990-PF

(275) (C&E

Return of Private Foundation

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

OMB No 1545-0052 2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

| | Open to Public Inspection

ī	For c	alenc	lar year 2017 or tax year beginning , a	and ending					
-	Nam	ne of fou	ndation			A Emplo	oyer identification number		
	m	u 12	ZANDER FAMILY FOUNDATION			47.	_1607702		
γ .			street (or P O box number if mail is not delivered to street address)	47-4607783 B Telephone number (see instructions)					
5			BOX 58248	"	om/suite		5-662-2727	,	- 1
4			, state or province, country, and ZIP or foreign postal code					1 d. b	
$\Psi_{\mathbf{c}}$	×NZ	ASH	VILLE TN 37209	C If exer	mption application is pending,	cneck nere			
1 3	Ģ c	heck a	all that apply	m of a former public ch	arity	D 1. Fo	reign organizations, check he	re	▶
			Final return Amended	return		2. Fo	reign organizations meeting th	ne	
-	⊣		Address change Name cha	nge		. 85	% test, check here and attach	computation	▶ 📙
ā	P C	heck t	type of organization: X Section 501(c)(3) exempt private	foundation	19 Y	E If priva	ate foundation status was term	nnated under	
£	= 1			e private foundation	ا ت	sectio	n 507(b)(1)(A), check here		>
-	≝ Fa	ır mar	ket value of all assets at J Accounting method:	X Cash Acci	ual	F If the f	foundation is in a 60-month te	mination	
	·		ear (from Part II, col. (c), Other (specify)		'	under	section 507(b)(1)(B), check h	ere	▶ ∐
	S lin	e 16)	\$ 2,522,629 (Part I, column (d) must	be on cash basis)					
ENVELOR	Pa	irt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disburse for chanta	
	=		amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a) (see instructions))	expenses per books	incon		income	purpose	s
18	-	1	Contributions, gifts, grants, etc., received (attach schedule)	110,000				(cash basis	only)
		2	Check ► if the foundation is not required to attach Sch B	220,000		***************************************		····	
		3	Interest on savings and temporary cash investments	54		54	54		
		4	Dividends and interest from securities	43,257	4	13,257	43,257	C11	3
		5a	Gross rents			,			
	•	b	Net rental income or (loss)					IXI X	一番
	יות	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	20,795					78
	Revenue	b	Gross sales price for all assets on line 6a 257, 013					m 60	m
	Re	7	Capital gain net income (from Part IV, line 2)			4,633		Z	
	_	8	Net short-term capital gain				0		III
		9	Income modifications					- 00	TU
		10a	Gross sales less returns and allowances						
		b	Less [.] Cost of goods sold					1K5-C	,au
_		С	Gross profit or (loss) (attach schedule)						
2019		11	Other income (attach schedule)					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\approx		12	Total. Add lines 1 through 11	174,106	4	17,944	43,311		
-	Si	13	Compensation of officers, directors, trustees, etc	0					
0	penses	14	Other employee salaries and wages						
8)er	15	Pension plans, employee benefits					-	
Œ		16a	Legal fees (attach schedule)	000					
SCANNED	/e	b	Accounting fees (attach schedule) STMT 2	900					900
署	ati∖	C	Other professional fees (attach schedule)					<u> </u>	
Z	stra	17	Interest						
3	nis	18	Taxes (attach schedule) (see instructions)	-					·····
S	<u>E</u>	19 20	Depreciation (attach schedule) and depletion Occupancy						***************************************
	A	21	Travel, conferences, and meetings						
	pu	22	Printing and publications						
	g	23	Other expenses (att sch.) STMT 3	3,970		3,964	3,964		6
	Operating and Administrative Ex	24	Total operating and administrative expenses.			-,			
	rat		Add lines 13 through 23	4,870		3,964	3,964		906
	be	25	Contributions, gifts, grants paid	105,236			,	10	5,236
	0	26	Total expenses and disbursements. Add lines 24 and 25	110,106		3,964	3,964		6,142
•		27	Subtract line 26 from line 12:	•		· ·	·		
		a	Excess of revenue over expenses and disbursements	64,000					
		b	Net investment income (if negative, enter -0-)			13,980			
		l c	Adjusted net income (if negative, enter -0-)				39,347		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

