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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990of.

	For c	alen	dar year 2016 or tax year beginning		, and ending		
			foundation			A Employer identification	number
	T	нв	BLUM FAMILY FOUNDATION			62-1871174	
	Num	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	9	09	BOWRING PARK			(615) 383-	4965
			own, state or province, country, and ZIP or foreign pHVILLE, _TN _37215-2456_	postal code		C If exemption application is p	ending, check here
			all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organization:	s, check here
			Final return	Amended return			· · ·
			Address change	Name change		Foreign organizations me check here and attach co	peting the 85% test, proputation
	H C	heck	type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	tus was terminated
		-Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	atron	under section 507(b)(1)	
	I Fa	ır ma	arket value of all assets at end of year J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
	(fro	om F		ther (specify)		under section 507(b)(1)	
	چے	·	2,092,104. (Part I, coll	ımn (d) must be on cash l	pasis)		
	<u>Ra</u>	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
^	. [1	Contributions, gifts, grants, etc., received	48,431.			
7017		2	Check If the foundation is not required to attach Sch. B	3.7.	(4) W 1	* · * * * * * * * * * * * * * * * * * *	
E~		3	Interest on savings and temporary cash investments	15.	15		STATEMENT 1
0	Ì	4	Dividends and interest from securities	26,790.	26,790	. 26,790.	STATEMENT 2
			Gross rents	· · · · · · · · · · · · · · · · · · ·	12. W. 41	. N. 7.8 S. W.	
(5)	Ì	_	Net rental income or (loss)	103,369.			**
_	9	68	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 347,589.				0.00
زز	Revenue	7	assets on line 6a 347, 303. Capital gain net income (from Part IV, line 2)		103,369	7 7 77 77 77 77 77 77 77 77 77 77 77 77	WED :
2	Be	, 8	Net short-term capital gain		103,303	N/Aiou	8
-	l	9	Income modifications			1 121 NOV 2	16 2017 9 · · ·
CANNED NOV		10a	Gross sales less returns				
6	1	b	Less Cost of goods sold		4 3 3 3 3 2 4	OGDE	N, OI 😘
	ľ	C	Gross profit or (loss)			Ř.	A 3.66 M
	1	11	Other income				
	\dashv	12	Total. Add lines 1 through 11	178,605.	130,174		***
	1	13	Compensation of officers, directors, trustees, etc	0.	0	0.	0.
		14	Other employee salaries and wages	<u> </u>			
	ø	15	Pension plans, employee benefits			 	
	enses		Legal fees Accounting fees STMT 3	5,082.	5,082	. 0.	0.
	Š		Other professional fees STMT 4	29,809.	29,809		
	É	17	Interest				
	Administrative Expo	18	Taxes STMT 5	2,926.	2,126	. 0.	0.
	istr	19	Depreciation and depletion				43 K
	:튑	20	Occupancy				
	P	21	Travel, conferences, and meetings				
	and	22	Printing and publications				
	2	23	Other expenses STMT 6	8,252.	0	0.	0.
	rati	24	Total operating and administrative	46 060	27 017		
	Operating and		expenses. Add lines 13 through 23	46,069. 304,926.	37,017		0.
	ı	23	Contributions, gifts, grants paid	304,320.	<u> </u>		304,926.
	Ì	26	Total expenses and disbursements. Add lines 24 and 25	350,995.	37,017	.) o.	304,926.
	\dashv	27			3,,01,		
		a	Excess of revenue over expenses and disbursements	<172,390.>			
			Net investment income (if negative, enter -0-)	11 10 11 1	93,157		<u> </u>
	l	C	Adjusted net income (if negative, enter -0-)			26,805.	(* * * * * * * * * * * * * * * * * * *

