29	Retained earnings, accumulated income, endowment, or other funds .	107,120	33,131	
ş	30	Total net assets or fund balances (see instructions)	107,126	99,751	
	31	Total liabilities and net assets/fund balances (see instructions)	107,126	99,751	
Pa		Analysis of Changes in Net Assets or Fund Bala		33,731	
		net assets or fund balances at beginning of year Part II, column		with	
			· (a), line 50 (must agree	1 .	107,126
2		<u> </u>		1	-5,144
3		r increases not included in line 2 (itemize) ▶		<del></del> -	-5,144
4		lines 1, 2, and 3		3	101,982
5		eases not included in line 2 (itemize) ► SEE ATTACHMENT		4_	2,231
	Total	net assets or fund balances at end of year (line 4 minus line 5) I	Part II column (h) hr = 2	0 6	99,751
_		the same same of the same at t	i art ii, columii (b), iine 3	<u> </u>	

	the kind(s) of property sold (e.g., rea	•	(b) How acquired P Purchase	(4) 5415 454454	( <b>d)</b> Date sold (mo., day, yr.)
a SEE ATTACHMENT	nouse, or common stock, 200 shs. ML	LC CO )	D Donation	(mo., day, yr.)	(ITIO., day, yr.)
b	#				<u> </u>
<u>-</u>					
<u> </u>			<del>-  </del>		
<del> </del>			<del>-  </del>		
	(f) Depreciation allowed	(a) Cost o	or other basis	(b) Gair	or (loss)
(e) Gross sales price	(or allowable)		ense of sale	` '	) minus (g)
<del> </del>		†			
<u> </u>		1			
;		1	-		
3					
)					
Complete only for assets she	owing gain in column (h) and owned	by the foundation	n on 12/31/69	(I) Gains (Col.	(h) gain minus
	(j) Adjusted basis		ess of col (i)		less than -0-) or
(i) F.M V. as of 12/31/69	as of 12/31/69	1 ' '	ol. (j), if any	Losses (fr	om col. (h))
1					
b					
					· · · · · · · · · · · · · · · · · · ·
1			<del></del>		
)					
Capital sale not income or (	act applied least	also enter in Part I	l, line 7		
Capital gain net income or (		enter -0- in Part		2	
Net short-term capital gain of	or (loss) as defined in sections 1222(5	5) and (6) <sup>.</sup>			
If gain, also enter in Part I, Ii	ne 8, column (c) (see instructions). If	(loss),	7		
				1 1	
enter -0- in Part I, line 8	<u> </u>	· <u>·</u> · · · · · · · · · · · · · · · · · ·	ــ	3	
art V Qualification or optional use by domestic pr	Under Section 4940(e) for I	Reduced Tax		nent Income	
Part V Qualification or optional use by domestic prosection 4940(d)(2) applies, lead as the foundation liable for the Yes," the foundation does not	Under Section 4940(e) for I rivate foundations subject to the sective this part blank.  e section 4942 tax on the distributable tiqualify under section 4940(e). Do not	Reduced Tax ion 4940(a) tax or e amount of any y ot complete this p	n net investment inco ear in the base perio art.	me )  d <sup>2</sup>	⊠ Yes
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cart V Qualification or optional use by domestic proportional use by domestic proportional use by domestic proportional use by domestic proportion of proportion of the state of the foundation liable for the eyes," the foundation does not enter the appropriate amoundation of the eyes," the foundation does not enter the appropriate amoundation of the eyes," the foundation has enter the eyes, and	Under Section 4940(e) for Invate foundations subject to the section very this part blank.  Se section 4942 tax on the distributable to qualify under section 4940(e). Do not unt in each column for each year, see (b)  Adjusted qualifying distributed and the section of the 5-year base period divide the section existence if less than 5 years than table-use assets for 2016 from Part I, line 27b)	Reduced Tax ion 4940(a) tax or e amount of any y ot complete this p e the instructions ons no he total on line 2	n net investment income art. before making any enterprise (c) Net value of ncharitable-use assets by 5, or by the numb	nent Income me )  d?  ntries.  2 er 3 4 5 6 7	(d) tribution ratio

