

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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. ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. OMB No 1545-0052

| | Depa | artment of the Treasu | | | social security numbers o m 990-PF and its separate | | | | 2010 | |
|----------------|---------------------------------------|-------------------------|--|---------------|--|--|-------------|--|--|--|
| | | nal Revenue Service | 16 or tax year beginning | iii about Poi | iii 950-PF and its separati | and endin , | | s.govnomiaaopi. | Open to Public Inspection | |
| | | me of foundation | To or tax year beginning | | | , and endin | | A Employer identification | number | |
| | DONALD R GILMORE TRUST DTD 3/11/2003 | | | | | | | A Employer identification number | | |
| | | | ED 11/01/201 | | 3,11,2003 | | | 81-6260519 | | |
| | $\overline{}$ | | O box number if mail is not de | | t address) | Roc | om/suite | B Telephone number | | |
| | 1 | .224 SOU | THWEST AVENU | E | | ļ. | | 423-230-45 | 000 | |
| | | | r province, country, and ZII | | postal code | | | C If exemption application is p | | |
| | | OHNSON (| | 604 | | | | , | | |
| | G | Check all that app | ly: X Initial return | ļ | Initial return of a | former public chari | ty | D 1. Foreign organization | s, check here | |
| | | | Final return | | Amended return | | | | | |
| | | ··· | Address ch | | Name change | | | Foreign organizations me check here and attach co | omputation between the state of | |
| | H_C | Check type of orga | | | xempt private foundation | | | E If private foundation sta | tus was terminated | |
| | <u></u> | | a)(1) nonexempt charitable | | Other taxable private found | lation | | under section 507(b)(1 |)(A), check here | |
| | | | • | | ing method: X Cash | Accrual | | F If the foundation is in a | | |
| | | rom Part II, col. | | | ther (specify) | harra l | | under section 507(b)(1 |)(B), check here | |
| | | -\$ art Analysis o | | | ımn (d) must be on cash | | | | T (4) = . | |
| | P | (The total of | of Revenue and Expenses amounts in columns (b), (c), and equal the amounts in column (a) | d (d) may not | (a) Revenue and expenses per books | (b) Net invest income | ment | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | |
| | | | ns, gifts, grants, etc., recei | | 1,138,189. | | | N/A | (cash basis only) | |
| | | 2 Check ▶ | if the foundation is not required to | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | |
| | | 3 Interest on sa | avings and temporary | | 38. | | 38. | | STATEMENT 1 | |
| 2 | | 4 Dividends a | and interest from securities | | | | | | | |
| 2017 | | 5a Gross rents | 3 | | | | | | | |
| 4 | | b Net rental inc | ome or (loss) | | | | | | ļ | |
| 8 | e | 6a Net gain or (k | oss) from sale of assets not on li | ne 10 | | | | | | |
| ≽ | Revenue | b Gross sales p | | | | - | 0. | | | |
| \geq | æ | 8 Net short-te | net income (from Part IV, line 2) erm capital gain | | | | <u> </u> | | | |
| \Box | | 9 Income mo | | | 4 2 2 1917 | | | | · · · · · · · · · · · · · · · · · · · | |
| SCANNED MAY 24 | | 10a Gross sales I | ess returns | 100 | Ö | | | | | |
| F | | b Less Cost of | goods sold | | うつになって | 7 | | - | | |
| ري ک | | c Gross profi | t or (loss) | | | | | | | |
| Ψ, | | 11 Other incor | | | 201,776. | <u></u> | 0. | | STATEMENT 2 | |
| | | | lines 1 through 11 | | 1,340,003. | | 38. | | | |
| | | 1 | on of officers, directors, trustees | , etc | 13,132. | 6, | <u>566.</u> | | 0. | |
| | | 1 | oyee salaries and wages ans, employee benefits | | | | | | | |
| | S | | | MT 3 | 9,656. | · | 0. | | 9,656. | |
| | Sus | b Accounting | · · | M1 5 | 3,030 | | | | 3,030. | |
| | Ř | c Other profe | | | | | | | | |
| | Ve E | 17 Interest | | | | | | | | |
| | rati | 18 Taxes | | | | | | | | |
| | nist | 19 Depreciatio | n and depletion | | | | | | | |
| | Ę | 20 Occupancy | | | | | | | | |
| | Ψ | 21 Travel, con | ferences, and meetings | | | | | | | |
| | Operating and Administrative Expenses | 22 Printing an | d publications | | | | | | | |
| | ting | 23 Other exper | | | | | | | | |
| | era | 24 Total opera | ating and administrative Add lines 13 through 23 | | 22,788. | 6 | 566. | | 9,656. | |
| | õ | 25 Contributio | ns, gifts, grants paid | | 0. | | 300. | | 0. | |
| | | 1 | nses and disbursements. | | | | | | | |
| | | Add lines 2 | | | 22,788. | 6, | 566. | <u> </u> | 9,656. | |
| | _ | | ie 26 from line 12: | | | | | | | |
| | | & Excess of rev | enue over expenses and disbur | sements | 1,317,215. | | | - | | |
| | | | nent income (if negative, ente | | | ļ | 0. | | | |
| | | c Adjusted n | et income (if negative, enter - | 0-) | <u> </u> | <u>i </u> | | N/A | <u> </u> | |

