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Form 990-PF

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.

2016

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2016 or tax year beginning 2016, and ending 12/15 Employer identification number 81-4706113 CAROLYN SMITH FOUNDATION 735 EAST MAIN STREET Telephone number (see instructions) 615 356-7274 HENDERSONVILLE, TN 37075 C If exemption application is pending, check here Check all that apply X Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change |X| Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► S under section 507(b)(1)(B), check here 1,000,000 (Part I, column (d) must be on cash basis) Part Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books ıncome ıńcome for charitable columns (b), (c), and (d) may not neces purposes sarily equal the amounts in column (a) (cash basis only) (seé instructions).) Contributions, gifts, grants, etc., received (attach schedule) 000,000 if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and C---3 **b** Less Cost of goods sold 63 C Gross profit or (loss) (attach schedule).

| 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) c Occupation and depletion of the professional fees (attach schedule) and depletion schedule) and depletion schedule) and depletion of the professional fees (attach schedule) | | Other income (attach schedule) | | | | |
|--|---------------|--|-------------|---------------------------------------|---------------|------------------------------------|
| 13 Compensation of officers, directors, fusitese, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schodule) b Accounting fees (attach schodule) c Other professional fees (attach schodule) b Accounting fees (attach schodule) c Other professional fees (attach schodule) and depletup 1 2007 2007 2007 2007 2007 2007 2007 20 | | 12 Total. Add lines 1 through 11 | 1,000,000. | 0. | 0. | Market Carlot Carlot Carlot Carlot |
| 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) | DE-K-STRAT->E | 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach sch) c Other professional fees (attach sch) 17 Interest 18 Taxes (attach schedule) (see instrs) 19 Depreciation (attach schedule) and depletion occupably 20 Occupably 21 Travel, conferences, and meetings 22 Printing and publications | | | | |
| 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) | | Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid | | | r : | |
| a Excess of revenue over expenses and disbursements 1,000,000. b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) | | | | 0. | 0. | 0. |
| C Adjusted net income (if negative, enter -0-) | | a Excess of revenue over expenses |] | , , , , , , , , , , , , , , , , , , , | | |
| AA For Paperwork Reduction Act Notice, see instructions. TEEA0504L 12/16/16 Form 990-PF (2016) | | • • | | 0. | | |
| | AA F | or Paperwork Reduction Act Notice, see ins | tructions. | TEEA0504L 12/16/1 | 6 <u>L</u> | Form 990-PF (2016) |

| Form | 990 | -PF (2016) CAROLYN SMITH FOUNDATION | Pograping of voca | 81-47 | |
|-----------------------|--------------|--|-----------------------------------|---|--|
| Par | t - | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year (a) Book Value | (b) Book Value | of year (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | (a) Book value | 1,000,000. | 1,000,000. |
| | 2 | Savings and temporary cash investments | } | 1,000,000. | 1,000,000. |
| | 3 | Accounts receivable | | | |
| | " | Less. allowance for doubtful accounts | | | · |
| | 4 | Pledges receivable | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u></u> |
| | ' | Less, allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | <u> </u> |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach sch) | | | |
| A | 1 | Less allowance for doubtful accounts | | | |
| S | 8 | Inventories for sale or use | | | |
| A S S E T | 9 | Prepaid expenses and deferred charges | | | |
| Ś | 10: | a Investments – U.S. and state government obligations (attach schedule) | | | |
| | } I | b Investments — corporate stock (attach schedule) | | | |
| | (| c Investments — corporate bonds (attach schedule) | | | |
| | 11 | Investments – land, buildings, and equipment basis. ► | | | in the state of th |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans. | | | |
| | 13 | Investments - other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment. basis ▶ | | March 18 Acres | A THE THE PARTY OF |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 15 16 | Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item I) | | 1 000 000 | 1 000 000 |
| | 17 | Accounts payable and accrued expenses | 0. | 1,000,000. | 1,000,000. |
| Ĩ | 18 | Grants payable | | | |
| A B | 19 | Deferred revenue | | | |
| Ĩ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | <u> </u> | |
| L | 21 | Mortgages and other notes payable (attach schedule) | | <u> </u> | |
| Ť | 22 | | | | |
| E S | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | 1== | Foundations that follow SFAS 117, check here | | <u> </u> | |
| | 24 | and complete lines 24 through 26 and lines 30 and 31. | | 1 000 000 | |
| N F E U T N | 24 | Unrestricted Temporarily restricted | <u> </u> | 1,000,000. | [a] [a] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b |
| TND | 26 | Permanently restricted | <u> </u> | | 植物的比点强 |
| | 20 | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| A B A L A N | 27 | Capital stock, trust principal, or current funds | | | The same of and the same of th |
| ŚÑ | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| OE | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| RS | 30 31 | Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances | 0. | 1,000,000. | |
| | \ (0.00 p. / | (see instructions) | 0. | 1,000,000. | 1 |
| Par | C 1111 } | Analysis of Changes in Net Assets or Fund Balance | es | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, colu | ımn (a), lıne 30 (must a | igree with | 1 |
| 2 | | of-year figure reported on prior year's return) er amount from Part I, line 27a | | . 1 | 1,000,000. |
| 2 3 | | increases not included in line 2 (itemize). | | 3 | 1,000,000. |
| 4 | | lines 1, 2, and 3 | | - | 1,000,000. |
| 7 | | | | 1 * | £ , , , , , , , , , , , , , , , , , , , |

