

Return of Private Foundation

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

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.

		ndar year 2017 or tax year beginning Janua		7, and		December	, 20 17
Na	me of fo	undation			A Employe	er identification numbe	er
Na	shville (Coalition Against Domestic Violence				58-2165997	
Nu	ımber an	d street (or P O box number if mail is not delivered to street address)	Room	/suite	B Telephor	ne number (see instructi	ons)
		erick St.,				615-880-2969	
Cr	ly or tow	n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ing, check here ▶
		TN 37201					
G	Check			charity	D 1. Foreig	ın organizations, check l	here 🕨 🔲
		Final return			2 Foreig	manization an legitor	othe 85% test.
		Address change Name char	•		check	no ga iiza iio a ree ing here and attach compo foundation status was	fation
<u>H</u>		type of organization: Section 501(c)(3) exempt p	E If private	foundation status was t	terminated under ►		
		on 4947(a)(1) nonexempt charitable trust 🔲 Other tax			18	507(b)(1)(A), check here MAY 0 7 2018	
ı		narket value of all assets at J Accounting method	: ☑ Cash ☐ A	ccrual	F If the fou	indation is in a 60-mont	n termination
		f year (from Part II, col. (c), Other (specify)			under se	indation is in a 60-mont ection 507(b)(1)(B), check OGDEN, U	here
	line 16	1100)	on cash basis)			OODLIV, O	
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books		come	income	purposes (cash basis only)
٠	1 4						(Cash basis Only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	2033				
	3	Check ► ✓ if the foundation is not required to attach Sch. B					
	4	Interest on savings and temporary cash investments Dividends and interest from securities	0		0	· ·	
	5a	Gross rents	0		0	0	5, 14
	b	Net rental income or (loss)	0) 0	5, 14
ø	6a	Net gain or (loss) from sale of assets not on line 10					, 1
Revenue	b	Gross sales price for all assets on line 6a	0				9 m 10 1
Ş.	7	Capital gain net income (from Part IV, line 2)	, ,	*			a the said
æ	8	Net short-term capital gain			0	1	k* /
_	9	Income modifications				0	-
	10a	Gross sales less returns and allowances				U	· · · · · · · · · · · · · · · · · · ·
	b	Less: Cost of goods sold					· ;
	C	Gross profit or (loss) (attach schedule)	0			0	
	11	Other income (attach schedule)	0		0		
	12	Total. Add lines 1 through 11	2033				, ,
	13	Compensation of officers, directors, trustees, etc	0		0		
Expenses	14	Other employee salaries and wages	0		0	0	
ë	15	Pension plans, employee benefits	0		0) 0	
χ	16a	Legal fees (attach schedule)	0		0	0	
	b	Accounting fees (attach schedule)	0		0	0	
.≝	С	Other professional fees (attach schedule)	0		0	0	
ā	17	Interest	0		0	0	
isi	18	Taxes (attach schedule) (see instructions)			0) 0	
Ē	19	Depreciation (attach schedule) and depletion	0		0	0	,55
호	20	Occupancy	0		O) 0	
þ	21	Travel, conferences, and meetings	0		0	0	
a	22	Printing and publications	110		0	0	
g	23	Other expenses (attach schedule)	1404		0	0	
Operating and Administrative	24	Total operating and administrative expenses.	1				
e.		Add lines 13 through 23	1514		0	0	
ဝ	25	Contributions, gifts, grants paid	1253				
_	26	Total expenses and disbursements. Add lines 24 and 25	2767		0) 0	
	27	Subtract line 26 from line 12.					
	a	Excess of revenue over expenses and disbursements	0				
	b	Net investment income (if negative, enter -0-)			0	†	
	C	Adjusted net income (if negative, enter -0-)	1			l o	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2017

