Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491130023699

OMB No 1545-0052

2018

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	cale	ndar year 2018, or tax year beginning 01-01-	2018	, a	nd er	nding 12-31-	2018	
		indation LLIE & MOLL ANDERSON FOUNDATION				A Employer Id	entification numbe	er
11	IE CHAP	LEE & MOLE ANDERSON FOUNDATION				62-1795976		
		d street (or P O box number if mail is not delivered to street address	ss) Room/suite			B Telephone nu	mher (see instructio	ns)
C	O MAR	TIN R ABROMS CPA PO BOX 1426		B Telephone number (see instructions) (256) 767-0740				
City	or towr	, state or province, country, and ZIP or foreign postal code				<u> </u>		
FLÓI	RENCE,	AL 35631				C If exemption	application is pendir	ng, check here ▶
G Ch	neck al	I that apply	a former public	charity		D 1. Foreign or	ganizations, check h	ere $lacksquare$
		Final return Amended retur	•	,		2 Foreign o	- ganizations meeting	the 85%
		Address change Name change				test, chec	k here and attach co	mputation 🕨 🔽
1 C	neck ty	pe of organization Section 501(c)(3) exempt private	e foundation				undation status was n 507(b)(1)(A), che	
	Section		ble private found	dation		under seedle	11 307 (5)(1)(1)(1), 6116.	SK Here
		ket value of all assets at end J Accounting method	☑ Cash ☐	Accru	ıal	F If the founda	ation is in a 60-mont	h termination
		rom Part II, col (c), ▶\$ 6,533,858 ☐ Other (specify)				under sectio	n 507(b)(1)(B), ched	ck here ► ∟
,,,,,	2 10)	(Part I, column (d) mu	st be on cash ba	sis)				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue	and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	expense	s per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	book	S				(cash basis only
	1	Contributions, gifts, grants, etc , received (attach schedule)	2.	000,500				
	2	Check ▶ ☐ If the foundation is not required to attach		,550				
		Sch B						
	3	Interest on savings and temporary cash investments		3,817		3,817		
	4	Dividends and interest from securities		41,413		41,413		
	5a	Gross rents						
	ь	Net rental income or (loss)						
KIE	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	ь	Gross sales price for all assets on line 6a						
\mathbf{z}_{e}	7	Capital gain net income (from Part IV, line 2)				0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	Ь	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	2,	045,730		45,230		
	13	Compensation of officers, directors, trustees, etc		C		0		
	14	Other employee salaries and wages						
ès	15	Pension plans, employee benefits						
ens Suc	16a	Legal fees (attach schedule)						
×	Ь	Accounting fees (attach schedule)	% J	3,575		79		3,49
and Administrative Expenses	c	Other professional fees (attach schedule)						
⋛	17	Interest						
<u> </u>	18	Taxes (attach schedule) (see instructions)	% ⊒	797		0		
≣	19	Depreciation (attach schedule) and depletion	% J	238		0		
Ē	20	Occupancy						
₹ □	21	Travel, conferences, and meetings						
a	22	Printing and publications						
<u> </u>	23	Other expenses (attach schedule)	* 3	30,165		666		29,49
rat Ta	24	Total operating and administrative expenses.						
Operating		Add lines 13 through 23		34,775	-	745		32,99
ر	25	Contributions, gifts, grants paid	1,	604,714				1,604,71
	26	Total expenses and disbursements. Add lines 24 and 25		cae ::=		- · -		
	27	Subtract line 26 from line 12	1,	639,489	-	745		1,637,70
	a a	Excess of revenue over expenses and						
	"	disbursements		406,241				
	ь	Net investment income (If negative, enter -0-)				44,485		
	С	Adjusted net income (If negative, enter -0-)						
	D	work Doduction Act Natice are instructions					, –	000 BE (221

1,498,491

337

6,345,341

6,345,341

6,345,341

6,345,341

1.498.491

99

6,751,582

6,751,582

6.751,582 6,751,582

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6

6,345,341

6,751,582

6,751,582 Form 990-PF (2018)

406,241

1,280,767

99

6,533,858

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 1,091

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted . . .

