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SEANNED DEC 07 2017

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.lrs.gov/form990pf.

OMB No 1545-0052 16

| Ford | alen | dar year 2016 or tax year beginning | | , and ending | | |
|--|----------|---|---------------------------|--|---|--|
| Nan | ne of | foundation | | | A Employer identificatio | n number |
| | | BOULT FAMILY FOUNDATION | | | | |
| | | MR. REBER M. BOULT | 62-6370501 | <u> </u> | | |
| Number and street (or P O box number if mail is not delivered to street address) 424 CHURCH STREET 28TH FLOOR Room/suite B Telephone number (615) 259-1452 | | | | | | |
| | | | | | <u> </u> | |
| | | own, state or province, country, and ZIP or foreign | postal code | | C If exemption application is | pending, check here |
| | | HVILLE, TN 37219 | Instal satura of a fa | rmar public charity | D 1, Foreign organization | ic check hare |
| G (| песк | all that apply: Initial return Final return | Amended return | ormer public charity | 1. Fureigh organization | is, theth field |
| | | Address change | Name change | | Foreign organizations m check here and attach or | eeting the 85% test, |
| H C | heck | | xempt private foundation | · · · · | E If private foundation st | |
| | | ction 4947(a)(1) nonexempt charitable trust | | ation | under section 507(b)(1 | |
| | | | ing method: X Cash | Accrual | F If the foundation is in a | • • |
| (fr | om F | Part II, col (c), line 16) | ther (specify) | | under section 507(b)(1 | |
| • | \$ | 379 , 119 . (Part I, cold | ımn (d) must be on cash l | basis) | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | | necessarily equal the amounts in column (a)) | expenses per books | ıncome | income | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 98,987. | ` | N/A | 3 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | 2 | Check If the foundation is not required to attach Sch. B. Interest on savings and temporary | | | <u> </u> | 375 |
| | 3 | cash investments | 3,392. | 3,392. | | STATEMENT 1 |
| | 4 | Dividends and interest from securities | 3,394. | 3,334. | ļ | PIMITEMENT TO |
| | | Gross rents | <u> </u> | , | | |
| | _ | Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 | 5,501. | | , | 24.2 |
| an. | h | Gross sales price for all assets on line for assets on line for all assets on line fa | * 3, | * | ** * * | 1 |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | \$ | 5,501. | 7. | 3/4/2 |
| æ | 8 | Net short-term capital gain | 7 * | | | 50° |
| | 9 | Income modifications | | | | ' ' ; |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less Cost of goods sold | | | | , * ! |
| | C | Gross profit or (loss) | 15 | 4.0 | | (m) m T) (T) m () |
| | 11 | Other income | 17. | 17. 8,910. | | STATEMENT 2 |
| | 12 | Total. Add lines 1 through 11 | 107,897. | 0,910. | | 0. |
| | 13 14 | Compensation of officers, directors, trustees, etc Other employee salaries and wages | | | | |
| | | Pension plans, employee benefits | | | | |
| es | | Legal fees STMT 3 | 495. | 0. | | 495. |
| xpenses | | Accounting fees STMT 4 | 3,660. | 0. | | 3,660. |
| Exp | | Other professional fees STMT 5 | 3,018. | 0. | | 3,018. |
| ive | 17 | Interest | | | | |
| Operating and Administrative | 18 | Taxes STMT 6 | 15. | 15. | | 0. |
| nist | 19 | Depreciation and depletion | | The same of the sa | | |
| Ē | 20 | Occupancy | | N'S CENO | 1 | |
| Ψ̈́ | 21 | Travel, conferences, and meetings | | l VI | | - |
| an | | Printing and publications | A 056 | NOV 2 1 2017 | | |
| ting | 23 | Other expenses Total operating and administrative | <u> </u> | 2 D V Z()]/ | 1 PC 1 | |
| era | 24 | expenses. Add lines 13 through 23 | 7,188. | OGDEN 155 | | 7,173. |
| o | 25 | Contributions, gifts, grants paid | 7,193. | TOWNER TO | 1 1 | 0. |
| | | Total expenses and disbursements. | | | | |
| | - | Add lines 24 and 25 | 7,188. | 15. | | 7,173. |
| | 27 | Subtract line 26 from line 12: | | | | |
| | a | Excess of revenue over expenses and disbursements | 100,709. | | | |
| | b | Net investment income (if negative, enter -0-) | | 8,895. | | |
| | c | Adjusted net income (if negative, enter -0-) | <u> </u> | <u> </u> | N/A | 1 |
| 6235 | 01 11 | -23-16 LHA For Paperwork Reduction Act Noti | ce, see instructions | | | Form 990-PF (2016) |

