. 29**491**34902601

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

	Depa	artmer	nt of the Treasury		. ▶	Do not ente	r social sec	curity numbers o	on this form as	it may be m	ade public.		<b>2</b> 011	
			venue Service					rm990PF for ins					Open to Public Inspec	tion
			ndar year 2017	or tax yea	r beginning	JU	<u>N 13,</u>	_2017	, and er	nding	DEC 3	1, 2017	<u>'</u>	
	Na	me o	f foundation		•					<b>5</b> .	A Employ	er identificatio	n number	
		1031	m <b>T NT</b> T T NT	1 10111111	GOOD,	HOIDID	3 M T () 1			1 15		1053405		
			TINUING						<u>`</u>	<u>.1 '</u>		1853425	<u> </u>	
			and street (or P O				et address)		.]	Room/suite		ne number		
			8 BRENT								615	<u>-477-51</u>	.14	
			own, state or pr			-	postal code	e			C If exempt	ion application is p	pending, check here	$\Box$
			NTWOOD,	<u>TN</u>	<u> 37027</u>						]		_	
	G (	Check	call that apply:	X	Initial returi	n	الیا	nitial return of a	former public cl	harity	D 1. Fore	gn organization	s, check here 🕒	
					Final return			Amended return						
					Address ch	ange	X] !	Name change			Z. Foreig	n organizations mi here and attach ci	eeting the 85% test, pmputation	
	H C	Check	type of organiz	zation;	X Section	n 501(c)(3) (	exempt priv	ate foundation	•	al	1		itus was terminated _	
		] S€	ction 4947(a)(					able private found	dation \	J <b>4</b>			)(A), check here	
	l Fa	air ma	arket value of al	assets at	end of year	J Accoun	ting method		Accru	ıal	1		60-month termination_	
			Part II, col. (c), I		, ,		Other (speci				1 11 1110 101		)(B), check here	$\neg$
^		\$	, , , ,	•	767.			st be on cash bas	sis.)		4	, , , , , , , , , , , , , , , , , , ,	, (5), 01100K 11010	
75/	Pe	irt l	Analysis of R	evenue an	d Expenses		(a) F	Revenue and	(b) Net inv	estment	(c) A(	ljusted net	(d) Disbursements	
1			(The total of aminecessarily equ	ounts in colu al the amoun	mns (b), (c), an its in column (a	d (d) may not ))		ises per books	inco			icome	for charitable purpose: (cash basis only)	S
29		1	Contributions,				<del>`</del>	25,250.	(1) (1) (1) (1) (1) (1) (1) (1)				(Cash basis Only)	-,-,
		2			n is not required to		1,77			a Maria and a M	To a section of the s		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,7,1,1,
		2	Interest on saving	as and tempo		atacii suii b	1111	<u>, han a na na na</u>	1 m, m,		1 4 1111 5			- 11
2019	?	3	cash investments	5	·		<u></u>		+		ļ		Control of the second	<u> </u>
25		4	Dividends and	interest fro	om securities		ļ							- <u>-</u>
. මුටු ලා		5a	Gross rents											<u>r:</u> ;
20		b	Net rental income	or (loss)			4		, T	ir li mrimi	**	1911 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>
່ຶດດີດ≃	a)	6a	Net gain or (loss)		assets not on I	ine 10				. The other Police Carlo Dallonder	1 11 11 11 1	特拉丁 当英雄	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ' '.
MAR	Ē	b	Gross sales price assets on line 6a	for all			(-1-1)	The program		1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1/12 1/15 1/15 1/15 1/15 1/15 1/15 1/	The state of the s	
	Revenue	7	Capital gain net ii	· · · · · · · · · · · · · · · · · · ·	Part IV, line 2)		1 - 1 - 1 - 1	1,3"5,41		0.		er of the first file		
	æ	8	Net short-term	capital nai	ın .		- T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-15-7 Etc., 5-1 F-2	and the state of the	12 17 18 18 18 18	<u> </u>		14 17h
口艺		٩	Income modifi		•••		1 1 1		L it is a second					- 11
2		102	Gross sales less and allowances				1/1/	-dupped (1)		1917 (25, 5, 5, 5)	11	15 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	121
		Ι.		-411			1 - 1,-1	The second secon			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>Sas y Gray</u> NGC 15 - 17 mili	The state of the s	- 13 T
SCANNED			Less Cost of goo		<u> </u>		1	T	the state of the s		ي مداد الأسما	<u> </u>	Table 1 Sept 1 S	12 1 1 <sub>10</sub>
17.		l	Gross profit or	(1055)			-	<del></del>	Caratte at 1 at 12.	#	<del> </del>		4 4 4 4 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1	· ·
. 2		11	Other income	4.1			<del></del>	. 05. 050	<del> </del>		<del> </del>		p 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>```\</del>
5 ger		12	Total Add line				ļ <b>,</b> —	<u>25,250.</u>		0.		0.	123 199	<u></u>
1 CU		13	Compensation of			, etc		0.	· <del> </del>	0.		0.		0.
C		14	Other employe			~	<u> </u>							
	10	15	Pension plans, Legal fees	employee	benefits	\								
	Administrative Expenses	16a	Legal fees		1/ K34	M(E <b>X)</b> 1		102.		0.		0:		0.
	Jen .	b	Accounting fee	5F()5	ST	MŢŎŹ		2,625.	.]	0.		0.		Ō.
1	Ĕ	С	Other profession	phat tees	1 8 5018	/\$}								_
Ì	Ve	17	Interest	Vou	1 A co.									
Ų	ati	18	Taxes   8	MOI		TT 1				····				
d	str	19	Depreciation	d depletin	DEN	المستسيران							10 = 010 ,	[ ] [ ] [ ]
i	Ē	20	Occupancy		OFFICE	~		<del> </del>	<del>                                     </del>		-		- 196 <u> </u>	
2)	鴚	21	Travel, confere	2000	maatinaa		<u> </u>	1,659.	<del> </del>	0.				
(0	Ð				ineetings			1,009.		<u> </u>		0.		0.
<b>M</b>	ē	22	Printing and pu		a m				-				<u> </u>	
013,350	.⊨ I	23	Other expenses			MT 3		<u>97.</u>	<u> </u>	0,	ļ	0.		0.
_	rat	24	Total operating							_		_		_
J	ğ		expenses Ado		-		<u> </u>	4,483.		0.		0.		<u>O.</u>
	٦	25	Contributions,	gıfts, grant	ts paid			0.	3.35	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	13 10			0.
$\wedge$		26	Total expense:	s and disb	ursements.									_
T,			Add lines 24 ar					4,483.	<u> </u>	0.		_ 0.	(	0.
$\mathcal{O}$		27	Subtract line 20		12:		1 1 1 1 1	1000	19 - J. 19	n dingapara	13	A service half	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F
$\Lambda$ ,	ĺ		Excess of revenue			sements	, ,	20,767.			( '- Late	- W. T.		;+ ;:
V.			Net investmen	•			, , , , , , , , , , , , , , , , , , ,		T	0:	30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, list s	**************************************	<del>'</del>
-	3		Adjusted net in				1 132	111			1 1 1 1	<u></u>	* * * * * * * * * * * * * * * * * * *	