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ ____

Grants payable

	5
	6
	7
2	8
Assets	9
As	10
	ı
	(
	11

12

13

14

15 16

17

18

19

20 21

22

23

24 25

26

28

29

31

Part III

2

Liabilities

Balances

Fund

ō

Assets 27

Net 30

Par	Capital Gains	and Losses for Tax on Invest	tment Income				
		e the kınd(s) of property sold (e g , irehouse, or common stock, 200 sh	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr		
1:	a						
-							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) or other basis xpense of sale	Gain o	h) or (loss) i) minus (g)	
а							
b							
С							
d							
е							
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	n on 12/31/69		[1]	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) ess of col (ı) col (j), ıf any	Gains (Col (h) gain minus col (k), but not less than -0-) Losses (from col (h))		
а							
ь							
С							
d							
е							
2	Capital gain net income	or (net capital loss)	If gain, also enter in If (loss), enter -0- ii		2		
3	Net short-term capital g	gain or (loss) as defined in sections	1222(5) and (6)				
	If gain, also enter in Pai in Part I, line 8	rt I, line 8, column (c) (see instructi	ons) If (loss), enter	-0-	}		
Door	+V Ouglification I	Index Costion 4040(a) for D	advised Taylor N	at Turracturant T			
Par		Jnder Section 4940(e) for Re					
(For c	ptional use by domestic p	rivate foundations subject to the se	ction 4940(a) tax on	net investment inco	ime)		
If sec	tion 4940(d)(2) applies, le	eave this part blank					
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do	, ,		ıd? 🔲 Yı	es 🗹 No	
1	Enter the appropriate am	nount in each column for each year,	see instructions befo	ore making any entr	ies		
	(a) ase period years Calendar r (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharit	able-use assets	(d) Distribution rat (col (b) divided by c		
	2017	1,738,331		5,553,878	0 312994		
	2016	1,807,850		5,239,358		0 345052	
	2015	1,130,840		4,524,037		0 249963	
	2014	2,072,192		4,912,182	0 421848		

1,502,581

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

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

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4 ,

2013

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Page 3

0 349215 1 679072

0 335814

5,989,943

2,011,507

2,011,952

1,637,709

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445

2

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6 7

8

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	During the year did the foundation	pay or incur any amount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
	(2) Influence the outcome of any specific public election (see section 4955), or to carry							
	on, directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
	(4) Provide a grant to an organizat	ion other than a charitable, e	etc , organization described	1				
	ın section 4945(d)(4)(A)? See i			· · · Yes	✓ N	lo		
	(5) Provide for any purpose other t	- · ·						
	educational purposes, or for the	•		⊔ Yes	✓ N	lo		
b	If any answer is "Yes" to 5a(1)-(5)	•	• •	· ·				
	Regulations section 53 4945 or in a				•	5b		
	Organizations relying on a current r	2 2		•				
С	If the answer is "Yes" to question 5	, ,,	·					
	tax because it maintained expendit	· · · · · · · · · · · · · · · · · · ·		· · 🗌 Yes	□ N	lo		
	If "Yes," attach the statement requi	· -						
6 a	Did the foundation, during the year							
	a personal benefit contract?				✓ N	lo		
b	Did the foundation, during the year	r, pay premiums, directly or ii	ndırectly, on a personal be	nefit contract?	•	6b		No
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, wa			∟ res	✓ N	lo		
b	If yes, did the foundation receive a				•	7b		
8	Is the foundation subject to the sec	, ,						
	excess parachute payment during t	he year?		· · 🗌 Yes	✓ N	_{lo}		
1	List all officers, directors, truste	es, foundation managers (b) Title, and average	and their compensation (c) Compensation (If	See instructions (d) Contributions	to T			
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plan deferred compensat	s and b	(e) Exper other a		
CHAR	LES C ANDERSON JR	DIRECTOR	0		0			(
265 B 501	ROOKVIEW TOWN CENTRE WAY STE	0 00						
	VILLE, TN 37919							
MART	IN R ABROMS	DIRECTOR	0					(
	BROMS ASSOCIATES 201 S COURT				0			
		0 00			o			
	T SUITE 610	0 00			0			
FLORE			those included on line :	L—see instructions).		, enter "	NONE.	."
FLORE	T SUITE 610 NCE, AL 35631	aid employees (other than		L—see instructions). (d) Contributions	If none	, enter "	NONE	71
FLORE 2	T SUITE 610 NCE, AL 35631	aid employees (other than			If none	e, enter " e) Expendenter all	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
FLORE 2	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
2 (a)	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and averag hours per week	е	(d) Contributions employee benefit plans and deferre	If none	e) Expen	se acco	ount,
NONI	T SUITE 610 NCE, AL 35631 Compensation of five highest-pa Name and address of each employee more than \$50,000	aid employees (other than paid (b) Title, and average hours per week devoted to position	e (c) Compensation	(d) Contributions employee benefit plans and deferre compensation	If none	e) Expen	se acco	ount,

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (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	<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 relevorganizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	_
Describe the two largest program-related investments made by the foundation during the	e 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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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

5

1.637.709

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

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

5

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298,607

298.607

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0

)-PF (2	018)
V	11-

b Total for prior years

d From 2016. . . .