| | | Bellemon Chands Attached schedules and amounts in the description | Beginning of year | End of | year |
|--|-----|---|-------------------|----------------|-----------------------|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 96,340. | 121,019. | 121,019 |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts | 21. | | |
| | 4 | Pledges receivable ► | | A | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | ŀ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less; allowance for doubtful accounts | | | |
| ets. | 8 | Inventories for sale or use | | | |
| Assets | 1 | Prepaid expenses and deferred charges | | | |
| ⋖ | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment, basis | <u> </u> | | |
| | | Less accumulated depreciation | | | - |
| | 12 | Investments - mortgage loans | | 0.45 5.45 | 050 400 |
| | 13 | Investments - other STMT 7 | 171,651. | 247,747. | 258,100 |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 1 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | 060 010 | 260 766 | 200 110 |
| _ | | instructions. Also, see page 1, item I) | 268,012. | 368,766. | 379,119 |
| | I | Accounts payable and accrued expenses | | 45. | ٠ ٠٠٠ |
| | 18 | Grants payable | | | |
| ies | 19 | Deferred revenue | | | **, * |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Lia H | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | ١ | | 0. | 45. | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 45. | |
| | | Foundations that follow SFAS 117, check here | | • | |
| Š | ١,, | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ĕ | 24 | Unrestricted | | | |
| ala | 25 | Temporarily restricted | | | |
| <u></u> | 26 | Permanently restricted Foundations that do not follow SFAS 117, check here | | | |
| 5 | | • | | | |
| Net Assets or Fund Balances | 07 | and complete lines 27 through 31. | 54,358. | 54,358. | |
| ets | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| 155 | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 213,654. | 314,363. | |
| et / | 29 | Retained earnings, accumulated income, endowment, or other funds | 268,012. | 368,721. | |
| Ź | 30 | Total net assets or fund balances | 200,012. | 300,721. | |
| | 31 | Total liabilities and net assets/fund balances | 268,012. | 368,766. | |

| | | | |
|---|---|---|-----------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
| | (must agree with end-of-year figure reported on prior year's return) | 1 | 268,012. |
| 2 | Enter amount from Part I, line 27a | 2 | 100,709. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 368,721. |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 368,721. |