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THE BLUM FAMILY FOUNDATION

F	Part IV Capital Gains a	and Losses for Tax on Inv	vestment	Income					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How acquired - Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
1a	104.303 SHARES	BELLE MEADE ASSO	C. NT	L.P.		P	VARI	ous	12/31/16
						VARI	ous	01/13/16	
						VARI		12/31/16	
d	BELLE MEADE ASS	SOC. NT L.P.			<u> </u>	P	VARI	OUS	12/31/16
e	·				Ĺ,				L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss s (f) minus	
8	200,000.			200,00					0.
_ <u>b</u>	43,349.			27,49	0.				15,859.
_ c				16,73	0.				<16,730.>
d	104,240.	·			_				104,240.
_e									
	(i) F.M.V. as of 12/31/69	g gain in column (h) and owned by t (j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (i) col. (j), if any			l. (k), but	Col. (h) gain not less tha (from col. (n -0-) or
a									0.
ь									15,859.
									<16,730.>
d									104,240.
<u>_</u> e									
	Capital gain net income or (net cap	ortal loss) { If gain, also enter ortal loss), enter -0-s) as defined in sections 1222(5) and	- in Part I, line		}	2			103,369.
	If gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8			Tax on Net I	DV6	3 estment Inc.	ome		<16,730.>
Wa If'	"Yes," the foundation does not quali	on 4942 tax on the distributable among the section 4940(e). Do not cor	mplete this pa	<u>rt</u>		, 			Yes X No
1		ach column for each year; see the in	structions bet	ore making any en	tries.	<u> </u>			(4)
_	(a) Base period years Calendar year (or tax year beginnin			Net value of no		ritable-use assets		Distril (col. (b) div	(d) bution ratio vided by col. (c))
_	2015		1,513.			<u>,210,194</u>			.095699
_	2014		8,275.		_	,399,422			.120144
_	2013		9,694.			,462,385			.093281
_	2012		2,542.		- 2	,116,200	 - 		.105161
_			2,459.	<u> </u>	2	,042,838	-		.094212
	Total of line 1, column (d)	i-year base period - divide the total o	on line 2 hij F	or butter gumber	a f a		2	ļ	.508497
J	the foundation has been in existen	•	m inte z by 3,	or by the humber	OI ye	ai 5	3		.101699
4	Enter the net value of noncharitable	le-use assets for 2016 from Part X, I	ine 5				4	\ 	2,104,363.
5	Multiply line 4 by line 3						5_	ļ	214,012.
6	Enter 1% of net investment income	e (1% of Part I, line 27b)					6		932.
7	Add lines 5 and 6						7_		214,944.
8	Enter qualifying distributions from						8		304,926.
	If line 8 is equal to or greater than	line 7, check the box in Part VI, line	1b, and comp	olete that part using	g a 1º	% tax rate.			

	990-PF (2016) THE BLUM FAMILY FOUNDATION 62-18 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	71174 Pre instructions	age 4			
	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 instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	93	2.			
	of Part 1, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.			
3	Add lines 1 and 2	93	2.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	03	$\frac{0.}{2.}$			
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments:		2.			
•	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Exempt foreign organizations - tax withheld at source 6b		1, 1			
C	Tax paid with application for extension of time to file (Form 8868) 6c 9,100.					
d	Backup withholding erroneously withheld 6d 6d		. i			
7	Total credits and payments. Add lines 6a through 6d	9,90				
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8		<u>2.</u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	8,96				
	Enter the amount of line 10 to be: Gredited to 2017 estimated tax ▶ 8,966. Refunded ▶ 11 Int VII-A Statements Regarding Activities		0.			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes	No			
	any political campaign?		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for 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 published or	, 1, °,				
	distributed by the foundation in connection with the activities]. <i>did s</i> .				
	Did the foundation file Form 1120-POL for this year?	1c	X			
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		4			
_	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 .		1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X			
•	If "Yes," attach a detailed description of the activities		*			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X			
	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	<u>X</u>			
	If "Yes," attach the statement required by General Instruction T		Ś.			
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or		Ì			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law					
	remain in the governing instrument?	6 X	Market			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7 X				
			: 37			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_ 🐧 🔭				
	TN	—				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<u>.</u>			
_	of each state as required by General Instruction G? If "No," attach explanation	8b X				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		Y			
10	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X					
10	200 and personal appearance community of an arrangement of a community may rearrange and sourcesses	Form 990-PF (2				