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

| Fo | rm 99 | 90-PF (2016) & MODIFIED 11/01/2016 | | | 6260519 Page 2 |
|-----------------------------|-------|--|--|---------------------------------------|---|
| F | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | · <u>·</u> · |
| _ | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | 500 464 | 500 464 |
| | 2 | Savings and temporary cash investments | | 590,464. | 590,464. |
| | ٥ | Accounts receivable ► | | | |
| | 1 | Pledges receivable | | | |
| | " | Less: allowance for doubtful accounts | • | | |
| | 5 | Grants receivable | | | *** |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | - | Less: allowance for doubtful accounts | | | |
| Ŋ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ä | 10a | Investments - U.S. and state government obligations | | · · · · · · · · · · · · · · · · · · · | |
| | 1 | Investments - corporate stock | | | · · · · · · · · · · · · · · · · · · · |
| | c | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 4 | 0. | 511,229. | 501,966. |
| | 14 | Land, buildings, and equipment: basis ▶ | | | |
| | ļ | Less accumulated depreciation | | | |
| | 1 | Other assets (describe ► PREPAID FEDERAL TAX) | 0. | 13,746. | 13,746. |
| | 16 | Total assets (to be completed by all filers - see the | _ | | |
| _ | | instructions. Also, see page 1, item i) | 0. | 1,115,439. | 1,106,176. |
| | 1 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| Ĭ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ë | 21 | Mortgages and other notes payable Other liabilities (describe ▶) | | | |
| | 22 | Other liabilities (describe | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | - | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ės | 24 | Unrestricted | | 1,115,439. | |
| auc | 25 | Temporarily restricted | | | |
| 8a | 26 | Permanently restricted | | | |
| Net Assets or Fund Balances | | Foundations that do not follow SFAS 117, check here | | | |
| Ę | | and complete lines 27 through 31. | | | |
| Š | 27 | Capital stock, trust principal, or current funds | | | |
| set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| Ę | 29 | Retained earnings, accumulated income, endowment, or other funds | | · | |
| Š | 30 | Total net assets or fund balances | 0. | 1,115,439. | |
| | | | | | |
| | 31_ | Total liabilities and net assets/fund balances | 0. | 1,115,439. | · · |
| P | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| _ | | | ······································ | | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line (| 30 | | • |
| | • | t agree with end-of-year figure reported on prior year's return) | | 1 | 0. |
| | | amount from Part I, line 27a | | 2 | 1,317,215. |
| | | increases not included in line 2 (itemize) ines 1, 2, and 3 | | 3 | 1 217 215 |
| | | ines 1, 2, and 3 eases not included in line 2 (itemize) ADJUSTMENT TO | TNITMTAT COMM | TRIMTON 4 | 1,317,215. |
| | | | | | 201,776. |
| <u>o</u> _ | julai | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | unini (b), iiNe 30 | 6 | 1,115,439. Form 990-PF (2016) |
| | | | | | ruini 230-r r (2016) |