From 2013.

b From 2014. . . . c From 2015. .

e From 2017.

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

b Excess from 2015. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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) 8 Excess distributions carryover from 2013 not

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,637,709 a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

1,287,674 1,826,949

905 093

1.546.388 1,461,284

1.826.949 905,093

1.546.388

1,461,284

1,339,102

(a)

Corpus

7.027.388

1,339,102

8,366,490

1.287.674

7,078,816

(b)

Years prior to 2017

(c)

2017

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Part XIII	Undistributed Income (see instructions)						



inter gross	amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
	rship dues and assessments					
3 Interes investn	t on savings and temporary cash nents			14	3,817	
	ds and interest from securities			14	41,413	
	tal income or (loss) from real estate					
	financed property.					
	ebt-financed property					
	tal income or (loss) from personal property					
	(loss) from sales of assets other than					
invento	` '					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
1 Other r	revenue a					
с						
e .2 Subtota	al Add columns (b), (d), and (e).		0		45,230	
e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	1:	45,230 3	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		1	<u>'</u>	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	45,230
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu EXPLAIN BELOW HOW EACH ACTIVITIES TO THE Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplisi Income is report	nment of Exempled in column (e) of	• • • • 1: pt Purposes Part XVI-A contribu	ted importantly to	

(20	,10)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations
	Exempt Organizations

Pai	t XVI		formation Re empt Organi		rans	fers To a	and Transact	ions	and Relation	nships With No	ncharita	ble		
		rganızat	ion directly or in	directly enga			following with a 527, relating to			n described in sect	ion 501		Yes	No
a Tr	ansfers	from th	e reporting foun	dation to a n	oncha	ırıtable ex	empt organizatio	on of	-					
(1	L) Casl	h									. 1	a(1)		No
(2	2) Oth	er assets									1	a(2)		No
b 0	ther tra	nsaction	S											
(1	L) Sale	es of ass	ets to a nonchar	ıtable exemp	t orga	nızatıon.					1	b(1)		No
(2	2) Purd	chases o	assets from a r	noncharitable	exem	pt organiz	zation				1	b(2)		No
(3	3) Ren	tal of fac	ılıtıes, equipmer	nt, or other a	ssets.						1	b(3)		No
(4	l) Reir	nbursem	ent arrangemen	its							. 1	b(4)		No
(5	5) Loar	ns or loa	n guarantees.								<u> 1</u>	b(5)		No
(6	5) Perfo	ormance	of services or m	embership or	fund	raising sol	licitations				. 1	b(6)		No
c SI	naring o	of facilitie	es, equipment, r	nailing lists, d	other	assets, or	paid employees				. L	1c		No
										vays show the fair		ue		
										d less than fair ma ts, or services rece				
	,					(-	.,	9-	,	,				
(a) Li	ne No	(b) Ar	nount involved	(c) Name of	nonch	arıtable exe	mpt organization	((d) Description of	transfers, transactions	s, and sharin	g arra	ngement	ts
			,	,		•	d to, one or mor		, ,					
de	escribed	d ın secti	on 501(c) (othe	r than section	1 501((c)(3)) or i	ın section 527? .		$\cdot \ \cdot \ \cdot \ \cdot$		res 🔽	Vο		
b If	"Yes,"		the following s											
		(a) l	lame of organization	on		(1	b) Type of organiza	ation		(c) Descriptio	n of relations	hip		
	Une	der pena	ties of periury.	I declare tha	t I ha	ve examın	ed this return. II	nclud	ing accompanyii	ng schedules and s	tatements	and	to the I	best
	of	my know	ledge and belief	, it is true, co						than taxpayer) is b				
c:		ich prep	arer has any kno	wledge			Ī							
Sig		*****					2019-05-10		*****		May the return	IRS dı	scuss th	115
Her	e								_		with the	prepa	rer show	vn
		Signatu	re of officer or t	rustee			Date		Title		below	_	.	_
											(see inst	r)? L	✓ Yes L	⊔ No
		Print	/Type preparer's	name	Prep	arer's Sigr	nature		ate		PTIN			
			, , , , , , , , , , , , , , , , , , , ,			3-		ا		Check if self-		11/50	1067	
		L.	YLA HOOFMAN						2010 05 06	employed ▶ 🔲	Pi	1450	/ 00/	
Paid	d		TIER HOOF MAIN						2019-05-06					
Pre	pare	r Firm's	name ► ABR	OMS & ASSO	CIATE	S PC								
Use	Only				· · · L						Firm's EIN	► 63	-11300	197
			address 🕨 PC	BOX 1426										
			EI	ORENCE, AL	3563	11					Phone no	(256	767-0	0740
			, ,	ONLINCE, AL	5505	-								

