

Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2017

Open to Public Inspection

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.

For calendar year 2017 or tax year beginning 07/01, 2017, and ending 06/30, 2018

03
CA

Name of foundation
JOHN D. FLOYD CHARITABLE FOUNDATION, INC.

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
262 ROBERT ROSE DRIVE 300

City or town, state or province, country, and ZIP or foreign postal code
MURFREESBORO, TN 37129

A Employer identification number
68-0510961

B Telephone number (see instructions)
(615) 896-0019

C If exemption application is pending, check here ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation **CA**
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **791,479**

J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐
E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	563,304			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	5,745	5,745		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	13,456			
	b Gross sales price for all assets on line 6a	13,456			
	7 Capital gain net income (from Part IV, line 2)		13,456		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0				
c Gross profit or (loss) (attach schedule)	0				
11 Other income (attach schedule)	27,596	0	0		
12 Total. Add lines 1 through 11	610,101	19,201	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	0	0	0	0
	b Accounting fees (attach schedule)	1,500	1,750	0	0
	c Other professional fees (attach schedule)	0	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	0	0	0	0
	19 Depreciation (attach schedule) and depletion	0	0	0	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	36,461	6,935	0	260
	24 Total operating and administrative expenses. Add lines 13 through 23	38,961	8,685	0	260
	25 Contributions, gifts, grants paid	431,750			431,750
26 Total expenses and disbursements. Add lines 24 and 25	470,711	8,685	0	432,010	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	139,390				
b Net investment income (if negative, enter -0-)		10,516			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	284,718	24,182	24,182
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 0			
		Less: allowance for doubtful accounts ▶	1,000	0	0
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶ 0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	359,828	766,097	766,097
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment: basis ▶ 0			
Liabilities		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis ▶ 0			
		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	15	Other assets (describe ▶ (SEE STATEMENT))	3,900	1,200	1,200
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item i)	649,446	791,479	791,479
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
Net Assets or Fund Balances	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe ▶)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	649,446	791,479	
	30	Total net assets or fund balances (see instructions)	649,446	791,479	
	31	Total liabilities and net assets/fund balances (see instructions)	649,446	791,479	

Part 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)
2	Enter amount from Part I, line 27a
3	Other increases not included in line 2 (itemize) ▶ (SEE STATEMENT)
4	Add lines 1, 2, and 3
5	Decreases not included in line 2 (itemize) ▶
6	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 Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; 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.)
1a	PUBLICLY TRADED MUTUAL FUNDS	PURCHASE		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 13,456			13,456	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a		0	13,456	
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	13,456
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		3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(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 ☒ No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	827,770	314,652	2.630748
2015	267,988	90,180	2.971701
2014	62,371	45,044	1.384668
2013	50,990	30,423	1.676035
2012	39,058	17,786	2.195997
2	Total of line 1, column (d)		2 10.859149
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		3 2.171830
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5		4 746,468
5	Multiply line 4 by line 3		5 1,621,202
6	Enter 1% of net investment income (1% of Part I, line 27b)		6 105
7	Add lines 5 and 6		7 1,621,307
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.		8 432,010

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	210	
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-)	2		
3	Add lines 1 and 2	3	210	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	210	
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0	
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7	0	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if 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	210	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded	11	0	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		✓
c Did the foundation file Form 1120-POL for this year?		✓
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. ▶ \$ _____		
e 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? If "Yes," attach a detailed description of the activities.		✓
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		✓
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?	✓	
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	✓	
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 <i>General Instruction G</i> ? If "No," attach explanation	✓	
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," complete Part XIV		✓
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		✓

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 the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	✓
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	✓
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	✓
14 The books are in care of ▶ SHERRY ARNOLD Telephone no. ▶ (615) 896-0019 Located at ▶ 262 ROBERT ROSE DRIVE, SUITE 300, MURFREESBORO, TN ZIP+4 ▶ 37129		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	1b	✓
Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>		
c 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?	1c	✓
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)):		
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 before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	2b	
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 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
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 2017?	4b	✓

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	<input checked="" type="checkbox"/>
If "Yes" to 6b, file Form 8870.		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN D. FLOYD 262 ROBERT ROSE DRIVE, 300, MURFREESBORO, TN 37129	PRESIDENT, 1.0	0	0	0
PAT KENNEDY 262 ROBERT ROSE DRIVE, 300, MURFREESBORO, TN 37129	SECRETARY, 1.0	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, 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
NONE		

Total number of others receiving over \$50,000 for professional services **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 _____	

2 _____	

3 _____	

4 _____	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 _____	

2 _____	

All other program-related investments. See instructions.	
3 _____	

Total. Add lines 1 through 3	0

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	589,556
b	Average of monthly cash balances	1b	168,280
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	757,836
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	757,836
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	11,368
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	746,468
6	Minimum investment return. Enter 5% of line 5	6	37,323