623511 11-23-16

| (a) List and describe 2-story brick wareh | b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | | | |
|--|--|---|--|---|--|-------------|
| a | | | | · | | |
| NONE | · | | | | | |
| ; | | | | | | |
| 1 | | | | . | | |
| e | | | | | <u> </u> | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or o | | | (h) Gain or (loss) (e) plus (f) minus (| g) |
|) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Complete only for assets showing g | ain in column (h) and owned by | the foundation on 1 | 2/31/69 | - | (I) Gains (Col. (h) gain | minuc |
| (i) F.M.V. as of 12/31/69 | (i) Adjusted basis as of 12/31/69 | (k) Excess over col. (| of col. (I) | | ol. (k), but not less than Losses (from col. (l | 1 -0-) or |
| | | | .,,, | | | |
| _ | | | | - | | |
| <u> </u> | ···· | | | - | | |
| | | | | | | |
| | | | - | | · · · · · · · · · · · · · · · · · · · | |
| | | 1 | <u></u> | | | |
| Capital gain net income or (net capital | If gain, also enter (If (loss), enter (| er in Part I, line 7 0- in Part I, line 7 | • | } 2 | | |
| Net short-term capital gain or (loss) | • | | • | | | |
| If gain, also enter in Part I, line 8, col | | (0). | • | } 3 | | |
| Part V Qualification Und | ler Section 4940(a) fo | | | | | |
| | 101 36011011 4940(0) 10 | r Reduced Tax | x on Net I | nvestment fr | ncome | |
| or optional use by domestic private fo | | | | | ncome | N/A |
| | undations subject to the section | | | | ncome | N/A |
| or optional use by domestic private fo section 4940(d)(2) applies, leave this | undations subject to the section | | | | ncome | N/A |
| section 4940(d)(2) applies, leave this | undations subject to the section part blank. | 4940(a) tax on net ii | nvestment inco | ome.) | ncome | |
| section 4940(d)(2) applies, leave this as the foundation liable for the section | undations subject to the section part blank. 4942 tax on the distributable ar | 4940(a) tax on net ii | nvestment inco | ome.) | ncome | |
| section 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation does not qualify | undations subject to the section part blank. 4942 tax on the distributable arunder section 4940(e). Do not c | 4940(a) tax on net in mount of any year in omplete this part. | nvestment inco | ome.) d? | ncome | |
| section 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in eac | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not concount for each year; see the | 4940(a) tax on net in mount of any year in omplete this part. | nvestment inco | ome.) d? ries. | ncome | Yes |
| section 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in eac (a) Base period years Calendar year (or tax year beginning) | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not concolumn for each year; see the | 4940(a) tax on net in mount of any year in omplete this part. Instructions before n | nvestment inco the base perio naking any ent | ome.) d? | Distrib | |
| section 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in each (a) Base period years | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not concolumn for each year; see the | 4940(a) tax on net in mount of any year in omplete this part. Instructions before n | nvestment inco the base perio naking any ent | nme.) d? ries. (c) | Distrib | Yes (d) |
| section 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in each (a) Base period years Calendar year (or tax year beginning in the section of the section o | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not concolumn for each year; see the | 4940(a) tax on net in mount of any year in omplete this part. Instructions before n | nvestment inco the base perio naking any ent | nme.) d? ries. (c) | Distrib | Yes (d) |
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| section 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in each (a) Base period years Calendar year (or tax year beginning in 2015) 2014 | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not concolumn for each year; see the | 4940(a) tax on net in mount of any year in omplete this part. Instructions before n | nvestment inco the base perio naking any ent | nme.) d? ries. (c) | Distrib | Yes (d) |
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| section 4940(d)(2) applies, leave this as the foundation liable for the section "Yes," the foundation does not qualify Enter the appropriate amount in each (a) Base period years Calendar year (or tax year beginning in 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the 5-yill the foundation has been in existence. Enter the net value of noncharitable-of Multiply line 4 by line 3 | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not conclumn for each year; see the harmonic of the column for each year. | mount of any year in omplete this part. instructions before n stributions Ne | the base perionaking any entity | ome.) d? ries. (c) haritable-use asse | 2 3 4 | Yes (d) |
| section 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in each (a) Base period years Calendar year (or tax year beginning in 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the 5-year the foundation has been in existence Enter the net value of noncharitable-of Multiply line 4 by line 3 Enter 1% of net investment income (a) Add lines 5 and 6 | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not concolumn for each year; see the (b) Adjusted qualifying distributable arounder section 4940(e). Do not concolumn for each year; see the (b) Adjusted qualifying distributable arounder section 4940(e). Do not concolumn for each year; see the (b) Adjusted qualifying distributable arounder see the column for each year; see the column for each ye | mount of any year in omplete this part. instructions before n stributions Ne | the base perionaking any entity | ome.) d? ries. (c) haritable-use asse | 2 3 4 5 6 7 | Yes (d) |
| section 4940(d)(2) applies, leave this as the foundation liable for the section 'Yes," the foundation does not qualify Enter the appropriate amount in each (a) Base period years Calendar year (or tax year beginning in 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the 5-year the foundation has been in existence Enter the net value of noncharitable-in Multiply line 4 by line 3 Enter 1% of net investment income (a) | undations subject to the section part blank. 4942 tax on the distributable arounder section 4940(e). Do not con column for each year; see the half to be a distributed and in less than 5 years use assets for 2016 from Part X, and the section are taken as the section of Part I, line 27b) | mount of any year in omplete this part. Instructions before n stributions Ne | the base perionaking any entity tvalue of nonco | ome.) d? ries. (c) haritable-use asse | 2 3 4 5 | Yes (d) |