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income		_		
(a) List and describe 2-story brick wa	the kınd(s) of property sold (for exa arehouse; or common stock, 200 sh	ample, real esta is. MLC Co.)	ate,	( <b>b</b> )	How acquired - Purchase I - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b NO	NE			ļ			
<u>C</u>				<u> </u>			
<u>d</u>	<del></del>						
<u>e</u>	(f) Depreciation allowed	(a) Co	st or other basis	<u> </u>		(h) Gain or (loss	l
(e) Gross sales price	(or allowable)		expense of sale			((e) plus (f) minus	(g)) 
<u>a</u>							· -
b C							
d			<del>.</del>				
e							
	ng gain in column (h) and owned by	the foundation	n on 12/31/69.			(I) Gains (Col. (h) gair	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (1), if any		C	ol. (k), but not less that Losses (from col	n -0-) or (h))
a							
<u>b</u>							
<u>C</u>							
_d					***		
<u>e</u>							
2 Capital gain net income or (net ca	apital loss) { If gain, also enter-(			}	2		
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) a	nd (6):		`			
If gain, also enter in Part I, line 8,				•			
If (loss), enter -0- in Part I, line 8   Part V   Qualification U	Inder Section 4940(e) for	r Reduced	Tay on Net	Inv	3    estment In	come	
			·	_	•		N/A
(For optional use by domestic privat	e touridations subject to the section	4940(a) tax ui	i net mvestment n	ICOIII	c.)		N/A
If section 4940(d)(2) applies, leave t	his part blank.						
Was the foundation liable for the sec	tion 4942 tax on the distributable ar	nount of any v	ear in the base pei	riod?			Yes No
If "Yes," the foundation doesn't quali	fy under section 4940(e). Do not co	mplete this par	rt.				
1 Enter the appropriate amount in	each column for each year; see the	instructions be	fore making any e	ntrie	S		
(a) Base period years Calendar year (or tax year beginni	(b) ing in) Adjusted qualifying dis	stributions	Net value of no	(c) ncha	ritable-use asset	s (col. (b) dr	(d) oution ratio vided by col. (c))
2016							
2015							
2014							. <u> </u>
2013					_		
2012						_	· ·-
O Tatal of line 1 column (d)						2	
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the</li></ul>	5_veer hace period - divide the total	on line 2 hy 5	O or by the numb	er of	veare	2	
the foundation has been in existe	·	UII IIIIG Z DY J.	o, or by the numb	G1 (J1	years	3	
the roundation has been in existe	nice ii iess than o years						
4 Enter the net value of noncharital	ble-use assets for 2017 from Part X,	, line 5				4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)					6	·
7 Add lines 5 and 6						7	
8 Enter qualifying distributions from						8	
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, line	e 1b, and com	plete that part usin	g a 1	% tax rate		
							Corm 000-DE (201