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C/O MR. REBER M. BOULT

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| Part IV Capital Gains ar | nd Losses for Tax on Ir | rvestmen | t 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.) | | | | (b)] D | low ac - Purcl - Dona | nase . | (mo., da | | (d) Date sold (mo., day, yr.) |
| 1a STEPHENS, INC. | | | | | | | 1/15 | 07/20/16 | |
| b STEPHENS, INC. | | | | | | P 0 | 1/0 | 1/16 | 07/20/16 |
| c CAPITAL GAINS D | IVIDENDS | | | ļ | | | | | |
| d | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| <u>e</u> | | 1 | | <u> </u> | | | 41.0 | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | ıın or (loss (f) mınus | (g) |
| a 1,635. | | | 1,55 | | | | | | 80. |
| b 13,827. | | | 10,07 | 1. | | | | | 3,756. |
| c 1,665. | | | | | | | | | 1,665. |
| d | | | | | | | | | |
| e | and the section of th | the foundation | on 10/21/60 | \dashv | | | | 1.41. | |
| Complete only for assets showing | · | | | | | (1) (col. () | iains (Ci k), but n | ol. (h) gaın ot less tha | minus n -0-) or |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) col. (j), if any | | | 1 | Losses (| from col. (| (h)) |
| a | | | | | | | | | 80. |
| b | | | | | | | | | 3,756. |
| С | | | | | | | | | 1,665. |
| d | | | | | | | | | |
| e | | | | | | | | | |
| 2 Capital gain net income or (net capit | al loss) { If gain, also enter of the loss | | | } | 2 | | | | 5,501. |
| 3 Net short-term capital gain or (loss) | | | | _ | | | | | |
| If gain, also enter in Part I, line 8, co | | iu (0 <i>)</i> . | | J | | | | | |
| If (loss), enter -0- in Part I, line 8 | . , | | | | 3 | | | N/A | |
| Part V Qualification Un | der Section 4940(e) for | Reduced | Tax on Net | Inv | estn | nent Inco | me | | |
| (For optional use by domestic private for | oundations subject to the section | 4940(a) tax on | net investment in | come | e.) | | | | |
| If section 4940(d)(2) applies, leave this | nort blank | | | | | | | | |
| ii section 4940(d)(2) applies, leave this | part vialik. | | | | | | | | |
| Was the foundation liable for the sectio | n 4942 tax on the distributable am | nount of any ye | ear in the base pei | rıod? | | | | | Yes X No |
| If "Yes," the foundation does not qualify | | | | | | | | | |
| 1 Enter the appropriate amount in each | ch column for each year; see the i | nstructions be | fore making any e | ntries | i | | | | 7.00 |
| (a) Base period years | (b) | .tht.a.aa | Not value of pa | (c) | | una annata | Distribution ratio | | |
| Calendar year (or tax year beginning | , | , , , , , | | ncharitable-use assets | | | (col. (b) divided by col. (c)) | | |
| 2015 | | 9,521. | | | | 0,571. | | | .317359 |
| 2014 | | 2,238. | <u></u> | | | 3,153. | | | |
| 2013 | | 2,419. | | | | 6,026. | | | |
| 2012 | | 3,381. | | | 16 | 2,188. 6,335. | 21455 | | |
| 2011 | | 00,429. | <u> </u> | | 10 | 0,333. | | | .219010 |
| * * * * 1 · f 1 · · * · · · 1 · · · · / d 5 | | | | | | | , | | 1.120998 |
| 2 Total of line 1, column (d) | | l 0 h- 5 | b 4b | | | | 2 | | 1.120990 |
| 3 Average distribution ratio for the 5-y | • | on line 2 by 5, | or by the number | oi ye | ars | | , | | .224200 |
| the foundation has been in existence | e ir iess than 5 years | | | | | | 3 | | .224200 |
| A. Catan the act value of penchantable | was assets for 2016 from Dort V | lino E | | | | | 4 | | 302,235. |
| 4 Enter the net value of noncharitable | -use assets for 20 to from Part A, | iiile 5 | | | | | | | 302,233. |
| E. Minitude line 4 by line 2 | | | | | | | 5 | | 67,761. |
| 5 Multiply line 4 by line 3 | | | | | | | H | | 07,701. |
| C ===== 10/ ============================= | /40/ -4 D+ 1 (07h) | | | | | | ا ۽ ا | | 89. |
| 6 Enter 1% of net investment income | (1/0 VI Fait I, IIII 2/0) | | | | | | 6 | | |
| 7 Add lines F and S | | | | | | | , | | 67,850. |
| 7 Add lines 5 and 6 | | | | | | | | | 37,030. |
| 8 Enter qualifying distributions from F | Part XII, line 4 | | | | | | 8 | ··· | 7,173. |
| If line 8 is equal to or greater than li | ne 7, check the box in Part VI, line | e 1b, and comp | plete that part usin | ig a 1 | % tax ı | rate. | | | |