DONALD R GILMORE TRUST DTD 3/11/2003 & MODIFIED 11/01/2016 81-6260519 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 0. and enter 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 foundations only. Others enter -0-) 0. 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 Credits/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 13.746 d Backup withholding erroneously withheld 6d 13,746. 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 13,746. O . Refunded 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax 13,746 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 Х 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. c Did the foundation file Form 1120-POL for this year? X 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ► \$ (1) On the foundation. > \$ _ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 law X remain in the governing instrument? 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 X

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8b

X

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8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

& MODIFIED 11/01/2016

| Part | VII-A | Statements Regarding Activities (continued) | | | |
|-------|-------------|--|----------------|------|----------|
| • | • | | | Yes | No |
| 11 A | t any time | during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| se | ection 512 | (b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 Di | id the foun | dation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | | ch statement (see instructions) | 12 | | <u>x</u> |
| | • | dation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | | ress > N/A | | | |
| | | re in care of ▶ JOHN ATKINS, TRUSTEE Telephone no.▶423-2 | 30-4 | 500 | |
| | | ► 1224 SOUTHWEST AVENUE, JOHNSON CITY, TN ZIP+4 ►3 | | | |
| | | 7(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | |
| | | e amount of tax-exempt interest received or accrued during the year | N | /A | |
| | | during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | <u>-</u> ` | Yes | No |
| | | r other financial account in a foreign country? | 16 | | X |
| | | ructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | _=_ |
| | reign cour | | | | |
| | | Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | | 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| | | ear did the foundation (either directly or indirectly): | | | |
| | | in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | - | money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| ,- | - | alified person? | | | |
| (3 | | goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| • | • | npensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| - | • | r any income or assets to a disqualified person (or make any of either available | | | |
| ,, | • | penefit or use of a disqualified person)? | | | |
| (6 | | p pay money or property to a government official? (Exception. Check "No" | | | |
| ,,, | • | undation agreed to make a grant to or to employ the official for a period after | | | |
| | | tion of government service, if terminating within 90 days.) | | | |
| h If | | er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | - | 941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | | |
| | | is relying on a current notice regarding disaster assistance check here | · | | |
| | | dation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | | rst day of the tax year beginning in 2016? | 1c | | X |
| | | lure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | | action 4942(j)(3) or 4942(j)(5)): | | | |
| | | f tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | efore 2016 | | | | |
| | | he years > | | | |
| | | y years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | | assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | 1 | | |
| | | see instructions.) | 2b | | |
| | | ions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| _ | - | | | | |
| 3a D | id the foun | dation hold more than a 2% direct or indirect interest in any business enterprise at any time | 1 | | |
| | uring the y | | | | |
| | | it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | | 9; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | - | acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | | , to determine if the foundation had excess business holdings in 2016.) N/A | 3b | | |
| | | dation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 48 | | X |
| | | dation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | - | | |
| | | n removed from jeopardy before the first day of the tax year beginning in 2016? | _4b_ | | <u>x</u> |
| | | | rm 99 0 |)-PF | |