Form	n 990-PF (2017) CONTINUING THE GOOD FOUNDATION		82-	185342	5	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(		948 -	- see instr	uctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on lin	ne 1.	, '', ' '', ' ', ' ', ' ', ' ', '		1929s 12 , 12	
	Date of ruling or determination letter: (attach copy of letter if necessary-see ins	structions)	- '-; '-;'		41,1	1 / J. J.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and ent	nter 1%	1			0.
	of Part I, line 27b					- 1 m
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line	: 12, col. (b).	- 1	1 m 1 m		1 74'r 2''
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	- ' -	•	0.
	Add lines 1 and 2	ĺ	3			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-	-)	4		-	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	'	5			0.
	Credits/Payments:			1 1 1 1 1		"
	a 2017 estimated tax payments and 2016 overpayment credited to 2017	0.				
	Exempt foreign organizations - tax withheld at source 6b	0.	1, 1,			y Trainte
	tax main with application for extension of time to file (Form 8868)  6c	0.				
	Backup withholding erroneously withheld 6d	0.				والكرائل
	Total credits and payments. Add lines 6a through 6d		7	1, , , , , , , , , , , , , , , , , , ,		0
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
			10	_		<del>_ •</del>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Defunded .	11			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax  art VII-A' Statements Regarding Activities	Refunded ►				
		nortionate or intervene	10	# 'L	Yes	No
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it p	participate of intervene	""	1a	1.00	X
	any political campaign?	actructions for the defin	ition	1b		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the in-		ILIUII	10	, t , _	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	s published of		1 1	:	3
	distributed by the foundation in connection with the activities.				?-	
	c Did the foundation file Form 1120-POL for this year?			1 <u>c</u>	in. 1	
d	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•				11 1 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.			4.0	History and
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposs	sed on foundation		100		Tagara
	managers. > \$0.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- E-	- ' ',' <sub>1</sub> , <sub>2</sub> , <sub>1</sub> ,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	The state of	X edi
	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, arti	icles of incorporation, o	r		. 1	1000
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	-	X.
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 <u>a</u>	-	X
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A 4b	-	<del> </del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.			1.0		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					(中)中 (1   本   L
	By language in the governing instrument, or			1-	1 200	1 1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	at conflict with the state	law	1	ļ <u>.</u> ,	777
	remain in the governing instrument?			6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col	I. (c), and Part XV		7	X	<u> </u>
				17-		
8a	a 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 Genera	al (or designate)		1, 1		1 20
	of each state as required by General Instruction G? If "No," attach explanation			8b	. X	<u>                                     </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	3) or 4942(j)(5) for cale	ndar			
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9	,	<u>  x</u>
10			TMT		<u> </u>	· ,
				Form 99	90-PF	(2017)