Fo	rm 990	-PF (2017) THE ZANDER FAMILY FOUNDATION	47-460778	3	Page 2
-	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	
	Pare II	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ļ	1	Cash – non-interest-bearing	51,934	55,066	55,066
	2	Savings and temporary cash investments			
ı	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
- [Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
J	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see		į	
		instructions)			
- 1	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts ▶ 0			. <u></u>
इ	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges			
٩	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 4	1,628,226	1,687,634	2,010,993
		Investments – corporate bonds (attach schedule) SEE STMT 5	445,329	446,789	456,570
	11	Investments – land, buildings, and equipment basis			
İ		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans		·	
	13	Investments – other (attach schedule)	,		
Ì		Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
		Other assets (describe > SEE STATEMENT 6)	800	3	
		Total assets (to be completed by all filers – see the	2,126,289	2 100 402	2 522 620
\dashv		Instructions. Also, see page 1, item I) Accounts payable and accrued expenses	2,126,269	2,189,492	2,522,629
- 1		Grants payable			
S	19	Deferred revenue	— 		
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
恴		Mortgages and other notes payable (attach schedule)			
긔		Other liabilities (describe ▶)			
- 1		Total liabilities (add lines 17 through 22)	0	0	
\top		Foundations that follow SFAS 117, check here	~		
S		and complete lines 24 through 26 and lines 30 and 31.		1	
일	24	Unrestricted	2,126,289	2,189,492	
등	25	Temporanly restricted			
밁	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
띩		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds		<u> </u>	
Se		Paid-in or capital surplus, or land, bldg , and equipment fund			
As		Retained earnings, accumulated income, endowment, or other funds	•		
Net Assets or Fund Balances		Total net assets or fund balances (see instructions)	2,126,289	2,189,492	
		Total liabilities and net assets/fund balances (see			
با		instructions)	2,126,289	2,189,492	
	art II				
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mus	st agree with	1.1	0 100 000
•		f-year figure reported on prior year's return)		1	2,126,289
		amount from Part I, line 27a		2	64,000
		Increases not included in line 2 (itemize) ▶		3	2 100 000
4		nes 1, 2, and 3		4	2,190,289
e P		ases not included in line 2 (itemize)	a) line 30	5	. 797
<u> </u>	iviaii	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b	o), iirle ou		2,189,492

47-4607783 Form 990-PF (2017) THE ZANDER FAMILY FOUNDATION Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (for example, real estate, P - Purchase 2-story brick warehouse, or common stock, 200 shs MLC Co) (mo , day, yr) (mo, day, yr) D - Donation BERNSTEIN-CAP GN DISTRIBUTION b C d е (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price ((e) plus (f) minus (g)) (or allowable) plus expense of sale 4,633 4,633 а b d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any 4,633 а b c d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 4,633 If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). See instructions If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries (d) (b) (c) Base penod years Distribution ratio Net value of nonchantable-use assets Adjusted qualifying distributions (col (b) divided by col (c)) Calendar year (or tax year beginning in) 2,050,159 0.025531 52,343 2016 1,974,432 2015 2014 2013 2012 0.025531 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5.0, or by the 0.025531 3 number of years the foundation has been in existence if less than 5 years 2,434,603 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 62,158 5 5 Multiply line 4 by line 3 440 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 62,598 7 Add lines 5 and 6 7 106,142 8 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

Part VI instructions

Form	990-PF (2017) THE ZANDER FAMILY FOUNDATION 47-4607783		_ Pa	age 4	
	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			440	
	here ▶ X and enter 1% of Part I, line 27b				
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	_	- 4	<u>440</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			440	,
6	Credits/Payments:				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 443				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d			<u>443</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			3	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 3 Refunded ▶ 11				
<u>Pa</u>	rf VII-A Statements Regarding Activities	1			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		<u> </u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	ا ا		37	
	Instructions for the definition	1b		X	
	if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.			7	
C	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation. \$ (2) On foundation managers \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers. \$	2	•	x	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				
2	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	•	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	•
+a b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			•
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х	•
-	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 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		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ TN				•
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	[
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
-	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"				1/
	complete Part XIV	9	<u> </u>	X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				-
	names and addresses	10		X	_