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	see in	struct	ions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter (attach copy of letter if necessary see inst.)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1 1		-	•	87
	here ▶					
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					ŧ
	Part I, line 12, col. (b).	i	** *			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3				87
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				87
6	Credits/Payments				*	
а	2016 estimated tax payments and 2015 overpayment credited to 2016   6a		یکنی ا	4	٧	, Å.;
b	Exempt foreign organizations tax withheld at source		, 4 s			ζ
С	Tax paid with application for extension of time to file (Form 8868) 6c	1 ,	,			*
d	Backup withholding erroneously withheld 6d	1		<	· ·	
7	Total credits and payments. Add lines 6a through 6d	7		~		0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here I if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				87
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶	11				
Par	t VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip	ate or			Yes	No
	Intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	r the				
	definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed	[			
	or distributed by the foundation in connection with the activities		İ		ĺ	
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			3.3	4 t	š
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0	ŀ	B		ľ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			· ·	l	
	on foundation managers. ▶ \$0		ŀ	, 🗱 🔻	, Šŧ	2 x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
_	If "Yes," attach a detailed description of the activities.		l	1.1	``` <u>``</u> `} <u>*</u> *	èw,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		j		l	×
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	<b></b>	×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	<u> </u>	<b>└</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		· · ·			×
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		• • • •	5		ļ. <u>^</u>
	If "Yes," attach the statement required by General Instruction T			;		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			*	,	1
	By language in the governing instrument, or		ľ	****		~~~
	By state legislation that effectively amends the governing instrument so that no mandatory directions that  applied with the state law seems in the second results are seen as the second results are second results are seen as the second results			٠ _	3.7	
7	conflict with the state law remain in the governing instrument?			6	<u>X</u>	├
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & F	'an xv	-		<u>X</u>	<b>├-</b>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
<b>L</b>	TN  If the approprie "Vec" to line 7, has the foundation furnished a copy of Form 900. DE to the Attenday Consent (see					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	1	ا ۳ / ۳ ا	P.	-	
o.	designate) of each state as required by General Instruction G? If "No," attach explanation	[	M-/4	8b		<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					1
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," co					
10	Part XIV		N/A	9		-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their name		ا <sub>ھ / تا</sub>	10	,	
FDA	and addresses		N/A		DE	(2016)
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Par	t VII–A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u> </u>	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person			1
	had advisory privileges? If "Yes," attach statement (see instructions)	12	L	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N / A			
14	The books are in care of ▶ SEE ATTACHMENT #6 Telephone no. ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here			. ▶ _
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "yes," enter the name of			•
	the foreign country •		\$	s' *
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1°8°;	Yes	No
1a	During the year did the foundation (either directly or indirectly).	* *		, ***
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		- ART-W	<b>'</b> \$
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	2 48		ŵ,
	disqualified person?	# · 		7,50-81
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	*		, 98
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	, ,		,
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		gg#-	
	the benefit or use of a disqualified person)?	100	Ϊ	Say in
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ľ	. 4	ľ
	foundation agreed to make a grant to or to employ the official for a period after	3%. *.	<u>" </u>	Á
	termination of government service, if terminating within 90 days.)		ipić K	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	a di	1	. 1
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here		1 >	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	16.12	<u>,                                    </u>	`
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	**	*	10.5
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	ľ	~ ¥	
	6e, Part XIII) for tax year(s) beginning before 2016?	1.		1
	If "Yes," list the years ▶ 20 , 20 , 20		4	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	3		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	ľ.	<b>S</b>	1
	to all years listed, answer "No" and attach statement see instructions.)	2b	1	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	\$ 88		
	<b>▶</b> 20 , 20 , 20 , 20	· `	1	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ļ	İ	×
	at any time during the year?			1
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation	1		
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2016.)	3b		Х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
-	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х
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(a) Name and address of each employee paid more than \$50,000			(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE	ATTACHMENT	#8				
Total r	number of other employ	yees paid over \$50,000	)			

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Part VIII Information About Officers, Directors, Trustees,	Foundation Managers, Hi	ghly Paid Employees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see	ee instructions). If none, enter "N	IONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE ATTACHMENT #9		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		<del> </del>
4		
Part IX-B Summary of Program-Related Investments (see		Amount
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2.	Amount

All other program-related investments. See instructions. 3

Total. Add lines 1 through 3 . . . . . .