Forn	1 990-PF (2017) CONTINUING THE GOOD FOUNDATION 8.	<u>2-1853</u>	<u>425</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)				
			4,3	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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privi	leges?			
-	If "Yes," attach statement. See instructions		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
••	Website address ► N/A	`			
14	The books are in care of ► DENA WILLIAMS  Telephone no. ►	615-47	7 – 5	114	
•		IP+4 <b>►</b> 370			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b></b>	·
	, , , ,	15	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	Ī	100		131, 1
	foreign country	ļ	7.	1	201211
Pa	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.		ī	Yes	No
1:	a During the year, did the foundation (either directly or indirectly):		591	- 1 L	(1 d)
		X No	1		41.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1,1,1		
		X No			
		X No	,11,172 	ا تا تا الأسراء	h_1 -1
	<u> </u>	X No	-		- 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available		- † ·		Day 189
		X No	ind. Delime		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				السنا
	if the foundation agreed to make a grant to or to employ the official for a period after			* .1:	
		X No		,	- L
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b .		"-
	Organizations relying on a current notice regarding disaster assistance, check here	ightharpoonup	վել Հ. Քյու, լ	,i	(1,1)
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		dia d	- #,	
	before the first day of the tax year beginning in 2017?	[	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		PJ S		ر المار ا
_	defined in section 4942(j)(3) or 4942(j)(5)):		'." -	" - " <u>'</u>	ing." Lagar
	a 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		5 day - 1	1	1
		X No		- h	
	If "Yes," list the years  ,,,,,,,,,,				1 9
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		1 -		- 1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		a '4		- ,
	statement - see instructions.)	N/A	2b	2	' '
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		, '1, 7 m	71.1	7, 33
		+	r#" "", i		
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	[		- , , ,	
0.	during the year?	X No	<u> </u>	- :	
,	b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after				
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose	4 7 4	' '	
	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,		165. 7 1		1 1 1 1
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A	ЗЬ		"
					-

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

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

Form 990-PF (2017) CONTINUING THE GOOD FOUNDATION		<u> 1853425                                   </u>	Page 7
Part VIII. Information About Officers, Directors, Trustees, Foundation Mana Paid Employees, and Contractors (continued)	agers, 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) Comp	ensation
NONE			
NONZ			
Total number of others receiving over \$50,000 for professional services		<u> </u>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	on such as the	Expenses	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.			
1 <u>N/A</u>			
		·	
2	<del></del>		
^			
3			
4	-		
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 3			0.