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ADOPT A GOLDEN KNOXVILLE PO BOX 11822 KNOXVILLE, TN 37939	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000
ALZHEIMER'S TENNESSEE	NONE	PUBLIC	BENEVOLENT DONATION	1,500

ALZHEIMER'S TENNESSEE 5801 KINGSTON PIKE SUITE 101 KNOXVILLE, TN 37919	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	1,500
AMFAR120 WALL STREET 13 FLOOR	NONE	PUBLIC	BENEVOLENT DONATION	31,000

KNOXVILLE, TN 37919		CHARITI		
AMFAR120 WALL STREET 13 FLOOR NEW YORK, NY 100053908	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	31,000

Total . .

1,604,714

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
BEST BUDDIES 100 SOUTHEST SECOND STREET SUITE 2200 MIAMI, FL 33131	NONE	PUBLIC CHARITY	BENEVELENT DONATION	76,714

recipient

1,604,714

MIAMI, FL 33131				
BOYS AND GIRLS CLUB967 IRWIN ST KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	55,000
COUNTRY MUSIC HALL OF FAME	NONE	PUBLIC	BENEVOLENT DONATION	1,000

KNOXVILLE, TN 37917	NONE	CHARITY	BENEVOLENT DONATION	33,00
COUNTRY MUSIC HALL OF FAME 222 FIFTH AVE SOUTH NASHVILLE, TN 37203	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	1,00

KNOXVILLE, TN 37917	NONE	CHARITY	BENEVOLENT BONATION	33
COUNTRY MUSIC HALL OF FAME 222 FIFTH AVE SOUTH	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	1,
MACHATHE TN 27202				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
DALLAS CONTEMPORARY 161 GLASS STREET DALLAS, TX 75207	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	16,000
	· · · · · · · · · · · · · · · · · · ·	1	1	1

DALLAS, IX /520/				
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD DALLAS,TX 75201	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	26,000

DALLAS, TX 75201		CHARITY		
DEC MY ROOM6538 LINDEN LANE	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000

DALLAS, IX /5201				
DEC MY ROOM6538 LINDEN LANE DALLAS, TX 75230	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000

1,604,714

DALLAS, TX 75230		CHARITY		
DEC MY ROOM6538 LINDEN LANE	NONE	POBLIC	BENEVOLENT DONATION	5,0

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DIFFA DALLAS	NONE	PUBLIC	BENEVOLENT DONATION	15,000

DIFFA DALLAS 2050 STEMMONS FWY M/U 262 DALLAS, TX 75207	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	15,000
EMERALD YOUTH FOUNDATION	NONE	PUBLIC	BENEVOLENT DONATION	25,000

DALLAS,TX 75207				
EMERALD YOUTH FOUNDATION 1718 N CENTRAL STREET KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	25,000
EDIENDS OF THE SMOVIES	NONE	DUBLIC	BENEVOLENT DONATION	12 500

EMERALD YOUTH FOUNDATION 1718 N CENTRAL STREET KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	25,000
FRIENDS OF THE SMOKIES 160 SOUTH MAIN STREET WAYNESVILLE, NC 28786	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	12,500

Total			▶ 3a	1,604,714
FRIENDS OF THE SMOKIES 160 SOUTH MAIN STREET WAYNESVILLE, NC 28786	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	12,500
KNOXVILLE, TN 37917				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
GREAT SMOKY MOUNTAIN COUNCIL BSA PO BOX 51885	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000

PO BOX 51885 KNOXVILLE, TN 37950				
HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA STE 320 ALEXANDRIA, VA 22314	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	100,000

HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA STE 320 ALEXANDRIA, VA 22314	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	100,000
KNOXVILLE YOUNG LIFEPO BOX 647 KNOXVILLE, TN 37901	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000