Total number of other employees paid over \$50,000

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|---|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued) | ındation 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 | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | ······································ | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers | statistical information such as the s produced, 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 ye 1 N/A | ear on lines 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. 3 | | |
| | | |
| | | |

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Total. Add lines 1 through 3

Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)

Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4

3

4

5

584,874.

576,101.

8,773.

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Subtract line 2 from line 1d

Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>70,536.</u> a Average monthly fair market value of securities 1a 514,338. Average of monthly cash balances 1b c Fair market value of all other assets 1c 584,874. 1d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets

Minimum investment return. Enter 5% of line 5 28,805. 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.) 28,805. Minimum investment return from Part X, line 6 1 1 Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 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

Part XII Qualifying Distributions (see instructions)

| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
|--|----|--------|
| a Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 9,656. |
| b Program-related investments - total from Part IX-B | 1b | 0. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 9,656. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 9,656. |

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 4940(e) reduction of tax in those years.

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 | | | | 28,805. |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years: | | | | |
| ,,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2016: | | | | |
| a From 2011 | | | | |
| b From 2012 | | | | |
| c From 2013 | i | | | |
| d From 2014 | | | | |
| e From 2015 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2016 from | | | | |
| Part XII, line 4: ►\$ 9,656. | | | _ | |
| a Applied to 2015, but not more than line 2a | | | 0. | <u> </u> |
| b Applied to undistributed income of prior | | _ | | |
| years (Election required - see instructions) | | 0. | <u> </u> | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | | | | 9,656. |
| e Remaining amount distributed out of corpus | 0. | | | ļ |
| 5 Excess distributions carryover applied to 2016 (if an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | <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. | | <u> </u> |
| e Undistributed income for 2015. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2017 | | | | 19,149. |
| 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 | 0. | | | |
| 9 Excess distributions carryover to 2017. | _ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | 1 |
| a Excess from 2012 | | | | } |
| b Excess from 2013 | | | | |
| c Excess from 2014 | } | | } | |
| d Excess from 2015 | | | | |
| e Excess from 2016 | <u> </u> | | | Farm 000 PE (0040) |

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b The form in which applications should be submitted and information and materials they should include:

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

c Any submission deadlines:

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Part XV Supplementary Information (continued)

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| Total None None None Approved for Future Payment Approved for Future Payment If recopent is an individual show any relationship to any foundation manager of substantial contributor None None None Total None | |
|---|-------|
| a Paid during the year NONE NONE Total Approved for future payment NONE | |
| a Paid during the year NONE NONE Total Approved for future payment NONE | mount |
| NONE Total Approved for future payment | |
| Total b Approved for future payment → 3a | |
| Total b Approved for future payment > 3a | |
| b Approved for future payment | |
| | |
| NONE | |
| NONE | |
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| Total ► 3b Form 990 | |

| Part XVI-A | Analysis of Income-Producing Activities |
|------------|---|
| | |