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Pa	art VII-A Statements Regarding Activities (continued)					
					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			11		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	n?		13	X	
	Website address ▶ N/A					
14	The books are in care of ► ALEXANDER THOMPSON ARNOLD Telepho 905 HARPRTH VALLEY PLACE	ne no. 🕨	615-6	62-	272	7
	Located at ► NASHVILLE TN	ZIP+4 ▶	37221		•	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ [_
	and enter the amount of tax-exempt interest received or accrued during the year	▶ L	15			r-
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
*******	the foreign country ▶		•			Ĺ
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,	_				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	_ Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	-	(TP)			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	_ Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	7 v	X No			
	the benefit or use of a disqualified person)?	_ Yes	X No			
	(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			
b		_	22 140			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	13	N/A	1b	•	1
	Organizations relying on a current notice regarding disaster assistance, check here		▶			
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 2017?		N/A	1c		1
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))					
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2017?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions.)		N/A	2b		ļ
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20					
3a	· · · · · · · · · · · · · · · · · · ·	_	(33)			
	at any time during the year?	Yes	X No		•	
b						
	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		3T / B	اء ا		1
	foundation had excess business holdings in 2017)		N/A	3b		v
4a				4a_		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	72		4b	ŀ	x
	Changable purpose that had not been removed from leopardy before the lifst day of the lax year beginning in 201	, :		1 4D		44

	NDER FAMILY FOUNDATION		607783			Page (
Part VII-B Statements	Regarding Activities for Which Fo	orm 4720 May Be R	Required (contin	nued)		
a During the year did the found	ation pay or incur any amount to:					
(1) Carry on propaganda, or	otherwise attempt to influence legislation (sec	ction 4945(e))?	Ye	es 🗶 No		
(2) Influence the outcome of	any specific public election (see section 4955	5), or to carry on,				
directly or indirectly, any	voter registration drive?		` Ye			
(3) Provide a grant to an indi	vidual for travel, study, or other similar purpos	ses?	Y€	es 🗓 No		
(4) Provide a grant to an orga	anization other than a chantable, etc., organiz	zation described in		_		
section 4945(d)(4)(A)? Se	ee instructions		Y€	es 🗶 No		
(5) Provide for any purpose of	other than religious, charitable, scientific, litera	ary, or educational				
purposes, or for the preve	ention of cruelty to children or animals?		Ye	es 🗶 No		
If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualif	y under the exceptions d	escribed in			
Regulations section 53 4945	or in a current notice regarding disaster assis	tance? See instructions		N/A	5b	
Organizations relying on a cu	rrent notice regarding disaster assistance, ch	eck here		▶ 🔲		
If the answer is "Yes" to ques	tion 5a(4), does the foundation claim exempti	ion from the tax				
because it maintained expend	diture responsibility for the grant?		N/A 🗌 Y	es 🔲 No		
If "Yes," attach the statement	required by Regulations section 53 4945-5(c	i).				
Did the foundation, during the	year, receive any funds, directly or indirectly	, to pay premiums	_			
on a personal benefit contrac	l? .		Ye	es 🗓 No		
Did the foundation, during the	year, pay premiums, directly or indirectly, on	a personal benefit contr	act?	ļ	6b	X
If "Yes" to 6b, file Form 8870						
At any time during the tax year	ar, was the foundation a party to a prohibited	tax shelter transaction?	Y6			
	ceive any proceeds or have any net income a			N/A	7b	
art VIII Information A	About Officers, Directors, Trustees ors	s, Foundation Man	agers, Highly F	Paid Employe	ees,	
List all officers, directors, tru	stees, and foundation managers and their	compensation. See ins	structions.			•
(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		ise account, llowances
	WA CHITTITE	mpucmen.		compensation	 	
EFFREY J ZANDER O BOX 58248	NASHVILLE TN 37205	TRUSTEE 0.00	اه	0		c
O BOX 36246	IN 37203	0.00	 		 	
••			 			
		1				
						
Compensation of five higher "NONE."	est-paid employees (other than those inclu	ded on line 1 - see ins	tructions). If none	, enter		
		(b) Title, and average		(d) Contributions to		
(a) Name and address of ea	ach employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		ise account, llowances
ONE						
	•					
				<u> </u>		
tal number of other employees p	aid over \$50,000			>		Ö

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Part VIII	Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly Paid E	
3 Five high	est-paid independent contractors for professional services. See	instructions. 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 o	f others receiving over \$50,000 for professional services		>
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities during the tax year. Include relevant statistical info other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of	Expenses
1 N/A			
_			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see	instructions)	,
	argest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1 N/A	·		
2			
All other program-	related investments. See instructions		
3			

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Total. Add lines 1 through 3