6 BAA

5 Decreases not included in line 2 (itemize)

1,000,000.

5

6

Part VI instructions

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

| | n 990-PF (2016) CAROLYN SMITH FOUNDATION | 81-4 | | |
|------|---|----------|--------|--|
| Pa | nt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | – see i | nstru | ctions) |
| 1 | a Exempt operating foundations described in section 4940(d)(2), check here |]_ | | |
| | Date of ruling or determination letter. (attach copy of letter if necessary – see instructions) | 1 | - } | |
| 1 | b Domestic foundations that meet the section 4940(e) requirements in Part V, | - | 1 | 0. |
| | check here ► ☐ and enter 1% of Part I, line 27b | Γ | - 1 | |
| | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | - | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | - 1 | |
| _ | foundations only Others enter -0-) | L | 2 | 0. |
| 3 | Add lines 1 and 2 | [| 3 | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter - |)-) [| 4 | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | [| 5 | 0. |
| 6 | Credits/Payments· | <u></u> | | The second secon |
| i | a 2016 estimated tax pmts and 2015 overpayment credited to 2016 | 1 | . ↓. | State Man State Committee Committee |
| í | Exempt foreign organizations – tax withheld at source 6b | | - ‡ | |
| (| Tax paid with application for extension of time to file (Form 8868) | | _ I | ۔ به یافیت اُنہ سوسا از ایافیت اور سوسا |
| | d Backup withholding erroneously withheld 6 d | , | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 7 | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | 8 | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | ▶ | 9 | 0. |
| 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 | - | 11 | |
| Pai | t MI-A Statements Regarding Activities | | | , |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign? | ıt | | Yes No |
| ŧ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | | Tal A |
| | (see Instructions for the definition)? | J | | 1 b X |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | | |
| | Did the foundation file Form 1120-POL for this year? | | | 1 c X |
| C | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ | | | |
| 6 | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | |
| | foundation managers >\$ 0. | | | |
| 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 | | | P. M. A. L. T. M. 1.2.5 |
| ą | 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 change | es. | | 3 X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | | 4b N/A |
| 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 confl | ıct | | |
| | with the state law remain in the governing instrument? | | | 6 X |
| 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 |
| —8-а | Enter the states to which the foundation reports or with which it is registered (see instructions) | - | | 200 |
| | N/A | | | |
| b | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | أستواست أست |
| | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | | 8 b X |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) | (3) or 4 | 9420 |)(5) |
| | for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' cor | npiete . | Part) | XIV 9 X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name | | 1 | |
| BAA | and addresses See Statem | ent. | | 10 X Form 990-PF (2016) |
| | | | | 1 01111 330°FF (2016) |