99 CANAL CENTER PLAZA STE 320 ALEXANDRIA, VA 22314	NONE	CHARITY	BENEVOLENT DONATION	100,000
KNOXVILLE YOUNG LIFEPO BOX 647 KNOXVILLE, TN 37901	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000

KNOXVILLE YOUNG LIFEPO BOX 647 KNOXVILLE, TN 37901	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,00

1,604,714

KNOXVILLE, TN 37901		CHARITY		
	NONE	PUBLIC	BENEVOLENT DONATION	1
KNOXVILLE YOUNG LIFEPO BOX 647	LNONE	LDLIDLIC	BENEVOLENT DONATION	1

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MTV STAYING ALIVE FOUNDATION NONE PUBLIC BENEVOLENT DONATION 15,000 VIACOM FLOOR 21 1515 BROADWAY CHARITY NEW YORK, NY 10036

MYRNA D SCHLEGEL SCHOLARSHIP- THE DALLAS FOUNDATION 3963 MAPLE AVENUE STE 390 DALLAS, TX 75219	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000
NATIONAL FOOTBALL FOUNDATION 433 LAS COLINAS BLVD EAST STE 1130	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	15,000

DALLAS, TX 75219				
NATIONAL FOOTBALL FOUNDATION 433 LAS COLINAS BLVD EAST STE 1130 IRVING, TX 75039	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	15,000
			·	

Total .

1,604,714

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
NATIONAL MILL DOG RESCUE PO BOX 88468 COLORADO SPRINGS CO. 80908	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	12,000

PO BOX 88468 COLORADO SPRINGS, CO 80908		CHARITY		
SALVATION ARMYPO BOX 669	NONE	PUBLIC	BENEVOLENT DONATION	5,000

COLORADO SERTINGS, CO 00300				
SALVATION ARMYPO BOX 669 KNOXVILLE, TN 379010669	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000
SHRINE CIRCUS FUNDPO BOX 2691	NONE	PUBLIC	BENEVOLENT DONATION	1.000

SALVATION ARMYPO BOX 669 KNOXVILLE, TN 379010669	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000
SHRINE CIRCUS FUNDPO BOX 2691	NONE	PUBLIC	BENEVOLENT DONATION	1,000

KITOKVILLE, ITT 373010003		CI II II II II		
SHRINE CIRCUS FUNDPO BOX 2691 KNOXVILLE, TN 37901	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	1,000

(NOXVILLE, TN 37901	 CHARITY		_,,,,,
Total	 	▶ 3a	1,604,714

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				

a raid during the year				
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN 2222 WELBORN STREET DALLAS.TX 75219	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	25,000

2 WELBORN STREET LAS, TX 75219		Civitati		
ART OF ELYSIUM	NONE	PUBLIC	BENEVOLENT DONATION	

,				
THE ART OF ELYSIUM 3278 WILSHIRE BLVD PENTHOUSE LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	25,000

Total .

3278 WILSHIRE BLVD PENTHOUSE LOS ANGELES, CA 90010		CHARITY		
THE FAMILY PLACEPO BOX 7999	NONE	PUBLIC	BENEVOLENT DONATION	5,000

				i
THE FAMILY PLACEPO BOX 7999 DALLAS, TX 75209	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,00

1,604,714

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	50,000
THE PAT SUMMIT FOUNDATION	NONE	PUBLIC	BENEVOLENT DONATION	10,000

THE PAT SUMMIT FOUNDATION 520 W SUMMIT HILL DR STE 1101 KNOXVILLE, TN 37902	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000
THE WOMEN'S ALZHEIMER'S MOVEMENT 11440 SAN VICENTE BLVD SUITE 301	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	15,000

Total			▶ 3a	1,604,714
THE WOMEN'S ALZHEIMER'S MOVEMENT 11440 SAN VICENTE BLVD SUITE 301 LOS ANGELES, CA 90049	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	15,000
KNOXVILLE, TN 37902				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
UAB - UNIVERSITY ALABAMA BIRMINGHAM 1720 2ND AVE S	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	100,000

BIRMINGHAM, AL 35924				
UNICEF USA125 MAIDEN LANE NEW YORK, NY 10038	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	337,000
LINUTED WAY OF CREATER WHOWARLE	NONE	DUDLIC	DENIEL COLENIE DOMATION	100 000

UNICEF USA125 MAIDEN LANE NEW YORK, NY 10038	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	337,000
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	100,000

11EW TORK, 111 10050		CHARTH		
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	100,000
Total			▶ 3a	1,604,714