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Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	<u> </u>
<u> </u>	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	] ]	
	purposes	. 130	160 561
a	Average monthly fair market value of securities	1a	162,561
b	Average of monthly cash balances	1b	5,008
C	Fair market value of all other assets (see instructions)	1c	167 560
d	<b>Total</b> (add lines 1a, b, and c)	1d	167,569
е	Reduction claimed for blockage or other factors reported on lines 1a and	*	
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2 /	
3	Subtract line 2 from line 1d	3	167,569
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	2,51 <u>4</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	165,055
_6	Minimum investment return. Enter 5% of line 5	6	8,253
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here  and do not complete this part.)		···
1	Minimum investment return from Part X, line 6	1	8,253
2a	Tax on investment income for 2016 from Part VI, line 5 2a 87		
b	Income tax for 2016. (This does not include the tax from Part VI.).	]*	
C	Add lines 2a and 2b	2c	87
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,166
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,166
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	8,166
Da	rt XII Qualifying Distributions (see instructions)		
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	, w	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,379
b	Program-related investments total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9,379
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,379
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	on
	qualifies for the section 4940(e) reduction of tax in those years.		
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Part XIII Undistributed Income (s	ee instructions)			
Distributable amount for 2016 from Part XI,	(a)			Page
line 7	Corpus	(b)	(c)	
2 Undistributed income	F-0	Years prior to 2015	2015	(d)
2 Undistributed income, if any, as of the end of 2016  a Enter amount for 2015 only			2013	2016
b Total for prior years 20 , 20 20		,		8,16
3 Excess distributions carryover, if any, to 2016	*	1	7 550	
a From 2011			7,558	<i>*</i>
<b>b</b> From 2012	άñ	1	7.	
c From 2013	*		<b> </b> *;	
d From 2014	A 37	.**	1	
e From 2015	′ <b>"</b> "(* :	· *	. *	
f Total of lines 3a through e	**	,	, , , , , , , , , , , , , , , , , , ,	* , .
4 Qualifying distributions	1.22	`.\ .\ .\		ė.
4 Qualifying distributions for 2016 from Part XII,	, 0	.**;		** *
a Applied to 2015 had	~ <u>*</u>		<del></del>	<u> </u>
Applied to 2015, but not more than line 2a  b Applied to undistributed income of prior years  (Election required.				100
(Election required co-		. 2,	7 == 1	*
(Election required — see instructions)	State 1		7,558	***
				, , , , ,
(Election required see instructions)			*	**
d Applied to 2016 distributable amount				***
	****			_ 44.5
			***************************************	1,821
oppears in column (-i)			Acres de la Constantina del Constantina de la Co	* 1
amount must be shown in column (a) )  6 Enter the not total			***************************************	
6 Enter the net total of each column as indicated below:				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
i i i de lo lo lo lo lo lo lo lo lo lo lo lo lo				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5.				
b Pnor years' undistributed income. Subtract line 4b from line 2b				5. I
C Enter the amount of prior years' undistributed				1
income for which a notice of deficiency has been issued, or on which the		****	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
been previously access				
been previously assessed	· · ·		411	
amount see patroni			2#   } {	*
The second secon			* 1	. * · · · ·
line 4a from the for 2015. Subtract	***	200	*	*
mic ca lavable		1 1/2	**	**- ** .
1 - J			**************************************	*
L.	, ",	**	1 1	* *
" and a from line 1 Th		\$ .	**	, š.
= 4 01011DHBU IV 3V42	1	1 ,	*	<del></del>
L L		The same adjusted that will be		
		,	make the same	6,345
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, and a choris)	1			
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xcess from 2012				
ccess from 2013				
ccess from 2014	1	1	1	
Cess from 2015	1		1	I
cess from 2016		- 1		
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Par	t XIV Private Operating For	undations (see in	structions and Part V	/II-A, question 9)		
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for			<b>•</b>		
b	Check box to indicate whether the four		_	described in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u> </u>
	income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for each year listed	(4) 2010	(3) 23.5	(0, = 0.1)	<u> </u>	0
b	85% of line 2a					0
c	Qualifying distributions from Part XII.					
_	line 4 for each year listed	1				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					-
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the alternative					
•	test relied upon					
а	"Assets" alternative test enter:					
_	(1) Value of all assets					0
	(2) Value of assets qualifying under			· · · · · · · · ·		<del></del>
	section 4942(j)(3)(B)(i)	1	Ì			0
b	"Endowment" alternative test enter	•				<del> </del>
	2/3 of min. investment return shown in	•				0
_	Part X, line 6 for each year listed					
С	"Support" alternative test enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a) (5)), or royalties) · · · ·					0
	(2) Support from general public and					
	5 or more exempt organizations as provided in section 4942(j)(3) (B)(III)					0
	(3) Largest amount of support from		1			
	an exempt organization		1			0
	(4) Gross investment income					0
Par	t XV Supplementary Inforr	nation (Comple	te this part only	y if the foundation	on had \$5,000	or more in assets
	at any time during the		-			
1	Information Regarding Foundation I	/lanagers:				
a	List any managers of the foundation wh	no have contributed	more than 2% of the	total contributions red	ceived by the found	ation before the
	close of any tax year (but only if they have	ave contributed mor	e than \$5,000) (See	section 507(d)(2))		
SEE	E ATTACHMENT # 10					
b	List any managers of the foundation will	no own 10% or more	of the stock of a co	rporation (or an equal	ly large portion of th	ne ownership
	of a partnership or other entity) of which	h the foundation has	s a 10% or greater in	terest.		
SEE	E ATTACHMENT # 11					
2	Information Regarding Contribution	Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
	Check here ▶ ☐ if the foundation on	ly makes contributio	ns to preselected ch	aritable organizations	and does not accep	ot unsolicited
	requests for funds. If the foundation ma	akes gifts, grants, et	c. (see instructions) to	o individuals or organi	zations under other	conditions,
	complete items 2a, b, c, and d.					
а	The name, address, and telephone nur	mber or e-mail of th	e person to whom ap	plications should be	addressed	<del> </del>
	E ATTACHMENT # 12					
b	The form in which applications should	be submitted and in	formation and materi	als they should includ	e	
	Any submission deadlines					
d	Any restrictions or limitations on award	s, such as by geogra	aphical areas, charita	ble fields, kinds of ins	titutions, or other fa	ctors