| Form 990-PF (2016) C/O MR. REBER M. BOULT | 0(1) 4040() | 62-63/ | | | Page 4 |
|--|------------------------------|-----------|---------------------------------------|---------|---|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 494 | | 948 - see | ınstru | Ction | ns) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on | i line 1. | | | | : |
| Date of ruling or determination letter: (attach copy of letter if necessary-see | - | | | | ا صحــــــــــــــــــــــــــــــــــــ |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and | enter 1% | 1 | | 1 | 78. |
| of Part I, line 27b | | | | | , |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, lin | ne 12, col. (b). 📗 | | | | - |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter - | 0-) | 2 | | | <u>0.</u> |
| 3 Add lines 1 and 2 | | 3 | | 1 | 78. |
| 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 | | 1 | 78. |
| 6 Credits/Payments: | | | | | |
| a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a | | | | | 1 |
| b Exempt foreign organizations - tax withheld at source 6b | | | | | |
| c Tax paid with application for extension of time to file (Form 8868) | | | 1 | | |
| d Backup withholding erroneously withheld 6d | |] | , , , , , , , , , , , , , , , , , , , | | ر مۇرىيىنى |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | | | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here 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 SEE STAT | EMENT 8 | 9 | | 1 | 78. |
| 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 | | | |
| Part VII-A Statements Regarding Activities | • | | | | |
| 1a 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? | | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see inst | tructions for the definition |)? | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies | | | | | . #0 |
| distributed by the foundation in connection with the activities | • | | 4as | نفنا | X |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | 140 -Am | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | 2 | | |
| (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ | 0. | | | | 12:3 |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp | osed on foundation | • | | 2 44 | |
| managers. ▶ \$ 0. | | | ŀ | | 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, a | articles of incorporation, o | or | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | Х |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | Х |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| 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: | | | | | |
| By language in the governing instrument, or | | | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions | that conflict with the state | e law | | | |
| remain in the governing instrument? | | | 6 | Х | l |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part | t II, col (c), and Part X\ | / | 7 | Х | |
| | | | | | |
| 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 Gen | eral (or designate) | | | | |
| of each state as required by General Instruction G? If "No," attach explanation | , , , | | 8b | х | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(| ı)(3) or 4942(ı)(5) for cale | endar | | | |
| year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete P | | | 9 | | x |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | _ | TMT 9 | 10 | Х | |
| Yes and a second many and a se | | | orm 990 | _ | (2016) |

THE BOULT FAMILY FOUNDATION 62-6370501 Form 990-PF (2016) C/O MR. REBER M. BOULT Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? Х 12 If "Yes." attach statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. ► (615) 259-1452 14 The books are in care of ▶ REBER M. BOULT Located at > 424 CHURCH STREET 28TH FLOOR, NASHVILLE, ZIP+4 ▶37219 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 Yes No 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, 16 securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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 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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X 1c before the first day of the tax year beginning in 2016? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a 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

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

during the year?

Description of the Security of 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)

N/A

b 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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X

Х

N/A

2b

3b

4a

before 2016?
If "Yes," list the years ▶

THE BOULT FAMILY FOUNDATION C/O MR. REBER M. BOULT

| Form 990-PF (2016) C/O MR. REBER M. BOULT | 1011 | 1 | 62-63705 | 01 Page 6 |
|--|---|-----------------------------|--|---|
| Part VII-B Statements Regarding Activities for Which F | Form 4720 May Be R | | | O 1 Tage 0 |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e)\? | ☐ Ye | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); o | | | | |
| any voter registration drive? | | Ye | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes' | ? | | s X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | |
| 4945(d)(4)(A)? (see instructions) | | Ye | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | or | | |
| the prevention of cruelty to children or animals? | | | s X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described i | n Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | rom the tax because it maintai | ne d | | |
| expenditure responsibility for the grant? | N | /A Ye | s No | } |
| If "Yes," attach the statement required by Regulations section 53 4945 | 5-5(d) | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | | Ye | es 🗶 No | & : |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | <u></u> | 6b X |
| If "Yes" to 6b, file Form 8870 | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | es X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | nagers, Higniy | <i>'</i> | |
| List all officers, directors, trustees, foundation managers and their | compensation | | | |
| List all officers, directors, it datees, foundation managers and cross | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| WILLIAM RALSTON MASON | TRUST COMMITT | EE MEMBER | | |
| 424 CHURCH STREET 28TH FLOOR | | | | |
| NASHVILLE, TN 37219 | 0.00 | 0. | 0. | 0. |
| REBER M. BOULT | FOUNDATION TR | USTEE | | |
| 424 CHURCH STREET 28TH FLOOR | | | | |
| NASHVILLE, TN 37219 | 0.00 | 0. | 0. | 0. |
| OLIVIA ANN BOULT WALLING | TRUST COMMITT | EE MEMBER | | |
| 424 CHURCH STREET 28TH FLOOR | | | _ | |
| NASHVILLE, TN 37219 | 0.00 | 0. | 0. | 0. |
| REBER F. BOULT | TRUST COMMITT | EE MEMBER | | |
| 424 CHURCH STREET 28TH FLOOR | 0.00 | ا م | | |
| NASHVILLE, TN 37219 | 0.00 | 0. | 0. | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | | enter NONE. | (d) Contributions to | (e) Expense |
| (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 | | | · | |
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| | 1 | | | |
| Total number of other employees paid over \$50,000 | l | <u> </u> | | 0 |
| LOTAL HUMBER DE OMEL EMBIOVEES DAID OVEL \$30.000 | | | | v |