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	37,323
2a	Tax on investment income for 2017 from Part VI, line 5	2a	210
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	210
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	37,113
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	37,113
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	37,113

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	432,010
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	432,010
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	432,010

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				37,113
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0	
b Total for prior years: 20 13 ,20 14 ,20 15		0		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	38,169			
b From 2013	49,469			
c From 2014	60,119			
d From 2015	263,479			
e From 2016	812,037			
f Total of lines 3a through e	1,223,273			
4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 432,010				
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				37,113
e Remaining amount distributed out of corpus	394,897			
5 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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,618,170			
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 instructions			0	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	38,169			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,580,001			
10 Analysis of line 9:				
a Excess from 2013	49,469			
b Excess from 2014	60,119			
c Excess from 2015	263,479			
d Excess from 2016	812,037			
e Excess from 2017	394,897			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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 alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

JOHN D FLOYD, PRESIDENT

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept 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:
SHERRY ARNOLD, 262 ROBERT ROSE DRIVE, SUITE 300, MURFREESBORO, TN 37129, 615-896-0019

b The form in which applications should be submitted and information and materials they should include:
BY LETTER REQUEST, SPECIFYING THE APPLICANT'S QUALIFICATIONS AND EXEMPT STATUS.

c Any submission deadlines:
THE ORGANIZATION HAS NO SPECIFIC DEADLINES AT PRESENT.

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year (SEE STATEMENT)				
Total			3a	431,750
b Approved for future payment				
Total			3b	0

Form **990-PF** (2017)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	5,745	
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					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			1	13,456	
9	Net income or (loss) from special events			1	(1,670)	
10	Gross profit or (loss) from sales of inventory . .					
11	Other revenue: a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)		0		17,531	0
13	Total. Add line 12, columns (b), (d), and (e)				13	17,531

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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**

JOHN D. FLOYD CHARITABLE FOUNDATION, INC.

Employer identification number

68-0510961

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

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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**

- ☒ 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 contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization JOHN D. FLOYD CHARITABLE FOUNDATION, INC.	Employer identification number 68-0510961
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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	OLE SOUTH PROPERTIES 262 ROBERT ROSE DRIVE, SUITE 300 MURFREESBORO, TN 37129	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMERICAN CITY BANK 340 WEST LINCOLN STREET TULLAHOMA, IN 37388	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BILL HOSTETTLER 421 EAST IRIS DRIVE, SUITE 300 NASHVILLE, TN 37204	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CLAYTON FAMILY FOUNDATION 620 MARKET ST STE 102 KNOXVILLE, TN 37902	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JOHN D. FLOYD CHARITABLE FOUNDATION, INC.

Employer identification number

68-0510961

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization JOHN D. FLOYD CHARITABLE FOUNDATION, INC.	Employer identification number 68-0510961
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Supplemental Information**Supplemental Information.** additional information (see instructions)

Return Reference - Identifier	Explanation
FORM 990 PF PART XV, LINE 2D - RESTRICTIONS AND LIMITATIONS	THE ORGANIZATION HAS NO SPECIAL RESTRICTIONS AT PRESENT. APPLICANTS SHOULD BE QUALIFIED ORGANIZATIONS RECOGNIZED UNDER I.R.C. SECTION 501(C)(3).

Part I, Line 6a

Net gain or (loss) from sale of assets

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Accumulated Depreciation	Sales Expense	Total (net)
(1) Publicly Traded Mutual Funds		Purchase			13,456		FMV			13,456
Total					13,456	0		0	0	13,456

Part I, Line 11

Other income

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income
(1) GOLF FUNDRAISER	27,596		
TOTAL	27,596	0	0

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) PROFESSIONAL FEES	2,500	1,750	0	0
TOTAL	2,500	1,750	0	0

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) GOLF FUNDRAISER EXPENSES	29,266			
(2) FEES & RENEWALS	7,195	6,935		260
TOTAL	36,461	6,935	0	260

Part II, Line 10b (Column a,
Column b & Column c)

Investments—Corporate Stock (continued)

Description	BOY Amount	EOY Amount	Fair Market Value
MUTUAL FUNDS	359,828	766,097	766,097
TOTAL	359,828	766,097	766,097

Part II, Line 15 (Column a,
Column b & column c)

Other Assets (continued)

Description	Book Value BOY	Book Value EOY	Fair Market Value
UNDEPOSITED FUNDS	3,900	1,200	1,200
TOTAL	3,900	1,200	1,200