D.	art II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	2229	1495	1495
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ▶			F\$17 3
	İ	Less ⁻ allowance for doubtful accounts ▶	o	o	
	4	Pledges receivable ►			,
		Less: allowance for doubtful accounts ▶	o	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
	į	disqualified persons (attach schedule) (see instructions) .	o	o	0
	7	Other notes and loans receivable (attach schedule) ▶			145
		Less. allowance for doubtful accounts ▶		0	
ß	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
As	10a	Investments—U S. and state government obligations (attach schedule)	0	0	0
•	b	Investments—corporate stock (attach schedule)	0	0	
	C	Investments—corporate bonds (attach schedule)	0		0
	11	Investments—land, buildings, and equipment basis ▶		0	0
	١.,	Less. accumulated depreciation (attach schedule)		-]	
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	land huldings and agreement have b	0	0	0
	'*	Land, buildings, and equipment. basis ▶			عيتية
	4.5	Less: accumulated depreciation (attach schedule) ▶	0	0	0
	15 16	Other assets (describe)	0	0	0
	10	Total assets (to be completed by all filers—see the			
_		Instructions. Also, see page 1, item l)	2229	1495	1495
	17	Accounts payable and accrued expenses	0	0	1
S	18	Grants payable	0		
Liabilities	19	Deferred revenue	0	0	
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	, ,
Ë	21	Mortgages and other notes payable (attach schedule)	0	0	7
	22	Other liabilities (describe ►	0	0	
_	23	Total liabilities (add lines 17 through 22)		0	
S		Foundations that follow SFAS 117, check here ▶ □			
ဗ္ပ		and complete lines 24 through 26, and lines 30 and 31.			
Balances	24	Unrestricted		1495	
3al	25	Temporarily restricted		0	
₽	26	Permanently restricted		0	To Market
Net Assets or Fun		Foundations that do not follow SFAS 117, check here ▶ □			
F		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds		o	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0	
SS	29	Retained earnings, accumulated income, endowment, or other funds		0	
Ř	30	Total net assets or fund balances (see instructions)		0	
<u>=</u>	31	Total liabilities and net assets/fund balances (see			
_		ınstructions)		1495	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column	(a), line 30 (must	agree with	
	end-	of-year figure reported on prior year's return)	•	1	2229
2		r amount from Part I, line 27a		<u> </u>	0
3					2033
4		r increases not included in line 2 (itemize) ►lines 1, 2, and 3			
_				 	4262
6	Total	eases not included in line 2 (itemize) ►	rt II, column (b), lin	e 30 . 6	2767 1495
			,		1490

		d(s) of property sold (for example, real e e, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
<u>1a</u>	<u></u>				ļ <u> </u>		
<u>b</u>							
<u> </u>							
d				 	 		
e		49 Danie anton allament	(-) C1		(h) C	(1000)	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) (f) minus (g))	
a				 .			
b_							
<u> </u>							
d_							
e_	Complete only for constants above	upa agip in och ma /b) and avend	by the ferral dates	10/01/60			
	Complete only for assets show	ving gain in column (h) and owned				l (h) gain minus t less than -0-) or	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any	col (k), but not less than -0-) or Losses (from col (h))		
а							
b							
<u> </u>							
d							
e_							
2	Capital gain net income or		also enter in Pa , enter -0- in Pa		2		
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c) See instru	ctions. If (loss)				
	Part I, line 8				3		
Part		er Section 4940(e) for Reducted foundations subject to the					
Was t		this part blank. section 4942 tax on the distributed salify under section 4940(e). Do			base period?	☐ Yes] No	
1		unt in each column for each ye			akıng any entries		
	(a)	(b)	1 100	(c)	diaming any criticos.	(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distribution	s Net value o	of noncharitable-use a		tribution ratio divided by col. (c))	
	2016						
	2015						
	2014	ļ					
	2013						
	2012						
2	Total of line 1, column (d)				2		
3		or the 5-year base period—div			·		
	the number of years the fol	undation has been in existence	e it less than 5 y	ears	. 3		
4	Enter the net value of nonc	haritable-use assets for 2017 f	rom Part X, line	5	. 4		
5	Multiply line 4 by line 3 .				. 5		
6	Enter 1% of net investment	t income (1% of Part I, line 27b)		. 6		
7	Add lines 5 and 6				. 7		
8	Enter qualifying distribution	ns from Part XII, line 4 . ter than line 7, check the box i			8		

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	nstruct	ions)					
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)		. 3					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		-					
	here ▶ ☐ and enter 1% of Part I, line 27b							
С	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-) 2							
3	Add lines 1 and 2							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0							
6	Credits/Payments:							
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a							
b	Exempt foreign organizations—tax withheld at source 6b		. [
С	Tax paid with application for extension of time to file (Form 8868) 6c	•	1 24					
d	Backup withholding erroneously withheld	_						
7	Total credits and payments. Add lines 6a through 6d							
8	Enter any penalty for underpayment of estimated tax. Check here uf Form 2220 is attached 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9							
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11		 -					
Part								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Ye	es No					
	participate or intervene in any political campaign?	1a	-3 1 10					
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	la	+-					
-	instructions for the definition	1b	1/					
	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		, 1					
С	Did the foundation file Form 1120-POL for this year?	1c	\ \frac{1}{}					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	1						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers. ► \$							
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.		- 1					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		1					
4a	.,	3						
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b	· /					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	-\ \					
•	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		4.4					
	• 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	\ \sqrt{\sq}\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}					
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	1					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ▶		1, 1					
	TN		A STATE OF THE STA					
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1	1 2 A M					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	✓					
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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"		1					
4.0	complete Part XIV	9						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		١.					
	names and addresses	10	/					