Form **990-PF** (2016)

| THE BOULT FAMILY FOUNDATION | | |
|---|---------------------------------------|------------------|
| Form 990-PF (2016) C/O MR. REBER M. BOULT | 62-63 | 370501 Page 7 |
| Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued) | ion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | "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 | <u> </u> | > 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ | cal information such as the ced, etc. | Expenses |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lire. | 200 1 and 2 | Amount |
| 1 N/A | ies railu z. | Amount |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |

Form **990-PF** (2016)

▶

Total. Add lines 1 through 3

62-6370501 C/O MR. REBER M. BOULT Page 8 Form 990-PF (2016) Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 219,304. a Average monthly fair market value of securities 1a 87,534. 1b b Average of monthly cash balances 1c c Fair market value of all other assets 306,838. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 306,838. 3 Subtract line 2 from line 1d 4,603. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 302,235. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 15,112. 6 Minimum investment return. Enter 5% of line 5 Part 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.) 15,112. Minimum investment return from Part X, line 6 178. 2a Tax on investment income for 2016 from Part VI, line 5 2a b Income tax for 2016. (This does not include the tax from Part VI.) 2b 2c c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 14,934. 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 7,173. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 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: 3a a Suitability test (prior IRS approval required) 3b b Cash distribution test (attach the required schedule) 7,173. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5

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

Form 990-PF (2016)

6

income, Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form 990-PF (2016)

C/O MR. REBER M. BOULT

| Part XIII Undistributed Income (| see instructions) | | | |
|--|-------------------|----------------------------|-------------|--------------------|
| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
| 1 Distributable amount for 2016 from Part XI, line 7 | | · | | 14,934. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years: | | - | | |
| , , | | 0. | | |
| 3 Excess distributions carryover, if any, to 2016: | | | | |
| aFrom 2011 28,112. | | | | |
| bFrom 2012 33,272. |] | ` | | |
| cFrom 2013 31,618. | , | , | | |
| dFrom 2014 30,080. | • | <u></u> | | |
| eFrom 2015 67,086. | | * | | |
| f Total of lines 3a through e | 190,168. | X 3 | | |
| 4 Qualifying distributions for 2016 from | , | 4 | | , |
| Part XII, line 4. ►\$ 7,173. | 2,189 | | | |
| a Applied to 2015, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | · : | | | |
| years (Election required - see instructions) | 3 | 0. | | |
| c Treated as distributions out of corpus | | 2217 | | |
| (Election required - see instructions) | 0. | | | * |
| d Applied to 2016 distributable amount | * . | | | 7,173. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2016 | 7,761. | May 1 G | | 7,761. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | * | | |
| 6 Enter the net total of each column as indicated below; | | * | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 182,407. | <u> </u> | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2015. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | <u> </u> | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2017 | | 1 | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2011 | | | | |
| not applied on line 5 or line 7 | 20,351. | | | |
| 9 Excess distributions carryover to 2017. | | | | |
| Subtract lines 7 and 8 from line 6a | 162,056. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2012 33, 272. | | | | |
| b Excess from 2013 31,618. | | | | |
| c Excess from 2014 30,080. | , | | | |
| d Excess from 2015 67,086. | | | | |
| e Excess from 2016 | <u> </u> | | | |
| 623581 11-23-16 | | | | Form 990-PF (2016) |

THE BOULT FAMILY FOUNDATION C/O MR. REBER M. BOULT 62-6370501 Form 990-PF (2016) Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (b) 2015 (d) 2013 (e) Total (a) 2016 (c) 2014 income from Part I or the minimum 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 used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 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 c "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) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) SEE STATEMENT 12 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors'

Form 990-PF (2016)

C/O MR. REBER M. BOULT

62-6370501 Page 11

| Part XV Supplementary Information | (continued) | | | |
|--|--|----------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During the Ye | ar or Approved for Future | Payment | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| | | • | | |
| NONE | | | | |
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| Total | | | ▶ 3a | 0. |
| b Approved for future payment | | | | |
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| NONE | | - | | |
| -10-1-2 | | | | |
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| Total | | | ▶ 3b | 0. |