FDA

3	Grants and Contributions Paid		Approve	d for Future Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	- ·				İ
SEE	ATTACHMENT #13				
	Total · · · · · · · · · · · · · · · · · · ·			▶ 3a	8,0
b	Approved for future payment				
	<u></u>	1	<u> </u>	<u> </u>	<del> </del>
	Total · · · · · · · · · · · · · · · · · · ·			▶ 3b	· 1

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Part XVI-A Analysis of Income-Pro	ducing Act	ivities			
Enter gross amounts unless otherwise indicated.	Unrelati	ed business income	Excluded	by section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt function income
	Business	Amount	Excl.	Amount	(See instructions.)
1 Program service revenue	code		code		
a				<u> </u>	<del></del>
b					
c					
d					
е					
f					
9 Fees & contracts from government agencies					· · · · · ·
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments				·	.,,
4 Dividends and interest from securities			14	6,063	
5 Net rental income or (loss) from real estate	, ,	# 0.40 <b>%</b>		* * .	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					<del></del>
11 Other revenue a					
b					<del></del>
c				<del></del>	
d				<del></del>	
<b>e</b>			0 3 5500 4		
12 Subtotal Add columns (b), (d), and (e)			0	6,063	6,063
13 Total. Add line 12, columns (b), (d), and (e)				13	6,063
(See worksheet in line 13 instructions to verify calcula		<del> </del>	<del></del>		
Part XVI-B Relationship of Activities					
Line No. Explain below how each activity for v accomplishment of the foundation's €	vhich income i exempt purpos	s reported in column ( ses (other than by prov	e) of Part X	VI-A contributed importa s for such purposes). (Se	e instructions )