| Enter gros | nter gross amounts unless otherwise indicated. | | Unrelated business income | | | ided by section 512, 513, or 514 | (e) | | |
|----------------------------|--|--|---------------------------|---------------------------------------|--|-----------------------------------|--|--|--|
| 1 Program service revenue: | | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income | | | |
| a | | 0000 | | | | | | | |
| | | | | | 1 - | | | | |
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| | | | <u> </u> | | | | | | |
| f | | | | | | | | | |
| g Fee | s and contracts from gover | rnment agencies | | | | | | | |
| 2 Membe | ership dues and assessmer | nts | | | | | | | |
| | t on savings and temporary | | | | | | | | |
| ınvestn | | | | | 14 | 38 | | | |
| 4 Dividen | ds and interest from secur | rities | | | | | | | |
| 5 Net ren | tal income or (loss) from r | eal estate: | | | | | | | |
| | t-financed property | | | | Ť – | | | | |
| | debt-financed property | | | | | | | | |
| | tal income or (loss) from p | personal | | | | | | | |
| properi | | | | | | | | | |
| | nvestment income | | | · · · · · · · · · · · · · · · · · · · | - | | | | |
| | (loss) from sales of assets | s other | | | | | | | |
| than in | | | | | | | | | |
| | ome or (loss) from special | events | | | | | | | |
| | profit or (loss) from sales of | | | | | | | | |
| 11 Other r | • | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | † | | | | |
| | SEE STATEMEN | т 5 | | | | | 201,776. | | |
| _ | | = | | | | | | | |
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| | | | - | | | | | | |
| <u> </u> | | | <u> </u> | | | | | | |
| 12 Subtota | al. Add columns (b), (d), ar | nd (e) | | 0. | | 38 | 201,776. | | |
| | Add line 12, columns (b), (| | | <u> </u> | ' | | 201,814. | | |
| | sheet in line 13 instructions | | | | | | 20270224 | | |
| Part X | | hip of Activities to | the Acc | omplishment of C | ····· | t Dumana | | | |
| Part A | VI-B Relations | nip of Activities to | the Acc | omplishment of E | xemp | t Purposes | | | |
| Line No. ▼ | | ach activity for which incon mpt purposes (other than b | | | A contri | buted importantly to the acco | mplishment of | | |
| 11 | INCOME FROM | DISTRIBUTIO | NS FRO | M TIAA CREF | ACC | OUNT TO FUND | GRANTS | | |
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| | VAII | Exempt Organ | | 19181919 | mu mans | actions a | iliu nelalions | inha aaimi iaouc | maritable | , | |
|--|-----------|--|--------------------------------------|---------------------|--|------------------|-----------------------|---------------------------------------|-------------------------------|----------------------|-------------|
| 1 D | d the or | ganization directly or indi | | of the followin | n with any oth | ner organizatio | n described in sect | ion 501(c) of | | Yes | No |
| | | other than section 501(c | | 1011 00 1(0) 01 | | | | | | | |
| | | from the reporting found | | | | ponnour organ | | | | | |
| |) Cash | | | | , | | | | 1a(1) | | X |
| |) Other | assets | | | | | | | 1a(2) | | X |
| • | • | sactions: | | | | | | | 13,57 | | |
| | | of assets to a noncharita | ible exempt organiza | ation | | | | | 1b(1) | | X |
| • | • | ases of assets from a no | | | | | | | 1b(2) | | X |
| • | • | l of facilities, equipment, | | • | | | | | 1b(3) | | X |
| - | • | oursement arrangements | | | | | | | 1b(4) | | X |
| • | • | or loan guarantees | | | | | | | 1b(5) | | X |
| (6 |) Perfo | rmance of services or me | embership or fundra | using solicitatio | ns | | | | 1b(6) | | X |
| c S | naring of | facilities, equipment, ma | uli <mark>ng lists, other ass</mark> | ets, or paid em | ployees | | | | 1c | | X |
| d If | the ansv | ver to any of the above is | "Yes," complete the | following sche | dule. Column | (b) should alv | ways show the fair r | narket value of the goo | ds, other ass | ets, | |
| 0 | services | s given by the reporting f | oundation. If the fou | ındation receive | ed less than fa | ir market valu | ie in any transaction | or sharing arrangeme | nt, show in | | |
| | |) the value of the goods, | | | | | | | | | |
| (a) Line | no | (b) Amount involved | (c) Name o | of noncharitable | exempt orgai | nization | (d) Description | of transfers, transactions, | and sharing an | rangeme | ents |
| | | | | N/A | | | | | | | |
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| 20 10 | the four | idation directly or indirec | tly affiliated with or | related to one | or more tay-e | vemnt organi | zatione described | | | | |
| | | 501(c) of the Code (other | • | | | Actifut of gains | zations described | | Yes | Γx |] No |
| | | mplete the following sch | • |),(0)) or in 3000 | .011 027 : | | | | 103 | | J 140 |
| | 100, 00 | (a) Name of org | | | (b) Type of o | organization | | (c) Description of relati | ionship | | |
| | | N/A | · | | _, , , , , , , , , , , , , , , , , , , | | | ` <u> </u> | | • | |
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| | | | | | | | | | | | |
| | 1 | penalties of perjury, I declare, lief, it is true, correct, and cor | | | | | | | May the IRS | discuss | thís |
| Sigr | 11 6 | iller, it is true, conject, and cor | riplete pictaration of pi | reparer (other than | _ | | | | return with th shown below | e prepar (see ins | er str)? |
| Here | | C/6/2 | 101 | | - ک | 15-17 | TRUST | CE | X Yes | | No |
| | Sign | ature of officer or trustee | | | Date | | Title | | <u></u> | | |
| | | Print/Type preparer's na | ame | Preparer's si | ignature | $\overline{}$ | Date | <u> </u> | ΓIN | | |
| D-:- | , | | | ے (`) ا | HAR | Find | | self- employed | | | |
| Paic | | WADE FARME | | _ ~~ ~~ | ~~ · · | است | 05/11/17 | | P00122 | | |
| - | Only | Firm's name BLA | CKBURN, (| CHILDER | S & ST | EAGALL | , PLC | Firm's EIN ► 62 | -06474 | 7 4 | |
| USB | Only | Firm's address > 0.0 | 1D OTDIOTE | n DD 7170 | | | | | | | |
| | | Firm's address ► 80 | | | | 2022 | | 740 | 2 \ 202 | 151 | 1 |
| JOHNSON CITY, TN 37604-3033 Phone no. (423)282-4 | | | | | | | <u>401</u> | | | | |