Pa	art VII-A Statements Regarding Activities (continued)						
			Yes	No			
11	11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of						
	section 512(b)(13)? If "Yes," attach schedule (see instructions)						
12	12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?						
	If "Yes," attach statement (see instructions)	12	77	<u> </u>			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	X	<u> </u>			
14	Website address ► N/A The books are in care of ► JOAN B. SHAYNE Telephone no. ► (615)	383	-19	65			
14	Located at > 909 BOWRING PARK, NASHVILLE, TN ZIP+4 3						
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	, 415		<u> </u>			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A				
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		х			
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		400	•			
	foreign country	37.0		<u> </u>			
Pa	art 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.	<u> </u>	Yes	No			
18	During the year did the foundation (either directly or indirectly):	- 3					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		*				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		<u>*</u>				
	a disqualified person?						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	S .	* &	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1.3		J			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	.		. "			
	for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No"						
	If the foundation agreed to make a grant to or to employ the official for a period after		٠,				
	termination of government service, if terminating within 90 days.)						
h	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	ĺ	1.3			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	America.	din sa è			
	Organizations relying on a current notice regarding disaster assistance check here		·	, ,*			
G	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		2				
	before the first day of the tax year beginning in 2016?	1c		<u>X</u>			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	Ŗ.				
	defined in section 4942(j)(3) or 4942(j)(5)):		Ä	- Section 1			
8	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	. \$.		12			
	before 2016? Yes X No	1 1	*				
	If "Yes," list the years						
0	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		ű.				
	statement - see instructions.) N/A	2b					
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	à	· .			
	The provisions of section 45-12(a)(2) are sering apprior to any of the years noted in 2a, list the years note.			1			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		***	14			
	during the year?		é	.			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation 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			1			
	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,		· · · ·	نىلىد			
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b					
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	ļ	X			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			ألفي ا			
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b) DE	X			
	Fi	orm 99 0	J-27	(2016)			

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Part VII-B: Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section) (2) Influence the outcome of any specific public election (see section 4955); or 		ectly,	es X No	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No ု	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	<u> </u>	□	
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		es X No 2	
the prevention of cruelty to children or animals?	don the assessment decembed		S LAL NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instru	•	in Regulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance (see institu-	•			30
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?		I/A □ γ _€	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945		· · · · · · · · · · · · · · · · · · ·		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	p-, p-1		s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6ь Х
If "Yes" to 6b, file Form 8870			K:	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors		nagers, Highly		
1 List all officers, directors, trustees, foundation managers and their	compensation.		I (N -	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOAN B. SHAYNE	TRUSTEE			
373 GUITTI V III - III T 2701 F				
NASHVILLE, TN 37215	0.00 TRUSTEE	0.	0.	0.
JENNIFER L. BLUM	TRUSTEE			
SANTA MONICA, CA	0.00	0.	0.	0.
LAUREN BLUM	TRUSTEE	0.	0.	
IMORIN BION	INOBIBE			
NEW YORK, NY	0.00	0.	0.	0.
EMILY BLUM HASLETT	TRUSTEE			
NEW YORK, NY	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(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
NONE				
			ļ	
	1			
	<u> </u>			
	1			
	<u> </u>	 		
	4			
	<u> </u>	1	<u> </u>	<u> </u>
Total number of other employees paid over \$50,000				0

3 Five highest-paid independent contractors for professional services. If none, er	iter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	 -	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant si	atistical information such as the	_
number of organizations and other beneficiaries served, conferences convened, research papers p	roduced, etc.	Expenses
1N/A		
2		
3		
5		
4		
Part X-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		

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P	art X Minimum Investment Heturn (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	134,885.
C	Fair market value of all other assets	10	2,001,524.
d	Total (add lines 1a, b, and c)	1d	2,136,409.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,136,409.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,046.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,104,363.
6	Minimum investment return. Enter 5% of line 5	6	105,218.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at	nd certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	105,218.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)] \\	
c	Add lines 2a and 2b	2c	9 <u>3</u> 2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	104,286.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	104,286.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	104,286.
F	art XII Qualifying Distributions (see instructions)		
느			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	3	
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	304,926.
b	Program-related investments - total from Part IX-B	1b	0.
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:	à à	
8	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	304,926.
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	5	932.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	303,994.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section
	4040(e) reduction of tay in those years		

Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) 2015 Corpus Years prior to 2015 2016 1 Distributable amount for 2016 from Part XI. 104,286 line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only b Total for prior years: 3 Excess distributions carryover, if any, to 2016: 93,775 a From 2011 121,258. **b** From 2012 110,577 c From 2013 173,992 d From 2014 106,181 e From 2015 f Total of lines 3a through e 4 Qualifying distributions for 2016 from 304,926. Part XII, line 4: ►\$ a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 104, 286. d Applied to 2016 distributable amount 200,640. e Remaining amount distributed out of corpus 0. 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same a must be shown in column (a).) 6 Enter the net total of each column as indicated below: 806 423 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2011 93,775. not applied on line 5 or line 7 9 Excess distributions carryover to 2017. 712,648. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9; 121,258 a Excess from 2012 110,577. b Excess from 2013 173,992. c Excess from 2014

d Excess from 2015

e Excess from 2016

106,181.