Part XII

qualifies for the section 4940(e) reduction of tax in those years

а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	L	106,142
b	Program-related investments – total from Part IX-B	1b		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,			
	purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4		106,142
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_	<u></u>	440
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		105,702
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	lation		

Form 990-PF (2017)

Pa	rt XIII Undistributed Income (se	ee instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,		Corpus	Years pnor to 2016	2016	2017
	line 7	L				121,290
2	Undistributed income, if any, as of the end of	2017:				
а	Enter amount for 2016 only	Ĺ			94,663	
b	Total for prior years: 20 , 20	, 20				
3	Excess distributions carryover, if any, to 201	7:				
а	From 2012					
b	From 2013					
С	From 2014					
d	From 2015	[
е	From 2016					
f	Total of lines 3a through e					
4	Qualifying distributions for 2017 from Part XI	I,				
	line 4: ▶ \$ 106,142					
а	Applied to 2016, but not more than line 2a	-			94,663	
þ	Applied to undistributed income of prior year	s '				
	(Election required – see instructions)	-				
C	Treated as distributions out of corpus (Election	on				
	required – see instructions)					11 470
d	Applied to 2017 distributable amount	1				11,479
е	Remaining amount distributed out of corpus	-				
5	Excess distributions carryover applied to 201	, F				
	(If an amount appears in column (d), the san	ne ´				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
a	•	ne 5				······································
b	Prior years' undistributed income. Subtract					
	line 4b from line 2b					
С	Enter the amount of prior years' undistributed	3				
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount – see instructions					
е		·				
	4a from line 2a. Taxable amount – see					
	instructions	_				
f	Undistributed income for 2017. Subtract line 4d and 5 from line 1. This amount must be	5				
	distributed in 2018					109,811
7	Amounts treated as distributions out of corp	ıe				······································
'	to satisfy requirements imposed by section	us				
	170(b)(1)(F) or 4942(g)(3) (Election may be					
	required—see instructions)					
8	Excess distributions carryover from 2012 no	į į	· · · · · · · · · · · · · · · · · · ·			
•	applied on line 5 or line 7 (see instructions)	·				
9	Excess distributions carryover to 2018.	.				
-	Subtract lines 7 and 8 from line 6a	ļ				
10	Analysis of line 9					
а	Excess from 2013					
b	Excess from 2014					
c	Excess from 2015					
d	Excess from 2016					
e	Excess from 2017					

- complete items 2a, b, c, and d. See instructions
- The name, address, and telephone number or email address of the person to whom applications should be addressed **JEFFREY ZANDER 615-300-6940**

PO BOX 58248 NASHVILLE TN 37205

- The form in which applications should be submitted and information and materials they should include:
- Any submission deadlines

N/A

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

*	• •	•
N	/	\boldsymbol{P}

Part XV Supplementary Information (co				
3 Grants and Contributions Paid During the		uture Payment	1	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Toopis		
a Paid during the year NATIONAL MUSEUM OF AFRICAN 1400 CONSTITUTION AVE WASHINGTON DC 20560	AMERICAN	MUSEUM EN	IANCEMENT	5,000
YMCA CAMP WATIA 53 ASHELAND AVE ASHEVILLE NC 28801		CHILD	RENS CAMP	25,000
FREINDS OF PANTHER P O BOX 51 CASHIERS NC 28717	SUMME	INSTITUTE &	FESTIVAL	5,000
FRANKIES FRIENDS 2950 BUSCH LAKE BLVD TAMPA FL 33614		CONSERVA	TION WORK	30,236
ASPEN CENTER FOR ENV STUDII 100 PUPPY SMITH STREET ASPEN CO 81611		VIORNMENTAL	EDUCATION	5,000
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVE NASHVILLE TN 37203		CANCER	RESEARCH	5,000
LAKE TOXAWAY CHARITIES P O BOX 163 LAKE TOXAWAY NC 28747	MEDICAL	OUTREACH FOR	DISABLED	30,000
Total	<u></u>		▶ 3a	105,236
b Approved for future payment N/A		<i>t</i>		
Total			▶ 3b	
Total		-	▶ 3b	50m 990-PF (20