C/O MR. REBER M. BOULT

Analysis of Income-Producing Activities

| Fater areas areas to refer attraction and rested | Unrelated | d business income | Exclu | ded by section 512, 513, or 514 | (a) |
|--|-------------------------|-------------------|--|---------------------------------|---|
| Enter gross amounts unless otherwise indicated. | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | code | | Code | | |
| a b | - | | | | |
| | - | | - | | _ |
| | - | | | | |
| d | - | | - | | <u>.</u> |
| e | - | | - | | |
| Took and contracts from povernment agencies | | | - | | |
| g Fees and contracts from government agencies | - | | - | | |
| 2 Membership dues and assessments | | | - | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | - | | 14 | 3,392. | |
| 4 Dividends and interest from securities | - | * | ! | 3,394. | * 3 |
| 5 Net rental income or (loss) from real estate: | <u> </u> | | ς _ε | | * |
| a Debt-financed property | ļ | | <u> </u> | | |
| b Not debt-financed property | | | <u> </u> | | |
| 6 Net rental income or (loss) from personal | 1 | | ļ | | |
| property | | | L., | | |
| 7 Other investment income | | | 14 | 17. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 5,501. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | - | | | |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | · | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 8,910. | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 8,910. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | to the Acco | mplishment of Ex | kemp | t Purposes | |
| Line No. Explain below how each activity for which in the foundation's exempt purposes (other that | | | contril | outed importantly to the accom | plishment of |
| the real education of exempt purposes (education | oy providing for | | | | |
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| Form 990 |)-PF (2016) C/O M | IR. REBER M | I. BOULT | ATION | | 62- | 6370501 | Page 13 |
|-----------------------------------|--|---|--|--|--|---------------------------|---|-----------------------|
| Part > | | egarding Trans | | Transactions a | and Relations | | | - r ugo 10 |
| | Exempt Organ | | | | | | | |
| the a Trar (1) (2) b Othe (1) (2) | the organization directly or ind Code (other than section 501(consfers from the reporting found Cash Other assets er transactions: Sales of assets to a noncharita Purchases of assets from a no Rental of facilities, equipment, | irectly engage in any of c)(3) organizations) or i dation to a noncharitable able exempt organizatio oncharitable exempt org | n section 527, rel e exempt organiz | lating to political organ | | on 501(c) of | 1a(1) 1a(2) 1b(1) 1b(2) 1b(3) | X X X X X |
| (5) (6) c Sha d If th | Reimbursement arrangements Loans or loan guarantees Performance of services or me ring of facilities, equipment, ma e answer to any of the above is ervices given by the reporting f imn (d) the value of the goods, | embership or fundraisir ailing lists, other assets. s "Yes," complete the fol foundation. If the found other assets, or service | , or paid employe llowing schedule. ation received les es received. | Column (b) should alves than fair market value | | | | X X X X X |
| (a)Line no | (b) Amount involved | (c) Name of n | oncharitable exer | npt organization | (d) Description | of transfers, transaction | ons, and sharing arran | gements |
| | | <u> </u> | N/A | | | | | |
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| ın se | te foundation directly or indirectly or indirectly or indirectly of the Code (other es," complete the following sch | er than section 501(c)(3 nedule. | i)) or in section 5 | | | (a) Description of re | Yes | X No |
| | (a) Name of org | jamzauvii | (0) | Type of organization | | (c) Description of re | autonstip | |
| | N/A | | | | | | | |
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| Sign Here | Under penalties of perjury, I declare and belief, it is true, correct, and consider the state of | mplete Declaration of prepa | eturn, including acco | ompanying schedules and ayer) is based on all inform | statements, and to the nation of which prepare FOUNDATE TRUSTE | has any knowledge TION | May the IRS disc return with the pi shown below (se | reparer |
| | Print/Type preparer's na | ame /f | reparer's signatu | ire / | Date | Check if | PTIN | |
| Paid Prepa | JILL HUDSO rer Firm's name ▶ LBM | / | | Madre | 11/09/17 | self- employed | P000611 2-119975 | |
| Use 0 | | · · · / | | | | | , | - |
| . = | Firm's address ▶ P.O. BOX 1/869 | | | | | | | |