Part III, Line 3

Other Increases

Description	Amount
(1) UNREALIZED GAIN	2,643
TOTAL	2,643

Name and Address	Relationship	Foundation status	Purpose	Amount
ABUNDANT LIFE CHRISTIAN CENTER 910 RIDGELY ROAD SUITE H MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	200
ACE LEARNING CENTER P.O. BOX 413 MURFREESBORO, TN, 37132	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	2,500
ALIVE HOSPICE 1718 PATTERSON STREET NASHVILLE, TN, 37203-9658	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	60,000
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVENUE NASHVILLE, TN, 37203	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
AMERICAN HEART ASSOCIATION 1818 PATTERSON ST. NASHVILLE, TN, 37203	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	2,500
BEP FOUNDATION 3050 MEDICAL CENTER PKWY. MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	2,500
BOY SCOUTS OF AMERICA MIDDLE TN COUNCIL P.O. BOX 150409 NASHVILLE, TN, 37215-0409	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,500
BOYS AND GIRLS CLUBS OF RUTHERFORD P.O. BOX 3343 MURFREESBORO, TN, 37133-3343	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	7,500
CHILD ADVOCACY CENTER OF RUTHERFORD 1040 SAMSONITE BLVD. MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,500
CITY SCHOOLS FOUNDATION 2552 SOUTH CHURCH STREET MURFREESBORO, TN, 37127	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	5,000
COMMUNITY FOUNDATION OF RUTHERFORD COUNTY C/O STEVE FLATT NATIONAL HEALTHCARE CORPORATION MURFREESBORO, TN, 37130	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	10,000
CORE 1375 OLD HICKORY BLVD. NASHVILLE, TN, 37207	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	5,000
CORINTHIAN MISSIONARY BAPTIST CHURCH 819 33RD AVENUE NORTH NASHVILLE, TN, 37209	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	5,000
DISCOVERY CENTER 502 SE BROAD ST. MURFREESBORO, TN, 37130	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	2,500
DSAMT P.O. BOX 1182 MT. JULIET, TN, 37121	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
EMERALD COAST CHILDREN'S ADVOCACY CENTER ATTN: DIANNE LEWELLYN P.O. BOX 1237 NICEVILLE, FL, 32588	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	200
FIRST SHOT BASKETBALL 1784 W. NORTHFIELD BLVD. SUITE 216 MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
FROM THE HEART 8120 SAWYER BROWN SUITE 107 NASHVILLE, TN, 37221	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	5,000
GOOD SHEPHERD CHILDREN'S HOME 203 WOODCRAFT DRIVE MURFREESBORO, TN, 37127	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
HOMES FOR HOPE 227 GRANITE RUN DR. SUITE 102	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	25,000

Name and Address	Relationship	Foundation status	Purpose	Amount
LANCASTER, PA, 17601				
JOURNEYS IN COMMUNITY LIVING 1130 HALEY ROAD MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
LAST CALL 4 GRACE 201 WEST MAIN ST. SUITE 302 MURFREESBORO, TN, 37130	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,500
LINEBAUGH LIBRARY FOUNDATION 105 W. VINE STREET MURFREESBORO, TN, 37130	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	10,000
MARTIN LUTHER KING JR SCHOLARSHIP OF RUTHERFORD COUNTY P.O. BOX 331382 MURFREESBORO, TN, 37133-1382	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	5,000
MERCY MULTIPLIED P.O. BOX 111060 NASHVILLE, TN, 37222-1060	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	500
MOTLOW COLLEGE FOUNDATION ATTN: LANE YODER P.O BOX 8500, DEPT. 160 LYNCHBURG, TN, 37352-8500	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
MTSU FOUNDATION WEATHERFORD CHAIR OF FINANCE MTSU BOX 27 MURFREESBORO, TN, 37132	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	133,500
NATIONAL CHILD SAFETY COUNCIL RUTHERFORD CO. SHERIFF'S OFFICE 940 NEW SALEM HWY. MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	200
NGO-SNEDEKER FOUNDATION 9 COLONEL WINSTEAD DR. BRENTWOOD, TN, 37027	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	3,500
NORTHSIDE BAPTIST CHURCH ATTN: NICK MOBLEY 655 W. THOMPSON LANE MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	2,500
PCA SPRING SOIREE PROVIDENCE CHRISTIAN ACADEMY 410 DEJARNETTE LANE MURFREESBORO, TN, 37130	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
PROJECT ONE FOUR P.O. BOX 330915 MURFREESBORO, TN, 37133	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	5,000
ROTARY CLUB OF SMYRNA P.O. BOX 353 SMYRNA, TN, 37167	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	2,500
RUTHERFORD BOOKS FROM BIRTH 3050 MEDICAL CENTER PKWY. FLOOR 2 MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	150
RUTHERFORD COUNTY HABITAT FOR HUMANITY 850 MERCURY BLVD. MURFREESBORO, TN, 37130	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000
SPECIAL KIDS 202 ARNETTE ST. MURFREESBORO, TN, 37130	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	120,000
THE SALVATION ARMY 1137 WEST MAIN ST. MURFREESBORO, TN, 37129	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	2,500
WILLIAMSON COUNTY CASA PO BOX 680774 FRANKLIN, TN, 37068-0774	NONE	PC	PAYMENTS TO SUPPORT AREA HELPING AGENCIES	1,000