Form **990-PF** (2016)

FDA

_ `		Exempt Orga	anizations								
1	Did the	organization directly of	or indirectly engag	ge in any of the following with a	ny other o	organization de	escribed in se	ction	à-	Yes	No
	501(c)	of the Code (other tha	n section 501(c)(3	3) organizations) or in section 52	27, relatın	g to political o	rganızatıons?		<i>.</i> *		
a	Transfe	ers from the reporting f	foundation to a no	oncharitable exempt organization	n of				~	,,,,	
	(1) Ca	ash·· · · · · · · · · · · · · · · · ·					• • • • • • • • • • • • • • • • • • • •		1a(1)		X
	(2) Ot	her assets · · · · · · · ·							1a(2)	<u> </u>	X
b		ransactions							4	Y Y	1/2.36
				t organization					1b(1)		X
				exempt organization				<b>.</b>	1b(2)		X
	(3) R	ental of facilities, equip	ment, or other as	sets · · · · · · · · · · · · · · · · · · ·					1b(3)		X
	(4) R	eimbursement arrange	ements						1b(4)		X
	<b>(5)</b> Lo	oans or loan guarantee	es						1b(5)	<u></u>	X
	(6) P	erformance of services	or membership o	or fundraising solicitations				<b>.</b>	1b(6)		X
C	Sharing	g of facilities, equipme	nt, mailing lists, of	ther assets, or paid employees					1c		<u>X</u>
đ	If the a	nswer to any of the ab	ove is "Yes," com	plete the following schedule C	olumn (f	<b>b)</b> should alwa	lys show the f	aır marke	et value	of the	
	goods,	other assets, or service	es given by the re	eporting foundation. If the found	dation rec	eived less tha	n fair market v	/alue in a	any tran	saction	1
	or shar	ring arrangement, show	v in column (d) th	ne value of the goods, other ass	ets, or se	ervices receive	d.				
											_
(a) Lin	e no. (	b)Amount involved	(c) Name of none	charitable exempt organization	(d) Des	cription of transf	ers, transaction:	, and shai	ring arran	gements	s
	ŀ				į						
					ŀ						
					1						
					İ						
2a	is the f	oundation directly or it	ndirectly affiliated	with, or related to, one or more	tax-exen	npt organizatio	ns described	ın	_	_	_
	section	501(c) of the Code (o	ther than section	501(c)(3)) or in section 527?					∐ Y€	∍s [X	₫ No
b	If "Yes	" complete the following,"	ng schedule.			<del></del>					
	(	(a) Name of organizati	ion	(b) Type of organizatio	n	<u> </u>	(c) Description	n of rela	tionship	١	
						ļ					
			Í								
	U	nder penalties of perjury, I	declare that I have e	xamined this return, including accom	panying sci	hedules and state	ements, and to t	he best of	my know	rledge a	nd
Sign	) be	elief, it is true, correct, and	complete. Declaration	on of preparer (other than taxpayer) is 7	based on	all information of	_				
Here		Ilorman K	and the Ya	AKA 18-11-7017	PRE	SIDENT		May the JA	S discuss	s this re	turn elow
		Signature of officer of	r trustee	Date	Title			see instru		7	No.
		Print/Type preparer	<del></del>	Preparer's signature		Date	Check	ıf	PTIN	<del></del>	
Paid		Typo propaler	- 114110	JOYCE HARPER	ļ	8-2-1	-	ш" mployed	1	1136	511
Prep	arer	Firm's name ▶ HR	B TAX GRO	·		021	Firm's EIN ▶				· <u>+ +</u>
Use	Only										
		Firm's address ▶ 1010 MURFREESBORO RD Phone no. 61579				4076	) <del>4</del>				