| Lan | t VII-A Statements Regarding Activities (continued) | | | |
|-----|---|---|---------------------------------------|---------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions) | 11 | Yes | No X |
| 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 | | _X_ |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | _X_ | |
| 14 | Website address N/A The books are in care of ► RANDY SMITH Telephone no ► 615 3 | E6-7 | 274 | |
| 14 | The books are in care of ► RANDY SMITH Located at ► 735 EAST MAIN STREET HENDERSONVILLE TN Telephone no ► 615 3 ZIP + 4 ► 37075 | 20-1 | <u> </u> | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here | N/Ā | | Π. |
| | 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, securities, or other financial account in a foreign country? | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | 4 | |
| Par | t VIII-B Statements Regarding Activities for Which Form 4720 May Be Required | <u> </u> | | |
| L | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly). | | 101 | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | ŕ ; | اربه ، ا |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | *************************************** | , , , , , , , , , , , , , , , , , , , | * 17 |
| | (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? Yes X No | 1 4 | ا فر مرا ا فر مرا | |
| | (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 | 1,14 | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No | 1 4 4 7 7 7 7 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 | | |
| ь | If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1 b | N | /A |
| | Organizations relying on a current notice regarding disaster assistance check here | 2 2 3 3 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 | | 43 |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? | 1 c | Missis d | X |
| 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)). | | | 31 4 |
| | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No | 7 | | 7 7 1 |
| | If 'Yes,' list the years ► 20 , 20 | [] s | 1 | 1 |
| | 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 statement — see instructions.) | 2 b | N | /A |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | - 3 - 3 | 1 | المناس المناس |
| | ► 20 , 20 , 20 , 20 | | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? X No | - 22 | -,, | |
| | 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 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) | 3 b | N | /A |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | 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? | 4 b | ا ا | X |
| BAA | | orm 99 | 0-PF (| |

| Form 990-PF (2016) CAROLYN SMITH FOUL | NDATION | 4720 May Bo Boo | 81-47 | 06113 Page 6 |
|---|---|--|--|--|
| Part VII-B Statements Regarding Activit | | 14/20 May be key | uireu (continueu) | F |
| 5 a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt | • | on (section 4945(e))? | ☐ Yes X | No |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | lic election (see section | | | No |
| (3) Provide a grant to an individual for travel, | <u> </u> | No | | |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions | a charitable, etc., organi s) | ization described | Yes X | No |
| (5) Provide for any purpose other than religio educational purposes, or for the prevention | us, charitable, scientific in of cruelty to children | c, literary, or or animals? | Yes X | No |
| b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in (see instructions)? | the transactions fail to a current notice regard | qualify under the exce ding disaster assistance | ptions e | 5 b N/A |
| Organizations relying on a current notice rega | rding disaster assistan | ce check here | ► [| |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | the foundation claim ex sibility for the grant? | emption from the | N/A Yes |] No |
| If 'Yes,' attach the statement required by Reg | | • , | | |
| 6 a Did the foundation, during the year, receive an on a personal benefit contract?b Did the foundation, during the year, pay prem | | | ∐ Yes [X | No 6b X |
| If 'Yes' to 6b, file Form 8870 | iams, anechy or manec | ay, on a personal bene | nt contract | |
| 7a At any time during the tax year, was the found | | | | No Line |
| b If 'Yes,' did the foundation receive any procee | | | | N/A 7b |
| Rart VIII Information About Officers, Dand Contractors | irectors, Trustees, | Foundation Manag | gers, Highly Paid t | -mployees, |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | |
| (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 |
| RANDY SMITH | President | 0. | 0. | 0. |
| _735_EAST_MAIN_STREET | 0.50 | | 1 | |
| HENDERSONVILLE, TN 37075 | | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| ALEX SMITH | Vice Preside | 0. | 0. | 0. |
| 735 EAST MAIN STREET | 0.50 | | | |
| HENDERSONVILLE, TN 37075 | | | ł | |
| KAY CAUDLE | Secretary | 0. | 0. | 0. |
| 735 EAST MAIN STREET | 0.50 | . | į . | 1 |
| | 0.30 | " | | |
| HENDERSONVILLE, TN 37075 | <u></u> | | | |
| DEBBIE_GRYSZKO | Treasurer | 0. | 0. | 0. |
| 735 EAST MAIN STREET HENDERSONVILLE, TN 37075 | 0.50 | | | |
| 2 Compensation of five highest-paid employees (of | ther than those included | on line 1 – see instruction | ns). If none, enter 'NONE | |
| | (b) Title, and average | | (d)Contributions to | (2) [|
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| None | | | | |
| | | | | |
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| | <u> </u> | | | |
| | | | | |
| Total number of other employees paid over \$50,000 |) | | | |
| DAA | | | | Corr. 000 DE (0010) |