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within t	ne 🗀	Ţ	
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	1	✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualific	∌d		
	person had advisory privileges? If "Yes," attach statement. See instructions	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	12 13	1	
	Website address ▶		1	
14		615-880	-2969	
	Located et N. 011 2nd Ave C. Blackwille TN	372		
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		•	_
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other author	tv	Yes	No
. •	over a bank, securities, or other financial account in a foreign country?	16	1	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name		_1	±)
	the foreign country ▶			- 1
Part	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	During the year, did the foundation (either directly or indirectly).		+	- A
·u	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes	۱۵ ا	-	. 7
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	•		
	disqualified person?	۱۵		3
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . Yes		'	1 .1
	(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)?	No		1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ŀ	1	
	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.)	No.		1 4
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation	1		J-7-1
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	ŀ	1.
	Organizations relying on a current notice regarding disaster assistance, check here		<u> </u>	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the	I		
_	were not corrected before the first day of the tax year beginning in 2017?	- 1	ĺ	· / · · ·
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priva			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		ŀ	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	ŀ		. +
	6e, Part XIII) for tax year(s) beginning before 2017?	No O	ľ	47.
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)	(2)		7
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	all years listed, answer "No" and attach statement—see instructions)	2b		1
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	1
-	▶ 20 , 20 , 20 , 20 .	ŀ		N
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		3
	at any time during the year?	No		
h	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation	1		1
b	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			3.
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the schedule C, Form 4720, to determine the schedule C,			, t _e
	foundation had excess business holdings in 2017.)	3b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			\ \ \
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize		+	, ,
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201			1
		,	1	, ,

	•	•										
om 99	0-PF (2017)										F	age 6
Part	VII-B	Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	d (contii	nued)			
5a	During the y	year, did the foundation pay or incur a	any am	ount to	_				_		Yes	No
	(1) Carry or	n propaganda, or otherwise attempt to	o influe	nce legislation	on (sect	ion 4945(e))? .	☐ Yes	✓ No			7
				on (see secti	on 495	5), or to ca	arry on,					ۍ د م
	directly	or indirectly, any voter registration dri	ıve?				•	☐ Yes	☑ No			",
	(3) Provide	a grant to an individual for travel, stu	dy, or d	other similar i	ourpose	es?		☐ Yes	☑ No			* * *
	(4) Provide	a grant to an organization other than	n a cha	rıtable, etc.,	organız	ation desci	ribed in			1		÷
	section	4945(d)(4)(A)? See instructions			-			☐ Yes	✓ No	i .		
	(5) Provide	for any purpose other than religious,	, chariti	able, scientifi	c, litera	ry, or educ	cational					4.5
	purpose	es, or for the prevention of cruelty to c	children	or animals?				☐Yes	✓ No			. 5
þ									ribed in]	; ند ـ
	Regulations	section 53.4945 or in a current notice	regardı	ng disaster as	ssistanc	e? See inst	ruction	s		5b		✓
	Organizatio	ns relying on a current notice regardii	ng disa	ster assistan	ce, che	ck here .			▶ 🗌			- 1
C	If the answ	er is "Yes" to question 5a(4), does t	he four	ndation claim	exem	otion from	the tax					
	because it r	maintained expenditure responsibility	for the	grant? .				TYes	☐ No			į
	purposes, or for the prevention of cruelty to children or animals?											
6a			funds,	directly or in-	directly	, to pay pre	emiums	;				• •
	on a persor	nal benefit contract?	-					Yes Yes	☐ No			,
þ	Did the four	ndation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	?	6b	_	✓
	If "Yes" to 6	Sb, file Form 8870.										- 1
7a	At any time of	during the tax year, was the foundation a	a party '	to a prohibited	d tax sh	elter transad	ction?	☐ Yes	☐ No			
										_ 7b	<u> </u>	✓
Part			tors, 1	rustees, F	ounda	tion Man	agers,	Highly I	Paid E	mploy	ees,	
		Statements Regarding Activities for Which Form 4720 May Be Required (continued) g the year, did the foundation pay or incur any amount to arry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?										
1	List all office	cers, directors, trustees, and found	,			• • • • • • • • • • • • • • • • • • • •				·.		
		(a) Name and address	` hou	rs per week	(lfr	not paid,	emple	oyee benefit	plans			
			devot	ed to position	en	ter -0-)	and def	erred compe	ensation	Olifici	anova	1003
		President										
	lle, TN				_	0			0			0
		Co-President										
	Ille, TN					0			0			0
		cretary										
	ille, TN					0			0			0
		Statements Regarding Activities for Which Form 4720 May Be Required (continued) g the year, did the foundation pay or incur any amount to arry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?										
	Ille, TN	tion of five highest noid employee	he Regarding Activities for Which Form 4720 May Be Required (continued) he foundation pay or incur any amount to mada, or otherwise attempt to influence legislation (section 4945(e))?									
	"NONE."	tion of five nighest-paid employee	es (oth	er than tho	se inci	uaea on II	ne I —	see instr	uction:	s). II n	one, 	enter
	(a) Name and ac	ddress of each employee paid more than \$50,00	d the foundation pay or incur any amount to ganda, or otherwise attempt to influence legislation (section 4945(e))?									
•										1		
						 		 		ļ		