### 2016 FORM 990 SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B OPEN TO PUBLIC INSPECTION , and ending For calendar year 2016, or tax period beginning Name of Organization **Employer Identification Number** ELLA RAE RUPP PARKS MEMORIAL FUND 62-1638744 Net Investment Adjusted Disbursements for **Accounting Category** Amount Net Income Charity Income ACCOUNTING 800 700 700 Total: 800

### 2016 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number ELLA RAE RUPP PARKS MEMORIAL FUND 62-1638744 Net Investment Adjusted Disbursements for **Amount** Category Net Income Charity Income ADVISORY FEES 1,049 1,049 1,049 1,049 Total:

### 2016 FORM 990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

ATTACHMENT 3: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10B OPEN TO PUBLIC

INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number

Name of Organization  ELLA RAE RUPP PARKS MEMORIAL FUND			62-163874	1 4
Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value
586 AT&T	X		11,526	24,923
50 CARE CAPITAL	X		582	1,250
72 COMCAST	X		1,858	4,972
85 FRONTIER COMMUNICATIONS	X		597	287
2 KINDRED HEALTHCARE	X		51	16
210 MILLER INDUSTRIES	X	1	10,488	5,555
16 MONSANTO CO	X	!	123 1,915	1,683 2,274
70 PFIZER INC 358 VERIZON	X		10,804	19,110
508 ISHARES	X		19,940	18,903
500 NATIONAL HEALTH INVESTORS	X		14,177	37,085
450 NATL RETAIL PPTY	^		6,270	19,890
200 VENTAS	X		3,909	12,504
6 FAIRPOINT COMMUN	X		,,,,,	,
O THERE OF THE OCCUPANT	1			Ì
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		Total:	82,240	148,452

### 2016 FORM 990 SCHEDULE OF OTHER DECREASES

ATTACHMENT 4: PAGE 1 - 990- PF PAGE 2 OPEN TO PUBLIC	, PART III, LINE 5	
INSPECTION For calendar year 2016, or tax period beginning	, and ending	
Name of Organization		Employer Identification Number
ELLA RAE RUPP PARKS MEMORIAL FUND		62-1638744
	·	Total Amount
ELLA RAE RUPP PARKS MEMORIAL FUND Description of Decrease PRIOR YEAR ADJUSTMENT		Total Amount 2, 231
<u> </u>		Total: 2,231

### 2016 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

TTA	ACHMENT 5: PAG	E 1 - 990-PF PAGE	3, PART IV	LINE 1				
	EN TO PUBLIC PECTION For calendar				_			
	of Organization	year 2016, or tax period beginning		, and endin	Employer Identific	cation Number		
	-	KS MEMORIAL FUND			62-1638744			
	(a) List and Describe	the Kind(s) of Property Sold (e.g., Rehouse, or Common Stock, 200 shs.		P Purchase	(c) Date Acquired (mo., day, yr.)	(d) Date Sold (mo., day, yr.)		
1	SCHWAB RETURN			D Donation P				
	(e) Gross Sales Price	(f) Depreciation Allowed (or allowable)	(g) Cost or Oth		(h) Gain o (e) Plus (f)	r (loss) ) Minus (g)		
1	667			667				
	(i) F.M.V. as of 12/31/69	owing gain in column (h) and owned (j) Adjusted Basis as of 12/31/69	(k) Excess if Over Col.	Col (ı)		n) Gain Minus t Less Than -0-) <b>or</b> rom col (h))		
1								

### 2016 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 6 - 990-PF PAGE 5, PART VII-A, LINE 14	
OPEN TO PUBLIC	
INSPECTION For calendar year 2016, or tax period beginning , and end	ding .
Name of Organization	Employer Identification Number
ELLA RAE RUPP PARKS MEMORIAL FUND	62-1638744
Part VII-A - Line 14	
Individual Name	LPH PARKS
Street Address 1606 18TH AVE	E S APT 20
U.S. Address	
Zip code 37215 City NASHVILLE	State <u>TN</u>
or Foreign Address	
City	
Province or State	
Country	· · · <u> </u>
Postal code	·
Phone Number	(615) 917-0685
Fax Number	·· · · · · · · · · · · · · · · · · · ·