1	Part XVI-A	Analysis of Income-Producing Act	ivities				——————————————————————————————————————
		ounts unless otherwise indicated.		ed business income	Excluded	by section 512, 513, or 514	
	•		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1	Program ser	vice revenue			code	75.05.11	(See instructions)
	•						
	b						
	f						
	g Fees an	d contracts from government agencies					
2	Membership	dues and assessments					
		avings and temporary cash investments					54
		nd interest from securities			1 -		43,257
5		come or (loss) from real estate					
		anced property				-	
_		t-financed property					
		come or (loss) from personal property			-		
	Other invest				├		
		s) from sales of assets other than inventory			-		20,795
		or (loss) from special events	ļ	<u> </u>	1		
		or (loss) from sales of inventory			-		
11		ue; a			 - 		
				<u> </u>	 		 _
				-			
	e		<u> </u>		1		
12		d columns (b), (d), and (e)		0		0	64,106
		ne 12, columns (b), (d), and (e)				13	64,106
		in line 13 instructions to verify calculations.)					
	Part XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	S	
	Line No.	Explain below how each activity for which income accomplishment of the foundation's exempt purpo					
	N/A	accomplishment of the loundation's exempt purpo	ises (Other than	by providing funds to	i sucii pe	iiposes) (See iristiucti	UIIS /
_	21/ 22			-			
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Form 990	0-PF (201	7) THE ZAND	<u>er fami</u>	LLY FOUND	<u>ATION</u>		<u>47-4607783 </u>		<u>Pa</u>	<u>ige 13</u>
Part 1		Information Reg Exempt Organiz		ansfers To an	d Transacti	ons and F	Relationships Wit	h Noncharitabl	0	
1 Dic	the orga	nization directly or in	directiv engag	te in any of the fo	llowing with any	other organ	ization described		∵% Yes	No
in s	section 50	01(c) (other than sec		•						380
_	anization					_				
		om the reporting foun			-					
(1)	Cash								1a(1)	
(2)	Other as	ssets							1a(2)	X
	her transe								h - ' . ' '	
(1)	Sales of	assets to a nonchar	table exempt	organization					1b(1)	<u> </u>
(2)	Purchas	es of assets from a r	oncharitable	exempt organizat	ion				1b(2)	X
(3)	Rental o	of facilities, equipmen	t. or other ass	sets				•••••	1b(3)	X
(4)	Relmbu	rsement arrangemen	ts.			· · · · · · · · · · · · · · · · · · ·			1Ь(4)	X
(5)	l oans o	r loan ouarantees				• • • • • • • • • • • • • •			1b(5)	X
(6)	Dodom	anco of condess or a				• • • • • • • • • • • • •			1b(6)	X
(V)	- 01101111 - 4 4	relition agrices of it	relling lights o	the essets as an	id omployees	• • • • • • • • • • • • • • • • • • • •			1c	X
- J 1641	anng or n	scintes, equipment, r	naning iisis, o	unur assets, or pa	ad employees .	· · · · · · · · · · · · · · · · · · ·				1 ==
							uld always show the fa			
							tion received less than			
val	ue in any	transaction or sharin					other assets, or service			
<u>; </u>	na no.	(b) Amount involved	(c) Name	nare eldshischanon to e	npi organization	(d) Description of transfers, tra	nsactions, and sharing arr	engements	
N/A										
			1							
						T				
			 							
								* 		
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20 10 1	ha farrad			with as soloted to	and or more to	-L	englantions			
		ation directly or indire						ſ	Yes 🗓	Ž Na
				501(c)(3)) or in s	ection 52//	•••••		۱ ا		שו או
b If		plete the following s	chedule.			γ				
) Name of organization		(b) Type of	organization	ļ	(c) Descript	tion of relationship		
N/2	A					 				
				<u> </u>						
				<u></u>		1				
		 								
	Under per	allies of perjury, I declare	that I have exemi	ned this return, includi	ng accompanying so	hedules and sta	tements, and to the best of r	my knowledge and belief,	li is true,	
	correct, 81	nd complete. Declaration o	f preparer (other I	than taxpayer) is base	d on all information o	if which prepare	er has any knowledge.	May the IRS discu	use this return	
Sign			1					with the preparer		
		Δ/,	. //					See instructions	X Yes	No
Here			20		1		A mpara	M22		
- 1							TRUS	TEE		
l	Signa	nturo di officer fir trudique	Δ		Ca	0	Title	···		
	Print/Ty	pe papalars name (IJ		Preparar's signal	ure		Date	Check	k 🔲 #
Pald	1		J					.		mployed
	DAVII	W. HART, CI			DAVID W.	HART,	CPA	11/13		
reparei	Firm's n	ame > ALEX	ANDER T	CHOMPSON	ARNOLD,	PLLC			L27620	
Jse Only	y		HARPETI	VALLEY	PLACE			Firm's EIN > 62-	111083	39
			VILLE,	TN 3722			Ì		-662-2	2727
			·/							