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

Га	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	
3	Five highest-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
Tota	I number of others receiving over \$50,000 for professional services	
Pa	t IX-A Summary of Direct Charitable Activities	
	at the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
	ganizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	Emergency Assistance Fund	
•	Provide emergency financial assistance for victims of domestic violence	
	Flovide emergency infancial assistance for victims of domestic violence	753
2	Meet Us at the Bridge	753
2	Ceremony and memorial services honoring victims and professionals combating domestic violence	
	ceremony and memorial services nonoring victims and professionals comparing domestic violence	4747
3	Community Collaboration Luncheon	1715
3	Community Collaboration Luncheon	
	An event to bring agencies and services providers together, and to honor an exceptional person in the local field	
	of domestic violence	110
4		
Do	A IV D	
_	t IX-B Summary of Program-Related Investments (see instructions)	Amount
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
	other program-related investments. See instructions	
3		
Tota	I. Add lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	ign foundat	lions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	2142
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2142
е	Reduction claimed for blockage or other factors reported on lines 1a and	-	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2142
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		2142
-	instructions)	4	32
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2110
6	Minimum investment return. Enter 5% of line 5	6	105
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for		
· ait	and certain foreign organizations, check here ► and do not complete this part)	oundations	,
1	Minimum investment return from Part X, line 6	1 1	
2a	Tax on investment income for 2017 from Part VI, line 5	 '- 	0
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	-	
	· · · · · · · · · · · · · · · · · · ·	-	_
C		2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	1 _ 1	
	Ine 1	7	. 0
Part	XII Qualifying Distributions (see instructions)		
		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · ·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	}	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2767
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2767
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2767
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	a whether t	
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 99	90-PF (2017)				Page 9
Part	XIII Undistributed Income (see instruction	ons)	· · · · · · · · · · · · · · · · · · ·		
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017 105
2 a	Undistributed income, if any, as of the end of 2017 Enter amount for 2016 only			145	103
ь 3 а	Total for prior years: 20,20		77		7
b	From 2013				1 ²) N
d e f	From 2015	0) (
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$				
a b	Applied to 2016, but not more than line 2a . Applied to undistributed income of prior years (Election required—see instructions)	7_1	0	145	, e e
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2017 distributable amount				0
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2017 (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:	,			, -1 -1
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b	0	0		. ~
С	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		3
d	Subtract line 6c from line 6b Taxable amount—see instructions		0		
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018	`			105
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 2012 not applied on line 5 or line 7 (see instructions) .	0			. Y
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
a b	Excess from 2013 Excess from 2014	-			•
C C	Excess from 2015	1			~• •
d e	Excess from 2016 Excess from 2017				a

unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

Nashville Coalition Against Domestic Violence, 300 Deaderick St., Nashville, TN 37201

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

Request can be made by an individual or agency member of the Nashville Coalition Against Domestic Violence

c Any submission deadlines.

none

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

Residents of Davidson County, TN, who are victims of domestic violence

Form 990-PF (2017)