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

Employer identification number

2016

Name of the organization

DONALD R GILMORE TRUST DTD 3/11/2003 & MODIFIED 11/01/2016

81-6260519

| Organization type (check one): | | | | | | | | | |
|--------------------------------|--|---|--|--|--|--|--|--|--|
| Filers of: | | Section: | | | | | | | |
| Form 99 | 0 or 990-EZ | 501(c)() (enter number) organization | | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | | 527 political organization | | | | | | | |
| Form 99 | 0-PF | X 501(c)(3) exempt private foundation | | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | | | |
| | nly a section 501(c)(| 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 | nuie | | | | | | | | |
| X | | 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 | | | | | | | | |
| | sections 509(a)(1) a any one contributor | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II. | | | | | | | |
| | year, total contribut | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III. | | | | | | | |
| | year, contributions is checked, enter h purpose. Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year. | | | | | | | |
| but it mi | ust answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne 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
DONALD R GILMORE TRUST DTD 3/11/2003
& MODIFIED 11/01/2016

Employer identification number

81-6260519

| Part I | Contributors (See instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|-------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ESTATE OF DONALD R GILMORE 1224 SOUTHWEST AVENUE JOHNSON CITY, TN 37604 | \$ <u>1,138,189</u> . | Person X Payrol! Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions) |

Name of organization DONALD R GILMORE TRUST DTD 3/11/2003 Employer identification number