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form **990-PF** (2017)

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0.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,		, чано риски по да из		
line 7				364.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
<b>b</b> From 2013				
c From 2014				
d From 2015				
e From 2016		:		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				-
Part XII, line 4: ► \$0 .				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	·			
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018	<u> </u>			364.
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	<u> </u>			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017		<u> </u>		5 000 DE (0047)

		D FOUNDATIO			853425 Page 1
Part XIV   Private Operating F	oundations (see in:	structions and Part VII	A, question 9)	N/A	_/
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of t	the ruling	▶		<u> </u>
b Check box to indicate whether the found	dation is a private operating	ng foundation described in		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	( <b>d</b> ),2014	(e) Total
investment return from Part X for					
each year listed		,			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			/		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			/		<del></del>
alternative test relied upon:					
a "Assets" alternative test - enter:		/			
(1) Value of all assets				<u> </u>	+
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)		/			
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year			1		
listed		/			
c "Support" alternative test - enter:	-	/			
(1) Total support other than gross		/			
investment income (interest, dividends, rents, payments on	İ	<i>y</i>			
securities loans (section	/	'			
512(a)(5)), or royalties)					
(2) Support from general public	/				
and 5 or more exempt organizations as provided in	/				
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				•
a List any managers of the foundation wh		than 2% of the total conti	ributions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed n			•		•
NONE					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation (	or an equally large port	on of the ownership of a	partnership or
other entity) of which the foundation ha			, - · · · · · · · · · · · · · · · · · ·		
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship, etc., Pr	ograms		
Check here ► X if the foundation of				not accept unsolicited rec	auests for funds. If
the foundation makes gifts, grants, etc.,					,
a The name, address, and telephone num					
a The name, address, and telephone name	DOI OF CITIZE ADDITION OF E	no porcon to whom appino			
b The form in which applications should b	ne submitted and informa	tion and materials they sh	only include.	<del></del>	
F THE TOTAL IN WHICH APPREAGONS SHOULD D	TO SUDMINIEU AND INIUMA	aion and materials they st	iodia malado.		
c Any submission deadlines:	<del></del>	<u> </u>			
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	

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

Part XVI-A	Analysis of Income-Producing	<b>Activities</b>

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Loue	-			<del>-</del>
a					
b			<u> </u>		
·			<del> </del>		
d					
e					
T					
g Fees and contracts from government agencies		<del></del> -	<del>                                     </del>		
2 Membership dues and assessments			<del> </del>		<u> </u>
3 Interest on savings and temporary cash					
Investments			<del> </del>		
4 Dividends and interest from securities			<del> </del>		
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			<del> </del>		
7 Other investment income			-		<u> </u>
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory					<del></del>
11 Other revenue:					
a		<u></u>			<del> </del>
b					
d					· · · · · · · · · · · · · · · · · · ·
e		0.	<b></b> -	0 -	0.
13 Total Add line 12, columns (b), (d), and (e)	L	•		13	0.
(See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	ot Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than b					
	•				
	_			<u></u>	
		· <del></del>			
		<u> </u>			
			_	. <u></u>	
		<u> </u>			
			_		