Part	XV Supplementary Information (conti	nued)			
3	XV Supplementary Information (continuous Grants and Contributions Paid During to	he Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
		ļ			
					1
		Ì			
		1			
		F			
	Total			▶ 3a	
h	Approved for future payment			. ∠ 3a	<u> </u>
	The state of the s				
					<u> </u>
		1	[
			}		
		}			
		<u>L</u>	L _		
	Total		· · · · · · · · · · · · · · · · · · ·		

Pa	rt X'	VI-A Analysis of Income-Producing Ac	tivities				
	_	ess amounts unless otherwise indicated.	Unrelated bu	siness income		on 512, 513, or 514	(e) Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
1	Pro	gram service revenue:	Dusiness code		Exclusion code	, anoun	(See instructions.)
	а						
	b						
	С						
	d						
	е						
	f						
	g	Fees and contracts from government agencies					
2	Me	mbership dues and assessments		990			
3	Inte	rest on savings and temporary cash investments					
4	Dıv	idends and interest from securities					
5	Net	rental income or (loss) from real estate.					
		Debt-financed property				_	
	b	Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		n or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		oss profit or (loss) from sales of inventory					
11	Oth	er revenue: a event donations/t-shirt donation		543			
	þ	essay donations		500			ļ
	C						
	d					 	
					1 1		1
	e		<u> </u>				
	Sul	ototal. Add columns (b), (d), and (e)		2033			
13	Sul To l	al. Add line 12, columns (b), (d), and (e)		2033		13	
13 (See	Sul To t	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	ıs.)		·	13	
13 (See Pa	Sul Tot wor	al. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sult Total wor rt X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Sult Tote wor rt X le No	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa Lin	Sult Tote wor rt X le No V	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa Lin	Sulta Total Work Work No.	cal. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur Individual memberships at \$10 or \$20 each Agency memberships at \$50 each Donations gathered at luncheon or bridge event	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the tions)
13 (See Pa Lin	Sult Tote wor rt X le No V	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the tions)
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Part	XVII	Information Organization		nsfers to and Tra	ansactions	and Rela	tionship	os With	Nonchar	ritable	Exe	mpt
1	ın se	e organization of	directly or indirectly	engage in any of the 501(c)(3) organize							Yes	No
а	_		oorting foundation	to a noncharitable e	xempt organ	ization of						1
-					.xcmpt organ	12411011 01				1a(1)		1
		ther assets				•				1a(2)		7
b	• •	transactions			• •	• • •	•	•	•	14(2)		Ė
			a noncharitable ev	empt organization						1b(1)		\ \sigma^-
				table exempt organ					•	1b(2)		7
				er assets				•		1b(2)	_	1
								•	•	1b(3)		7
		oans or loan gua	-					•	•	1b(4)		7
		_				•		•		1b(5)		V
_	-								•	1c		1
ن		_		lists, other assets, c		-	 	م لمانيميا۔	بمعام میرونیا			
d				es," complete the for								
				gement, show in co								
(a) Line		b) Amount involved		charitable exempt organi					ctions and sha			
(a) Line	3110 (Amount involved	(c) Name of flori	chantable exempt organia	zation	(a) Description	n or transle	rs, transat	ctions and sna	inig arra	angeni	31115
	-											
	\perp											
	_											
						· —			••			
	descr	ibed in section 5		affiliated with, or rel ection 501(c)(3)) or i e.			ax-exem	pt orgar	_] Yes		No
		(a) Name of organ	nization	(b) Type of	organization			(c) Descri	ption of relatio	nship		
<u> </u>		•	**		· · · · · · · · · · · · · · · · · · ·							
				ned this return, including ac					t of my knowled	dge and	beliet, i	t is true
Sign	corre	ct, and complete-Docl	laration of preparer (other	than taxpayer) is based on a	all information of v	vhich preparer	has any kno	wledge	May the II	RS disci	iss this	return
Here		THE KI		15/1/19	$<$) I'_{α}	- Trens	NER		with the p	reparer s	shown t	oelow?
		ature of officer or tru	stee	Date	Title	ILLAS	neer-		- See instru	ctions	Yes	□No
	1	Print/Type preparer	·	Preparer's signature			ate	— Т		PTIN		
Paid									heck if ` elf-employed	•		
Prep		Complement :							ـــنــــــــــــــــــــــــــــــــــ			
Use	Only	Firm's name						Firm's El				
		Firm's address ▶						Phone n	0			