| and Contractors (continued) | | |
|--|---|---------------------------|
| 3 Five highest-paid independent contractors for professional services (se | e instructions). If none, enter 'NONE.' | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | | |
| | | |
| | | |
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| | | • |
| | | |
| Total number of others receiving over \$50,000 for professional services | - | 0 |
| | | |
| PartilX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant state | istical information such as the number of | Expenses |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stati organizations and other beneficiaries served, conferences convened, research papers produced, etc | | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| RantiX:B: Summary of Program-Related Investments (see ins | tructions) | |
| Describe the two largest program-related investments made by the foundation during | | Amount |
| 1 | | |
| | | |
| N/A | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| ВАА | | Form 990-PF (2016) |

| | see 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. | 1 a | |
| 1 | Average of monthly cash balances | 1 b | |
| (| Fair market value of all other assets (see instructions) | 1 c | |
| | Total (add lines 1a, b, and c) | 1 d | 0. |
| (| Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | 1 6.7 2 mg | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 0. |
| 6 | Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 0.2322 % | 6 | 0. |
| Par | t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera | ting fo | undations |
| | and certain foreign organizations check here ► ☐ and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2 8 | Tax on investment income for 2016 from Part VI, line 5 | 7 | |
| Ł | Income tax for 2016 (This does not include the tax from Part VI) . 2b | المستفا | |
| C | Add lines 2a and 2b | 2 c | · |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | · |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 0. |
| Par | Qualifying Distributions (see instructions) | | |
| 1 a | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1 a | |
| ŧ | Program-related investments – total from Part IX-B | 1 b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 a | Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) | 3a | |
| t | Cash distribution test (attach the required schedule) | 3 b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 0. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years | ndation | |
| BAA | | | Form 990-PF (2016) |

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 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2016: | | | -, , , , , , , , , , , , , , , , , , , | |
| a Enter amount for 2015 only | | 1- | 0. | |
| b Total for prior years 20 , 20 , 20 | | 0. | , | |
| 3 Excess distributions carryover, if any, to 2016 | | | | |
| a From 2011 | | | | |
| b From 2012 | 7 | | , | 1 |
| c From 2013 | 7 | | | ., |
| d From 2014 | 7 | | L ~ 4 | |
| e From 2015 | | | , | |
| f Total of lines 3a through e | 0. | | 4 | |
| 4 Qualifying distributions for 2016 from Part | | | | |
| XII, line 4 🕨 \$ | " " " " " " " " " " " " " " " " " " " | 16 . | <u> </u> | |
| a Applied to 2015, but not more than line 2a | 1, 1 | 1 | 0. | |
| b Applied to undistributed income of prior year (Election required — see instructions) | s | 0. | | |
| c Treated as distributions out of corpus (Election required — see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | ور مراهد المحالة المحالة الماسية والراسية | PT 日本 一个 | | 0. |
| e Remaining amount distributed out of corpus | 0. | الم الت روا الم صوري المان الرو | | |
| 5 Excess distributions carryover applied to 2016 | 0. | 133 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | [17] 《北京》 注意作業 | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a). | | | The state of the s | |
| 6 Enter the net total of each column as | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| indicated below: | The state of the s | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | The state of the s | Maria Cara Cara Cara Cara Cara Cara Cara | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | الله الله الله الله الله الله الله الله | |
| c Enter the amount of prior years' undistribute income for which a notice of deficiency has been issued, or on which the section 4942(a tax has been previously assessed | in a mark deman | 0. | A STATE OF THE STA | |
| d Subtract line 6c from line 6b Taxable amount – see instructions | as a second | 0. | | |
| e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017. | | | | 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 | المنافقة ال المنافقة المنافقة ال | tang with more of the first of | |
| 8 Excess distributions carryover from 2011 not | 0. | · · · · · · · · · · · · · · · · · · · | | 1 |
| applied on line 5 or line 7 (see instructions)9 Excess distributions carryover to 2017. | 0. | , , , , , , , , , , , , , , , , , , , | | |
| Subtract lines 7 and 8 from line 6a | 0. | <i>i</i> , , , | 1. | , , |
| 10 Analysis of line 9. | | | | |
| a Excess from 2012 | | | | · , |
| b Excess from 2013 | J. X 17 | اً المن المارواتية التاليخ | | |
| c Excess from 2014 | | | | |
| d Excess from 2015 | | | • | |
| e Excess from 2016 | 1 | , , | ا | |
| BAA | | | | Form 990-PF (2016) |