81-6260519

& MODIFIED 11/01/2016 Noncash Property (See instructions). Use duplicate copies of Part 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 | |
|------------------------------|--|--|------------------------------|--|
| | | \$ | | |
| (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 | |
| | | \$ | | |
| (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 | |
| | | \$ | 000 000 F7 or 000 P5\ (0015) | |

| Name of orga | | 44.4000 | Employer identification number |
|---------------------------|---|---|---|
| | R GILMORE TRUST DTD 3/ | 11/2003 | 01 6260510 |
| <u>∝ MODI</u> Part III | FIED 11/01/2016 Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | charitable, etc., contributions of \$1,000 or | in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations less for the year (Enterthis info once) \$ |
| (a) No. | | · · · · · · · · · · · · · · · · · · · | |
| from Part I | from (b) Purpose of gift (c) Use of g | | (d) Description of how gift is held |
| | | | |
| - | | (e) Transfer of gift | |
| - | Transferee's name, address, and | d ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee |
| (a) No. from 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, and | d ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | |
| | | <u></u> | |

| FORM 990-PF INTEREST ON SAV | INGS AND T | EMPORARY | CASH | INVESTMENTS | STATEMENT | 1 |
|------------------------------------|-----------------------------|------------------------|------------------------|-----------------------------------|------------------------------|-----|
| SOURCE | RE' | (A) VENUE BOOKS | | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOM | |
| SUNTRUST BANK | | 38. | | 38. | <u> </u> | |
| TOTAL TO PART I, LINE 3 | | 38. | | 38. | | |
| FORM 990-PF | OTHER | INCOME | | | STATEMENT | 2 |
| DESCRIPTION | | (A) REVEN PER BO | UE | (B) NET INVEST- MENT INCOME | | |
| TEACHERS INSURANCE AND ANNUI ASSOC | | | 1,235. | 0 | • | |
| TEACHERS INSURANCE AND ANNUI ASSOC | | 13 | 7,464. | 0 | • | |
| TEACHERS INSURANCE AND ANNUI ASSOC | | 1 | 4,939. | 0 | • | |
| TEACHERS INSURANCE AND ANNUI ASSOC | TY | 2 | 6,585. | 0 | • | |
| TEACHERS INSURANCE AND ANNUI ASSOC | TY | 2 | 1,553. | 0 | • | |
| TOTAL TO FORM 990-PF, PART I | , LINE 11 | 20 | 1,776. | 0 | | |
| FORM 990-PF | LEG | AL FEES | | | STATEMENT | 3 |
| DESCRIPTION | (A) EXPENSES PER BOOK | NET I | B) NVEST- INCOME | | | |
| LEGAL FEES | 9,65 | 6. | 0 | • | 9,6 | 56. |
| TO FM 990-PF, PG 1, LN 16A | 9,65 | 6. | 0 | • | 9,6 | 56. |
| : | | | | | | |

| FORM 990-PF | ОТНЕ | RINVESTMENTS | | | STATEMENT | 4 |
|--------------------------------------|-------------|---------------------------|--------------|--------------------|--|--------------|
| DESCRIPTION | | VALUATION METHOD | вос | OK VALUE | FAIR MARKET | r |
| TIAA CREF ACCOUNT | | COST | | 511,229. | 501,96 | 56. |
| TOTAL TO FORM 990-PF, PART II | , LINE | 13 | = | 511,229. | 501,96 | 56. |
| FORM 990-PF | ОТІ | IER REVENUE | | | STATEMENT | 5 |
| | BUS CODE | UNRELATED BUSINESS INC | EXCL CODE | EXCLUDED AMOUNT | RELATED OF EXEMPT FUR TION INCOM | NC- |
| TEACHERS INSURANCE AND ANNUITY ASSOC | | | - | | 1,23 | 35. |
| TEACHERS INSURANCE AND ANNUITY ASSOC | | | | | 137,46 | 5 4 . |
| TEACHERS INSURANCE AND ANNUITY ASSOC | | | | | 14,93 | 39. |
| TEACHERS INSURANCE AND ANNUITY ASSOC | | | | | 26,58 | 85. |
| TEACHERS INSURANCE AND ANNUITY ASSOC | | | | | 21,5 | 53. |
| TOTAL TO FORM 990-PF, PG 12, | LN 11 | | | | 201,7 | 76. |