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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

THE ZANDER I	FAMILY FOUNDATION	47-4607783								
Organization type (check	cone).	•								
Filers of:	Section:									
Form 990 or 990-EZ	501(c)() (enter number) organization	501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private found	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization	527 political organization								
Form 990-PF	▼ 501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on								
	501(c)(3) taxable private foundation									
		•								
· · ·	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See								
General Rule										
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution or property) from any one contributor. Complete Parts I and II. See instruction contributions.									
Special Rules										
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 on that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)								
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec g the year, total contributions of more than \$1,000 exclusively for religious, cha ional purposes, or for the prevention of cruelty to children or animals. Complete	aritable, scientific,								
contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received the year, contributions exclusively for religious, chantable, etc., purposes, but led more than \$1,000. If this box is checked, enter here the total contributions or an exclusively religious, chantable, etc., purpose. Don't complete any of the polies to this organization because it received nonexclusively religious, chantable more during the year	it no such that were received parts unless the								
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file Sc must answer "No" on Part IV, line 2, of its Form 990; or check the box on line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 99	e H of its Form 990-EZ or on its								

• Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

THE ZANDER FAMILY FOUNDATION

Employer identification number 47-4607783

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	CARDINAL TRUST PO BOX 58248 NASHVILLE TN 37205	\$ 110,000	Person X Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b)	(c) Total contributions	(d) Type of contribution						
NO.	Name, address, and ZIP + 4	\$	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)	(b)	(c)	(d) Type of contribution						
No.	Name, address, and ZIP + 4	Total contributions .	Person Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
NO.	Name, address, and Zir 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
NO.	Name, audiess, and ZIF T4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

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4:56 PM	Page 1
11/13/2018	

Federal Statements

609152 The Zander Family Foundation 47-4607783
609152 47-460 EVE: 1

	Net Gain / Loss	\$ 16,162	0 \$ 16,162		Charitable Purpose	\$	0006		Charitable Purpose	· ·		9	9 \$
			\$ 0	Inting Fees	Adjusted Net	\$	o	Expenses	Adjusted Net	\ \ \	3,964		\$ 3,964
p	Cost	3 236,218 \$	\$ 236,218 \$	rt I, Line 16b - Accou	Net Investment	ν ₂	8	art I, Line 23 - Other	Net Investment	\$	3,964		\$ 3,964
How	Sale Price	PURCHASE \$ 252,380	\$ 252,380	2 - Form 990-PF, Pa	Total	006 \$	\$	t 3 - Form 990-PF, P	Total	\$	3,964	9	\$ 3,970
	Date Sold			atement				tatement		1			
Description	Whom Date Sold	STEIN 888-93734	TOTAL	St	Description	UNTING FEES	TOTAL	SI	Description		NSES NVESTMENT MANAGEMENT FEES	OKEIGN TAX JANK SERVICE CHARGES	TOTAL
	R	HowDescriptionReceivedDateSaleCostExpenseDepreciation	Description Received Date Date Sale Cost Expense Depreciation Gain /	Description Received nom Date Received Sale Cost Expense Depreciation Gain / Lo G	Description Received Nom Date Sale Cost Expense Depreciation Gain / Lo 988-93734 \$ 252,380 \$ 236,218 \$ 236,218 \$ 16, Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	Description Received nom Date old Sale Sale Cost Expense Depreciation Gain / Lo Gain / L	Description Received and both points of points	Description Received and Date and Date Acquired Sold Acquired Sold Sold Sold Sold Sold Sold Sold Sol	Description Received of Acquired Sale Sale Sale Sold Sold Sold Sold Sold Sold Sold Sold	Description Received and bate Cost Expense Depreciation Rein/Lo Gain/Lo Ga	Description Received and bate bate bate bate bate bate bate bate	Description Received of a boate of a	Description Received Met

609152 The Zander Family Foundation

47 4607783 Federal Statements

· 47-4607783

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FYE: 12/31/2017

Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

Description	eginning of Year	End of Year	Fair Market Value		
PREPAID TAXES	\$ 800	\$ 3	\$		
TOTAL	\$ 800	\$ 3	\$	0	