BRENTWOOD, TN 37024-1869

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

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE BOULT FAMILY FOUNDATION C/O MR. REBER M. BOULT

Employer identification number

62-6370501

| Organization type (check one) | | | | | | |
|---|--|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | X 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | |
| • • | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| • | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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)(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, or (ii) Form 990-EZ, line 1 Complete Parts I and II | | | | | | |
| year, total contribu | 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, chantable, 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)(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)

Name of organization
THE BOULT FAMILY FOUNDATION
C/O MR. REBER M. BOULT

Employer identification number

62-6370501

| Part I | Contributors (See instructions) Use duplicate copies of Part I if additional | al space is needed | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | WALLING CHARITABLE LEAD TRST #1 424 CHURCH STREET 28TH FLOOR, NASHVILLE, TN 37219 | \$30,616. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | WALLING CHARITABLE LEAD TRST #2 424 CHURCH STREET 28TH FLOOR, NASHVILLE, TN 37219 | \$6,962. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | OLIVIA W. BOULT 1999 DEFAULT CHARITABLE LEAD TRUST 424 CHURCH STREET 28TH FLOOR NASHVILLE, TN 37219 | \$ 26,093. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | OLIVIA BOULT 2001 CRT 424 CHURCH STREET 28TH FLOOR NASHVILLE, TN 37219 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | OLIVIA BOULT 2001 CRT 424 CHURCH STREET 28TH FLOOR NASHVILLE, TN 37219 | \$ 32,957. | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number

C/O MR. REBER M. BOULT

62-6370501

| Part II | Noncash Property (See instructions) Use duplicate copies of P | art II if additional space is needed. | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | VARIOUS STOCK | | |
| 5 | | | |
| | | s 32,957. | 04/21/16 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | <u> </u> | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | s | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| Part I | · | (222 333 2030) | |
| | | | |
| - 1 | | | |

| Name of org | ganization | | Employer identification number |
|-----------------|--|--|--|
| THE BO | OULT FAMILY FOUNDATION | | |
| C/O M | R. REBER M. BOULT | | 62-6370501 |
| Part III | Exclusively religious, charitable, etc., contributor. Complete | tributions to organizations described i | n section 501(c)(7), (8), or (10) that total more than \$1,000 for |
| | completing Part III, enter the total of exclusively religiou | us, charitable, etc., contributions of \$1,000 or le | ess for the year (Enter this info once) |
| | Use duplicate copies of Part III if addition | al space is needed. | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | —————————————————————————————————————— | (0) 030 01 gm | (a) besorption or now girt is need |
| | | | |
| | | | |
| | | | |
| } | | (a) Transfer of sife | · · · · · · · · · · · · · · · · · · · |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd 7ID + 4 | Relationship of transferor to transferee |
| ŀ | Transieree's frame, address, a | III ZIF + 4 | Nelationship of transferor to transferee |
| İ | | | |
| ĺ | | | |
| | | | |
| (a) No. from | (L) D | (-) 114 -14 | (d) Description of how with in held |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | - J 7ID . 4 | Relationship of transferor to transferee |
| ŀ | Transferee's name, address, a | III ZIF + 4 | nelationship of transferor to transferee |
| | · | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| (a) No. from | (In) Province of all A | (-) 114 -:41 | (d) Description of how with in hold |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| - | | L | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd 7IP + 4 | Relationship of transferor to transferee |
| F | Transfer de d'Hame, de di edu, d | | Trouble of transfer of to transfer of |
| ŀ | | | |
| İ | | | |
| | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | (b) i di pose oi giit | (0) 030 01 g | (a) Description of now girt is need |
| | | | |
| l | | | |
| | | | |
| } | | (e) Transfer of gift | |
|] | | (e) transier or girt | |
| } | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| ŀ | 20 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | Actions of the stationard |
| 1 | | | |
| j | | | |
| - 1 | | | |