| Form 990-PF (2016) CAROLYN SMITH FO | | | | 81-4706113 | N/A | | |
|--|---|--|--|------------------------|--------------|--|--|
| Private Operating Foundations (see instructions and Part VII-A, question 9) 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 | ermination letter that ruling | it is a private operati | ing foundation, and th | ie ruling | | | |
| b Check box to indicate whether the founda | tion is a private ope | erating foundation d | | 4942(J)(3) or | 4942(j)(5) | | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | ļ | Prior 3 years | | (e) Total | | |
| investment return from Part X for each year listed | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | | | |
| b 85% of line 2a | | | <u> </u> | | | | |
| 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 | | | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | | | |
| a 'Assets' alternative test – enter. | } | 1 | | | | | |
| (1) Value of all assets(2) Value of assets qualifying under | <u> </u> | ļ | | | | | |
| 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 | | | } | | | | |
| 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 | | <u> </u> | <u> </u> | <u> </u> | • | | |
| Rant XV Supplementary Information assets at any time during the | (Complete this e vear – see in | part only if the structions.) | foundation had | \$5,000 or more | ın | | |
| 1 Information Regarding Foundation Management | gers: | | | | | | |
| List any managers of the foundation who have close of any tax year (but only if they have RANDY SMITH | e contributed more the contributed more | nan 2% of the total co than \$5,000) (See | ontributions received t section 507(d)(2).) | by the foundation befo | ore the | | |
| b List any managers of the foundation who own | 10% or more of the | stock of a corporation | n (or an equally large | portion of the owners | ship of | | |
| a parthership or other entity) of which the None | foundation has a 10 | 0% or greater intere | est | | | | |
| 2 Information Regarding Contribution, Grant, | Gift Loan Scholarch | in etc Programs | | | | | |
| Check here In the foundation only marequests for funds. If the foundation makes gromplete items 2a, b, c, and d | ikes contributions to | preselected charitable | - | | | | |
| a The name, address, and telephone number o | r e-mail address of th | ne person to whom as | oplications should be | addressed. | | | |
| | | | | | | | |
| See Statement 2 | | | | | | | |
| b The form in which applications should be | submitted and infor | mation and materia | Is they should include | de: | | | |
| See Statement for Line 2a | | | | | | | |
| c Any submission deadlines | | | | | | | |
| See Statement for Line 2a | | | | | | | |
| d Any restrictions or limitations on awards, | such as by geograp | hical areas, charitat | ole fields, kinds of in | nstitutions, or other | factors | | |
| See Statement for Line 2a | | | | | - | | |
| | | | | _ | | | |

| 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 | | | | |
| a Paid during the year | } | , , | | | | |
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| Total | | | ▶ 31 | ol | | |