### 2016 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-PF PAGE 6, PART VIII OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization **Employer Identification Number** ELLA RAE RUPP PARKS MEMORIAL FUND 62-1638744 (B) Title and Average (A) Name and Address (C) Compensation (If (D) Cont to Employee (E) Expense Account Hrs. per Week not paid, enter 0) Ben. Plans & Def. Comp. & Other Allowances NORMAN RANDOLPH PARKS PRESIDENT 1606 18 TH AVE S APT 20 1.50 NASHVILLE, TN 37212 JUDITH ELAINE PARKS SECRETARY 1109 GRAYBAR LANE TREASURER NASHVILLE, TN 37204

### 2016 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 8: PAGE 1 990-PF OPEN TO PUBLIC	PAGE 6, PART VI	<u>II, LINE 1</u>						
1		, and endi	0.0					
INSPECTION For calendar year 2016, or tax perion Name of Organization	a beginning	, and end	Employer Identifica	tion Number				
ELLA RAE RUPP PARKS MEMORIAI	FUND		62-1638744					
Part VIII Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees								
(a) Name and Address of Each Employee Paid More Than \$50,000	(b) Title and Average Hours Per Week Devoted to Position	(c) Compensation	(d) Contributions to Empl. Benefit Plans & Deferred Compensation	(e) Expense Account and Other Allowances				
NONE								
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# 2016 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

ATTACHMENT 9: PAGE 1 990-PF PAGE 6, PART VI	II, LINE 2	
OPEN TO PUBLIC		
INSPECTION For calendar year 2016, or tax period beginning	, and ending	<del></del>
Name of Organization		ntification Number
ELLA RAE RUPP PARKS MEMORIAL FUND	62-1638	744
Part VIII Compensation of the Five Highest Paid Independent Contractors for		140 00
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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### 2016 FORM 990 INFORMATION REGARDING FOUNDATION MANAGERS

ATTACHMENT 10: PAGE 1 - 990-PF PAGE 10, PART XV, LI	NE 1A
OPEN TO PUBLIC	
INSPECTION For calendar year 2016, or tax period beginning , and e	ending
Name of Organization	Employer Identification Number
ELLA RAE RUPP PARKS MEMORIAL FUND	62-1638744
Contributing Manager	
NONE	

## 2016 FORM 990 INFORMATION REGARDING FOUNDATION MANAGERS

	LINE 1B
OPEN TO PUBLIC	
INSPECTION For calendar year 2016, or tax period beginning , a	and ending
Name of Organization	Employer Identification Number
ELLA RAE RUPP PARKS MEMORIAL FUND	62-1638744
Shareholder Manager	
NONE	

# 2016 FORM 990 APPLICATION SUBMISSION INFORMATION

1 990-PF PAGE 10, PART XV, LINE 2	For Calendar year 2016, or tax year period beginning	Employer Identification Number 62-1638744			16 EOPFGR01L
			Info and Materials Included	NO SPECIFICATIONS	
		PARKS MEMORIAL FUND	Phone Number or E-mail	615-917-0685	7 HRB Tax Group, Inc. S0705N
PAGE	OPEN TO PUBLIC	Name of Organization ELLA RAE RUPP PARKS M		NORMAN RANDOLPH PARK PO BOX 150502 NASHVILLE TN 37215 6	FDA Form Software Copyright 1996 - 2017 HRB Tax Group, Inc.

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### 2016 FORM 990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 13: PAGE 1 990-PF PAGE 11, PART XV LINE 3A OPEN TO PU INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number 62-1638744 ELLA RAE RUPP PARKS MEMORIAL FUND If Recipient is an Individual, Foundation Recipient Purpose of Grant or Show any Relationship to **Amount** Status of Contribution Any Foundation Manager Recipient Name and Address (home or business) or Substantial Contributor ACKLEN AVE CHURCH OF - PCASSISTANCE FOR NONE CHRIST THOSE IN NEED 900 ACKLEN AVE 8,000 NASHVILLE TN 37203 Total: 8,000