| FORM 990-PF | DIVIDENDS | AND INTER | EST FROM SEC | CURITIES | STATEMENT 1 |
|------------------------------|-----------------|------------------------------|-----------------------------------|-----------|-------------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAI GAINS DIVIDENI | REVENUE | NET INVES | (C) T- ADJUSTED ME NET INCOME |
| STEPHENS | 5,057. | 1,66 | 3,39 | 3,39 | 2. |
| TO PART I, LINE 4 | 5,057. | 1,66 | 3,39 | 3,39 | 2. |
| FORM 990-PF | | OTHER I | NCOME | | STATEMENT 2 |
| DESCRIPTION | | | (A) REVENUE PER BOOKS | | (C) ADJUSTED NET INCOME |
| NON-DIVIDEND DISTRI | BUTIONS | | 17. | 17 | • |
| TOTAL TO FORM 990-P | F, PART I, I | LINE 11 = | 17. | 17 | • |
| FORM 990-PF | | LEGAL | FEES | | STATEMENT 3 |
| DESCRIPTION | | | (B) NET INVEST- MENT INCOME | ADJUSTED | CHARITABLE |
| ATTORNEY FEES | | 495. | |). | 495. |
| TO FM 990-PF, PG 1, LN 16A = | | 495. | (|). | 495. |
| FORM 990-PF | | ACCOUNTI | NG FEES | | STATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | |
| ACCOUNTING FEES | | 3,660. | |). | 3,660. |
| TO FORM 990-PF, PG 1, LN 16B | | | | | |

| FORM 990-PF (| OTHER PROFES | SIONAL FEES | | STATEMENT 5 | |
|--|------------------------------|-----------------------------------|------------------------------|----------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTEI NET INCOM | | |
| COMMISSIONS | 3,018. | 0. | | 3,018. | |
| TO FORM 990-PF, PG 1, LN 16C | 3,018. | 0. | | 3,018. | |
| FORM 990-PF | TAX | ES | | STATEMENT 6 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTEI NET INCOM | | |
| FOREIGN TAXES | 15. | 15. | | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 15. | 15. | | 0. | |
| FORM 990-PF | OTHER INV | ESTMENTS | | STATEMENT 7 | |
| DESCRIPTION | | LUATION ETHOD BO | OOK VALUE | FAIR MARKET VALUE | |
| OTHER INVESTMENTS | _ | COST | 247,747. | 258,100. | |
| TOTAL TO FORM 990-PF, PART I | 258,100 | | | | |
| FORM 990-PF IN | TEREST AND P | ENALTIES | | STATEMENT 8 | |
| TAX DUE FROM FORM 990-PF, PALATE PAYMENT INTEREST LATE PAYMENT PENALTY TOTAL AMOUNT DUE | ART VI | | | 178. 4. 5. | |

| FORM 990-PF LIST OF SUBST | STATEMENT | 9 | |
|---|---|---|--|
| NAME OF CONTRIBUTOR | ADDRESS | | |
| WALLING CHARITABLE LEAD TRUST #1 | 424 CHURCH STREET 28TH FLOOR NASHVILLE, TN 37219 | | |
| WALLING CHARITABLE LEAD TRUST #2 | 424 CHURCH STREET 28TH FLOOR NASHVILLE, TN 37219 | | |
| OLIVIA W. BOULT 1999 DEFAULT CHARITABLE LEAD TRUST | 424 CHURCH STREET 28TH FLOOR NASHVILLE, TN 37219 | | |

| FORM 990-PF | | LATE PAYMENT PENALTY | | | | STATEMENT | | 10 | |
|-----------------------|------------------|----------------------|-----------|--------|--------------|--------------|--------|-------|-----|
| DESCRIPTION | | DATE | AMOUN' | r | BALANG | CE | MONTHS | PENAL | тY |
| TAX DUE DATE FILED | | 5/15/17 1/15/17 | : | 178. | | 178. 178. | 6 | | 5. |
| TOTAL LATE PAYMENT | PENALTY | | | | | | | | 5. |
| FORM 990-PF | | LATE P | AYMENT II | NTERES | T | | STAT | EMENT | 11 |
| DESCRIPTION | DATE | : AM | OUNT | BALA | NCE | RATE | DAYS | INTER | EST |
| TAX DUE DATE FILED | 05/15/ 11/15/ | | 178. | | 178. 182. | .040 | 0 184 | | 4. |
| TOTAL LATE PAYMENT | INTEREST | | | | | | | | 4. |
| | | | | | | | | | |

NAME OF MANAGER

REBER M. BOULT

OLIVIA ANN BOULT WALLING