| | -A® Analysis of Income-Producing s amounts unless otherwise indicated | | ed business income | Excluded | 1 by section 512, 513, or 514 | (e) |
|---|---|--|--|-----------------------|-------------------------------|---|
| | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions.) |
| - | ram service revenue: | | | code | | |
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| f | | 1 | | | · | |
| g Fees | and contracts from government agencies | | | | | |
| | bership dues and assessments | | | 1 | · | |
| | t on savings and temporary cash investments | | | <u> </u> | | |
| | ends and interest from securities | | <u> </u> | ļ., | -, | |
| | ental income or (loss) from real estate | الم المالية | The state of the s | 1, 5 | Election of the Control | - 3 m + 2 2 m - 1 m |
| | financed property | ļ | | | | |
| | lebt-financed property ntal income or (loss) from personal property | } | | | | · |
| | r investment income | | <u></u> | | | |
| - | r (loss) from sales of assets other than inventory | | | | | |
| | ncome or (loss) from special events | | <u></u> | 1 | | |
| | s profit or (loss) from sales of inventory | | | 1 | | |
| | revenue | 1. July 2. 18 7 74 | | 10年 | 14.17年17年18年18日 | "我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
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| | otal Add columns (b), (d), and (e) | 學問題 | | 神神 | | |
| 13 Total | . Add line 12, columns (b), (d), and (e) | <u> </u> | | 4月1年 | 13 | 0. |
| 13 Total (See works | . Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate | ions.) | | | | 0. |
| 13 Total (See works Part XV | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculates Relationship of Activities to the | ions.) e Accompl | ishment of Exemp | t Purpo | oses | |
| 13 Total (See works | . Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate | ions.) e Accompl | ishment of Exemp | t Purpo | oses | |
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Form 990-PF (2016) CAROLYN SMITH FOUNDATION 81-4706113

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | | Yes | No |
|---------------------------------|--|---|---|--------------------------------|--|--|------------------------|------------------|----------------|
| describe | organization directed in section 501(c to political organization | c) of the Code (of | ngage in any of the following ther than section 501(c)(3) o | g with any o rganizations | ther organization i) or in section 52 | 7, | <u> </u> | 103 | |
| _ | | | a noncharitable exempt orga | anızatıon of. | | | 1 | | |
| (1) Cas | • | • | , , | | | | 1 a (1) |] [| X |
| (2) Oth | er assets | | | | | | 1 a (2) | | X |
| b Other tr | ansactions. | | | | | | | | |
| (1) Sal | 1 b (1) | | X | | | | | | |
| (2) Pur | chases of assets f | rom a noncharita | ble exempt organization | | | | 1 b (2) | | _X_ |
| (3) Rer | ntal of facilities, eq | uipment, or othe | r assets | | | | 1 b (3) | <u> </u> | <u>X</u> |
| • • • | mbursement arran | • | | | | | 1 b (4) | | <u>X</u> |
| • • | ins or loan guarant | | | | | | 1 b (5) | - | X |
| * * * | | | ip or fundraising solicitations | | | | 1 b (6) | | X |
| c Snaring | or racilities, equip | ment, mailing ils | ts, other assets, or paid em- | pioyees | | | 1 c | | <u>X</u> |
| d If the and the good any train | nswer to any of the ds, other assets, or s nsaction or sharing | e above is 'Yes,' services given by a arrangement, si | complete the following sche the reporting foundation If the now in column (d) the value | dule Colum foundation re | n (b) should alway eceived less than fa s. other assets, or | ys show the fair it air market value in services receive | market val I :d. | ue of | |
| (a) Line no. | (b) Amount involved | | f noncharitable exempt organization | | Description of transfe | | | ngemen' | ts |
| N/A | | | | | | | | | |
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| describ | ed in section 501 (| c) of the Code (o | d with, or related to, one or mother than section 501(c)(3)) | ore tax-exemp or in section | ot organizations n 527? | | Ye | s X | No |
| | complete the follo | | | | | 5 | -1 | | |
| | a) Name of organiz | ation | (b) Type of organiza | ation | (c) | Description of rel | ationship | | |
| N/A | | | | | | · | | | |
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| | | | | | | | | | |
| Under | penalties of perluy, I de | plare that I have exam | nned this return, including accompany than taxpayer) is based on all inform | ing schedules a | nd statements, and to t | he best of my knowled | ge and belief | it is tru | е, |
| Sign correct | t, and complete Decia | lion of preparer (other | man taxpayer) is based on all inform | ation of which p | reparer nas any knowie | age | May the | | |
| Here | 701 | L N | 10 8/3 | 107 | Donaldona | | this retu | m with t | he |
| l | nature of officer or trustee | | Date | | President itle | | (see ips | tructions Yes |) ² |
| | Print/Type preparer's | | Preparer's signature | | Date | Check X If | PTIN | res | No |
| D-14 | | |) | • | 7/21/2017 | self-employed | P0069 | 1071 | |
| Paid | Firm's name | FOX | Fox & Associates P | | 7 7 20 7 7 | | 765435 | | |
| Preparer | Firm's name | 641 E Mai | Fox & Associates P | <u> </u> | | <u>02-1</u> | 103433 | | |
| Use Only | 1 1111 3 2001634 | Henderson's | | | | Phone no 615 | 452-82 | 56 | |
| BAA | - | | | | | | Form 9 9 | | (2016) |
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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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