200,640

Form 990-PF (2016) THE BLUM Part XIV Private Operating For	FAMILY FO		LA question 9)	N/A	371174 Page 1
1 a If the foundation has received a ruling or o			I-A, question 9)	N/A	
foundation, and the ruling is effective for 2		=		1040(1)(0) [10.10(.)(5)
b Check box to indicate whether the foundat		T Touridation described		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2013	(6) 2014	(0) 2013	(e) lotal
investment return from Part X for					
each year listed		 			
b 85% of line 2a		 			
c Qualifying distributions from Part XII,					
line 4 for each year listed		 	 	 	
d Amounts included in line 2c not		Ì	Ì		
used directly for active conduct of					
exempt activities					.
e Qualifying distributions made directly			Ì)	
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		 			
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		 	 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section			1		
512(a)(5)), or royalties)			<u> </u>		
(2) Support from general public					
and 5 or more exempt organizations as provided in			1		
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					<u> </u>
(4) Gross investment income					<u></u>
Part XV Supplementary Informat any time during the			if the foundation	n had \$5,000 or mo	ere in assets
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	-	than 2% of the total cont	ributions received by th	ne foundation before the clo	se of any tax
year (but only if they have contributed mo	re than \$5,000). (See s	section 507(d)(2).)	-		•
SEE STATEMENT 8					
b List any managers of the foundation who			(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has a	1 10% or greater intere	st.			
NONE					
2 Information Regarding Contribution	n, Grant, Gift, Loan,	, Scholarship, etc., Pr	ograms:		
Check here 🕨 🗶 if the foundation onl	y makes contributions	to preselected charitable	organizations and does	s not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc. (s	ee instructions) to indi	viduals or organizations i	inder other conditions,	complete items 2a, b, c, an	d d
a The name, address, and telephone numbe	r or e-mail address of t	the person to whom appl	ications should be addr	essed;	
b The form in which applications should be	submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:			<u>.</u>		
• /wiy addiniasion deadinics.					·
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields	, kınds of ınstitutions, o	r other factors:	

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	oona ibanon	
Paid during the year				
SCHEDULE ATTACHED		EXEMPT	SEE ATTACHED	304,926.
			1	
		<u> </u>		
Total			▶ 3a	304,926
b Approved for future payment				
NONE				
Total		<u> </u>		0.
Total			<u>▶</u> 3b	0.00

er gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue: 3	Code	<u> </u>			
	-		+-		
	-				
	_				
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments			14		
Dividends and interest from securities			18		
Net rental income or (loss) from real estate:	'		1.8		
Debt-financed property			ᆚ		
Not debt-financed property	<u> </u>				
Net rental income or (loss) from personal	I				
property			<u> </u>		
Other investment income			14		
Gain or (loss) from sales of assets other					
than inventory			18	103,369.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	<u> </u>				
Other revenue:					
<u> </u>	- 		┽—		
b	1		+-		
			1		
<u> </u>	-			<u> </u>	
d					
d		0		130 174	
d e Subtotal. Add columns (b), (d), and (e)	****	0	• s.	130,174.	130.17
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	• \	130,174.	130,17
d Bubtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)	***			13 _	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities te No. Explain below how each activity for which income	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities The No. Explain below how each activity for which income the foundation's exempt purposes (other than	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities te No. Explain below how each activity for which income	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities The No. Explain below how each activity for which income the foundation's exempt purposes (other than	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) Relationship of Activities e No. Explain below how each activity for which industry the foundation's exempt purposes (other tha	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) Relationship of Activities e No. Explain below how each activity for which indicate the foundation's exempt purposes (other tha	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) Relationship of Activities e No. Explain below how each activity for which indicate the foundation's exempt purposes (other tha	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) Relationship of Activities e No. Explain below how each activity for which industry the foundation's exempt purposes (other tha	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations.) THE XVI-B Relationship of Activities Explain below how each activity for which indicate the foundation's exempt purposes (other than	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) Relationship of Activities e No. Explain below how each activity for which indicate the foundation's exempt purposes (other tha	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) Relationship of Activities The No. Explain below how each activity for which income the foundation's exempt purposes (other that	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities The No. Explain below how each activity for which income the foundation's exempt purposes (other than	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities The No. Explain below how each activity for which income the foundation's exempt purposes (other than	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities The No. Explain below how each activity for which incompanies to the foundation's exempt purposes (other that	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities The No. Explain below how each activity for which incompanies to the foundation's exempt purposes (other that	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Relationship of Activities The No. Explain below how each activity for which incompare the foundation's exempt purposes (other that	to the Acco	omplishment of Ex	cempt	Purposes	130,17
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Relationship of Activities The No. Explain below how each activity for which incompare the foundation's exempt purposes (other that	to the Acco	omplishment of Ex	cempt	Purposes	130,17