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
UNIVERSITY OF TENNESSEE	NONE	PUBLIC	BENEVOLENT DONATION	500,000

JNIVERSITY OF TENNESSEE	NONE	PUBLIC	BENEVOLENT DONATION	
2121 MEDICAL CENTER WAY STE 110		CHARITY		
(NOYVILLE TN 37020				

Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

2121 MEDICAL CENTER WAY STE 110	CHARITY	
KNOXVILLE, TN 37920		

1,604,714

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491130023699							
TY 2018 Accounting Fe	es Sche	dule					
	Name:	THE CHA	RITE & MOLL AND	ERSON FOUNDATIO	N		
		62-17959					
		02 17 55.		<u> </u>	1		
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		3,575	79		3,496		

ellie GRAPHIC pi	IIIC - DO NO	JI PROCESS	AS FIIEU Data	-				DLN: 934	91130023699
Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.									
TY 2018 Depreciation Schedule									
		Name:	THE CHARLIE &	MOLL ANDERSO	N FOUNDATION				
		EIN: 6	52-1795976						
	Deprecia	ation Schedule							,
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included

853 200DB

5 000000000000

238

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1,190

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TY 2018 Investments Corporate Stock Schedule					

122,994

73,294

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

EIN: 62-1795976

1,800 SHARES OF WALGREEN CO

Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
21,327 SHARES OF SUNTRUST BANK	1,374,639	1,075,734			
5,737 SHARES OF HIBBETT SPORTING GOODS	50,558	82,039			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130023699
TY 2018 Land, Etc. Schedule		

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

1,091

99

	IN : 62-1795976			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

1,190

COMPUTER & SOFTWARE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491130023699		
TY 2018 Other Expenses Schedule						
Name:	THE CHARLIE &	MOLL ANDERSO	N FOUNDATION			
EIN:	62-1795976					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
BANK FEES	150	3		147		
CONTRACT LABOR	30,000	663		29,337		

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TY 2018 Taxes Schedule					
Name: THE CHARLIE & MOLL ANDERSON FOUNDATION EIN: 62-1795976					
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX		797	0		0

€

efile GRAPHIC print - DO	NOT PROCESS As File	ed Data -		D	LN: 93491130023699
Schedule B	S	Schedule of Contri	butors	-	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Attach to Form 990, 990-EZ, www.irs.gov/Form990 for the			2018
Name of the organization				Employer ide	entification number
Organization type (chec	k one)			62-1795976	
	,				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter no	umber) organization			
	4947(a)(1) nonexe	empt charitable trust not tre	eated as a private founda	tion	
	☐ 527 political organi	ızatıon			
Form 990-PF	✓ 501(c)(3) exempt p	private foundation			
	4947(a)(1) nonexe	empt charitable trust treated	d as a private foundation		
	☐ 501(c)(3) taxable p	orivate foundation			
	on filing Form 990, 990-EZ, property) from any one contr				
Special Rules					
under sections 50 received from any	on described in section 501(o 9(a)(1) and 170(b)(1)(A)(vi), one contributor, during the 1h, or (ii) Form 990-EZ, line	, that checked Schedule A year, total contributions of	(Form 990 or 990-EZ), P the greater of (1) \$5,000	art II, line 13, 1	6a, or 16b, and that
during the year, to	on described in section 501(o tal contributions of more that he prevention of cruelty to ch	an \$1,000 <i>exclusively</i> for re	eligious, charitable, scient		
during the year, c If this box is chec purpose Don't co	on described in section 501(or contributions exclusively for re- ked, enter here the total conf mplete any of the parts unlea- le, etc, contributions totaling	religious, charitable, etc., pu tributions that were receive ss the General Rule applie	urposes, but no such con ed during the year for an es to this organization be	tributions totale exclusively relig cause it receive	ed more than \$1,000 gious, charitable, etc , ed <i>nonexclusively</i>
990-EZ, or 990-PF), but i	that isn't covered by the Ge must answer "No" on Part rm 990PF, Part I, line 2, to c	IV, line 2, of its Form 990,	or check the box on line	H of its	
For Paperwork Reduction Action Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 306	13X Schedu	le B (Form 990, 9	990-EZ, or 990-PF) (2018)

Name of organi THE CHARLIE & N	zation IOLL ANDERSON FOUNDATION	Employer identification 62-1795976	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES C ANDERSON JR 265 BROOKVIEW TOWN CENTRE WAYSTE 50		Person 🗸
	KNOXVILLE, TN 37919	\$ 2,000,500	
			(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
			(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
	4.		contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
		Sahadula D./F	(Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)