Part 2					and Transactions a	and Dolotion		1853425		age 13
rait .	VAII	Exempt Organ	•	nsters to a	and Transactions a	ind Relation	snips with Noi	ncnaritable	;	
4 Ded	t the en								Yes	No
		-		•	ng with any other organizations		ection 50 I(c)		163	140
		from the reporting found:			ig to political organizations?	•				
	Cash	ironi ine reporting round	ation to a nonchari	ianie exempt oi	ganization of.			1a(1)		х
		assets						1a(1)		X
		sactions:						14(2)		
		of assets to a noncharita	hle exempt organiz	ation				1b(1)		Х
		ases of assets from a no						1b(2)		X
(3) Rental of facilities, equipment, or other assets										X
		oursement arrangements						1b(3) 1b(4)		X
		or loan guarantees						1b(5)		Х
		rmance of services or me	mbership or fundr	aising solicitation	ons			1b(6)		Х
		facilities, equipment, ma						1c		Х
d If ti	ne ansv	ver to any of the above is	"Yes," complete the	e following sch	edule. Column (b) should al	lways show the far	r market value of the	goods, other ass	sets,	
					ed less than fair market val					
col	umn (d	) the value of the goods,	other assets, or se	rvices received.						
(a) Line n	<u> </u>	(b) Amount involved	(c) Name	of noncharitabl	e exempt organization	(d) Descript	tion of transfers, transacti	ons, and sharing ar	rangeme	nts
				N/A						
	-									
										—
	-									
	-									
2a Ist	he foun	idation directly or indirect	tlv affiliated with, or	r related to, one	or more tax-exempt organ	izations described		**		
		501(c) (other than sectio	•	•	, ,			Yes	X	] No
		mplete the following sch								
		(a) Name of org	anization		(b) Type of organization		(c) Description of re	elationship		
		N/A								
	1				<u> </u>	<u> </u>				
C:	and be	penalties of perjury, I declare the life of the life in the life i	that I have examined t nplete Declaration of p	his return, includii oreparer (other tha	ng accompanying schedules and in taxpayer) is based on all inform	d statements, and to t mation of <u>which prepa</u>	ne best of my knowledge arer has any knowledge_	May the IRS of return with the	discuss t	his
Sign Here		1). 120	100 -		1111210		STARY/TREA		? See ins	str
11010	Sign	ature of officer or trustee			11-13-18	URER		LX Yes	<u> </u>	J No
	Joigh			Preparer's s	Date	Title Date	Check If	PTIN		
		Print/Type preparer's na	III)G	Fichales	ng nayar c	Date	self- employed	' ' ' ' ' '		
Paid		TADDV MITT	TNC		Ws	11/12/18	Jon Unipidyou	P00865	ဥ္သဥ္သ	
Prepa	arer	LARRY MULL Firm's name ► MUL		MMONS &	MAYES, PLLC		Firm's EIN ▶ 6			—
Use C		THILS HAIRS P MOL	TIMO CHE	THISTNE O	. MAIDO, FUUC	•	Tillia Lin	~ T4070	•	
	-	Firm's address > 2.4	O CETTENT	CDDINCS	י שאע פוודשם	720				

BRENTWOOD, TN 37027

#### 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** 82-1853425 CONTINUING THE GOOD FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, Ine 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization •

Employer identification number

## CONTINUING THE GOOD FOUNDATION

82-1853425

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EARLINE ROGERS TRUST  1218 BRENTWOOD POINT  BRENTWOOD, TN 37027	\$ 25,250.	Person X Payroll
(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 Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Complete Part II for noncash contributions )

Employer identification number

# CONTINUING THE GOOD FOUNDATION

82-1853425

Part II	Noncash Property (see instructions). Use duplicate copies of F	rart 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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) <sup>·</sup> Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. <u>.</u>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
23453 11-01	-17	\$Schedule B (Form	990,

Employer identification number

CONTIN	UING THE GOOD FOUNDAT:	ION	82-1853425				
Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the follow ous, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations riess for the year (Enter this info once) \$				
(a) No.	Use duplicate copies of Part III if addition	nai space is needed					
(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 ZIP + 4  Relationship of transferor to transferee						
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(a) Transfer of city						
	(e) Transfer of gift						
<u> </u>	Transferee's name, address, and 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				
-	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to trans						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						

FORM 990-PF	LEGAL FEES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE PURPOSES
LEGAL FEES	102.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A =	102.	0.	0.	0.
FORM 990-PF	ACCOUNTING FEES		STATEMENT 2	
DESCRIPTION		(A) (B) (C) ENSES NET INVEST- ADJUSTED BOOKS MENT INCOME NET INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING SERVICES	2,625.	0.	0.	.ه.ر
TO FORM 990-PF, PG 1, LN 16B	2,625.	0.	0.	0.
FORM 990-PF	OTHER EXPENSES		STATEMENT 3	
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
BANK FEES OFFICE SUPPLIES	31. 66.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	97.	0.	0.	0.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 4
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

EARLINE B. ROGERS LIVING TRUST

1218 BRENTWOOD POINT BRENTWOOD, TN 37027