Form 990-PF (2		LUM FAMIL				62-18		Pa	age 13
Part XVII			sfers To a	ind Transactions a	nd Relations	hips With Noncha	ritable		
	Exempt Organ		4.0 4.0				 	Vas	Ma
				g with any other organization		tion 501(c) of		Yes	No
	•			7, relating to political organ	izations?				Ž.
	from the reporting found	iation to a noncharita	Die exempt org	ganization of:			1.1.		
(1) Cash							1a(1)	\vdash	X
(2) Other							1a(2)		X
b Other tran		ht							
, ,	of assets to a noncharita	• •					1b(1)	\vdash	X
	nases of assets from a no		organization				1b(2)	\vdash	X
, ,	al of facilities, equipment,						1b(3)		X
• •	bursement arrangements	5					1b(4)	\vdash	X
• •	s or loan guarantees						1b(5)	\vdash	X
	rmance of services or me	•	_				1b(6)		X
	f facilities, equipment, ma						16	لـــا	<u> </u>
				dule. Column (b) should al		-		ets,	
	s given by the reporting t			ed less than fair market valu	ie in any transaction	n or snaring arrangement,	snow in		
(a) Line no	(b) Amount involved			e exempt organization	(4) Document				
(a) Line no	(b) Amount involved	(c) Name o	N/A	exempt organization	(d) Description	on of transfers, transactions, and	3 Sharing arra	ingemen	ius
		 	N/A						
		 		_ _					
		 			 				
		 							
					- 				
				 					
		 			 			-	
	·	† · · · · · · · · ·			 				
		1							
	, 								
2a Is the four	ndation directly or indirec	ctly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın section	501(c) of the Code (other	er than section 501(c))(3)) or in sect	ion 527?			Yes	X	No
b If "Yes," co	omplete the following sch	nedule.							
	(a) Name of or	ganization	<u> </u>	(b) Type of organization		(c) Description of relation	nship		
	N/A								
					<u> </u>				
1				accompanying schedules and st taxpayer) is based on all informations		han any knowledge	May the IRS d	iscuss ti	his
Sign L			4			s	eturn with the shown below	a prepare (see inst	≆r ∐r)?
Here	, sau	J, Sua	<u>40-</u>	11/3/1	TRUST	BE	X Yes	, \square] No
Sign	nature of officer or truste		1	Date	Title	L			
	Print/Type preparer's n	ame	Preparer's s	Mature /	Date	Check if PTIN	1		
Deid			ame	con I Johnson		self- employed			
Paid	CAMERON G.				11/13/17		01202		
Preparer	Firm's name ► DEI	COITTE TAX	LLP			Firm's EIN ► 86 – 3	10657	72	

Firm's address ► 1033 DEMONBREUN ST., STE 400 NASHVILLE, TN 37203

Phone no. (615) 259-1800 Form **990-PF** (2016)

Preparer **Use Only**

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Employer identification number

THE BLUM FAMILY FOUNDATION 62-1871174 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h,

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

or (ii) Form 990-EZ, line 1 Complete Parts I and II.