| Name of the organization | | Employer identification number | | | |
|--|--|--|--|--|--|
| CAROLYN SMITH FOUNDATION | | 81-4706113 | | | |
| Organization type (check one). | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | ation | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | |
| | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | ndation | | | |
| | 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) orga | nization 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 to te Parts I and II See instructions for determining a contrib | aling \$5,000 or more (in money or | | | |
| property) from any one contributor Complet | te Parts I and II. See instructions for determining a contrib | utor'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 | | | | | |
| Form 990, Part VIII, line III, or (ii) Form 990 | -Ez, fille i Complete Parts i and fi | | | | |
| 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 | | | | | |
| 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 | | | | | |
| purposes, or for the prevention or cruckly to | different of arminate complete take 1, 11, and 11. | | | | |
| 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 contribut | tions totaled more than | | | |
| | e total contributions that were received during the year for | | | | |
| t received nonexclusively religious, charitable | y of the parts unless the General Rule applies to this orga le, etc., contributions totaling \$5,000 or more during the ye | nization because | | | |
| K 1000 to a nonconcording to any to a national | to, other particle to taming 40,000 or more assuing the year | | | | |
| | | | | | |
| | | | | | |
| Caution. An organization that isn't covered by the | ne General Rule and/or the Special Rules doesn't file Sche | dule B (Form 990, 990-EZ, or | | | |
| Part I, line 2, to certify that it doesn't meet the f | e 2, of its Form 990, or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 9 | 1990-EZ OF OF ITS FORM 990-PF, 30-PF) | | | |
| BAA For Paperwork Reduction Act Notice, see the Instru | ctions for Form 990, 990-EZ, or 990-PF Schedule B | (Form 990, 990-EZ, or 990-PF) (2016) | | | |

| | B (Form 990, 990-EZ, or 990-PF) (2016) | Page | 1 of 1 of Part I |
|------------------|--|-------------------------------|---|
| Name of org | ganization YN SMITH FOUNDATION | | r identification number 706113 |
| | Contributors (see instructions) Use duplicate copies of Part I if additional space | | 700113 |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | RANDY SMITH 735 EAST MAIN STREET | \$1,000,000. | |
| _ | HENDERSONVILLE, TN 37075 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash |
| ! | | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | , | \$ | Person Payroll Noncash |
| | | | (Complete Part II for noncash contributions) |
| RAA | TEF 007021 08/09/16 | Schedule B (Form 99) | 0.990-F7, or 990-PF) (2016) |

Page

1 of Part II

CAROLYN SMITH FOUNDATION

Employer identification number 81-4706113

| renin | Noncash Property (see instructions) Use duplicate copies of Part II if additional s | pace is needed | |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | N/A | 1 | |
| | | 10 | |
| | | \$ | |
| (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 |
| | | - | |
| | | - is | |
| | | 9 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - | |
| _ ~ | |] s | |
| | | | |
| (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 |
| | | | |
| | | 1 | |
| | | \$ | |
| BAA | Sch | edule B (Form 990, 990-E | Z, or 990-PF) (2016 |

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

2016

Federal Statements

Page 1

Client 542

CAROLYN SMITH FOUNDATION

81-4706113

7/31/17

12.25PM

Statement 1 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

Name of Substantial Contributor Address of Substantial Contributor

RANDY SMITH

735 EAST MAIN STREET HENDERSONVILLE, TN 37075

Statement 2 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name:

RANDY SMITH

Care Of:

Street Address:

735 E MAIN ST

City, State, Zip Code: Telephone:

HENDERSONVILLE, TN 37075

E-Mail Address:

Form and Content:

An application would be submitted describing the primary purpose of the organization; contact information; the amount of the request; a description of the project to be funded and the people and area that will be served and verification of the organization 501 (c) (3) status.

Submission Deadlines:

N/A

Restrictions on Awards:

N/A