Name of organization

Employer identification number

m	DITE		TOTAL ARTON
THE	BLUM	FAMILIY	FOUNDATION

TUG D	DOM FAMILI FOUNDATION	02	-10/11/4
Part I	Contributors (See instructions) Use duplicate copies of Part I in	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAUREN BLUM 35 EAST 85TH STREET NEW YORK, NY 10028	\$ 43,349.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOAN B. SHAYNE 909 BOWRING PARK NASHVILLE, TN 37215	\$5,082.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Employer identification number

THE BLUM FAMILY FOUNDATION

62-1871174

, 1			
a) lo.	(b)	(c)	(d)
om	(b) Description of noncash property given	FMV (or estimate)	Date received
art I	Description of noncash property given	(See instructions)	Date received
	1000 SHARES CDK GLOBAL INC COM		···
1	COST: 27,490		
—			
ŀ		\$ 43,349.	01/19/16
(a)			
No.	(b)	(c)	(d)
rom	اتي) Description of noncash property given	FMV (or estimate)	Date received
art I	2 dod i provincia di proporty giron	(See instructions)	Date received
— I			
(a) No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
Part I	2	(See instructions)	Date i scelled
1		<u> </u>	
		\$	
(a)		(5)	
No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions)	Date received
art I		(55555 4545110)	
}			
			
ŀ		\ \$	
(2)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
art I		(See instructions)	
1			
			
		\$	
(2)			
(a) No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions)	
			
1			

Name of orga	Inization			Employer identification number
THE BL	UM FAMILY FOUNDATION			62-1871174
Partill	Exclusively religious, charitable, etc., contributed the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	columns (a) through (e) and the following of \$1,000 o	OWING LINE ENTRY. For organization	(10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ift	
	Transferee's name, address, ar			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft.	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, at	(e) Transfer of gi		ansferor to transferee

			PORARY C	ASH IN	VESIMENIS :	STATEMENT 1
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
BANK OF AMERICA-INTE	REST		15.		15.	15.
TOTAL TO PART I, LIN	E 3		15.		15.	15.
FORM-990-PF	DIVIDENI	S AND INTER	EST FROM	SECUR	ITIES S	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME	•
FROM BELLE MEADE ASSOCIATES NT, LP K-1	26,790).	0. 2	6,790.	26,790	. 26,790.
TO PART I, LINE 4	26,790).	0. 2	6,790.	26,790	. 26,790.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 3
FORM 990-PF DESCRIPTION		ACCOUNTI (A) EXPENSES PER BOOKS	NG FEES (B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	STATEMENT 3 (D) CHARITABLE PURPOSES
	_	(A) EXPENSES	(B) NET INV MENT IN	EST-	(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION	, LN 16B	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST- ICOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION ACCOUNTING FEES		(A) EXPENSES PER BOOKS 5,082.	(B) NET INV MENT IN	COME 0,082.	(C) ADJUSTED NET INCOME 0.	(D) CHARITABLE PURPOSES
DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1		(A) EXPENSES PER BOOKS 5,082.	(B) NET INV MENT IN	COME ,082. CEES	(C) ADJUSTED NET INCOME 0.	(D) CHARITABLE PURPOSES 0. 0. STATEMENT 4
DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1 FORM 990-PF	-	(A) EXPENSES PER BOOKS 5,082. 5,082. OTHER PROFES (A) EXPENSES	(B) NET INV MENT IN SIONAL F (B) NET INV MENT IN	COME ,082. CEES	(C) ADJUSTED NET INCOME 0. 0. C) ADJUSTED	(D) CHARITABLE PURPOSES 0. 0. STATEMENT 4 (D) CHARITABLE PURPOSES

FORM 990-PF	TAX	ES	S7	STATEMENT 5				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES				
IRS TAXES FOREIGN TAXES PAID	800. 2,126.	0. 2,126.	0.	0.				
mo non 000 pn ng 1 111 10	2,926.	2,126.	0.	0.				
TO FORM 990-PF, PG 1, LN 18								
FORM 990-PF, PG 1, LN 18	OTHER E		ST	PATEMENT 6				
<u></u>			(C) ADJUSTED NET INCOME	(D)				
FORM-990-PF	OTHER E. (A) EXPENSES	XPENSĒS (B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE				

FORM 990-PF	OTHER INVESTMENTS	·	STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BELLE MEADE ASSOCIATES NT, LP	COST	1,289,496.	2,001,524.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,289,496.	2,001,524.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 8
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

JOAN B. SHAYNE LAUREN BLUM

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Transaction Detail For Att Transactions

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