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Form 990-PF

Department of the Treasury
Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

Return of Private Foundation

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

OMB No. 1545-0047

► 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.

1912

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning _____, and ending _____

Name of foundation

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Number and street (or P O box number if mail is not delivered to street address)

138 SECOND AVENUE NORTH, SUITE 200

A Employer identification number

26-4386453

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

NASHVILLE, TN 37201

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 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year

J Accounting method Cash Accrual

(from Part II, col (c), line 16)

 Other (specify) _____

► \$ 21,917,086. (Part I, column (d), must be on cash basis)

Part II	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(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	25,000.		N/A	
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	591.	591.		STATEMENT 1
	4 Dividends and interest from securities	642,287.	642,287.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	536,404.			
	b Gross sales price for all assets on line 6a	602,758.			
	7 Capital gain net income (from Part I, line 2b)		536,404.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a and allowances				
	b Less: Cost of goods sold	NOV 23 2020			
	c Gross profit or (loss)				
	11 Other income	117,794.	-6,076.		STATEMENT 3
	12 Total. Add lines 1 through 11	1,322,076.	1,173,206.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees	STMT 4	855.	513.	342.
	b Accounting fees	STMT 5	82,119.	49,873.	32,246.
	c Other professional fees	STMT 6	1,804.	1,804.	0.
	17 Interest	STMT 7	27,800.	14,200.	0.
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings		188.	0.	188.
	22 Printing and publications				
	23 Other expenses	STMT 8	300,415.	290,306.	10,109.
	24 Total operating and administrative expenses Add lines 13 through 23		413,181.	356,696.	42,885.
	25 Contributions, gifts, grants paid		1,537,000.		1,537,000.
	26 Total expenses and disbursements Add lines 24 and 25		1,950,181.	356,696.	1,579,885.
	27 Subtract line 26 from line 12		-628,105.		
	a Excess of revenue over expenses and disbursements				
	b Net investment income (if negative, enter -0-)		816,510.		
	c Adjusted net income (if negative, enter -0-)			N/A	

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 38 Received in
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Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year
			(a) Book Value	(b) Book Value
				(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments		380,646.	1,261,206.
	3 Accounts receivable ► 555,241.		545,939.	555,241.
	Less allowance for doubtful accounts ►			
	4 Pledges receivable ►			
	Less allowance for doubtful accounts ►			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ►			
	Less allowance for doubtful accounts ►			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ►	STMT 9	21,057,910.	19,539,943.
	Less accumulated depreciation ►			
	12 Investments - mortgage loans			
	13 Investments - other			20,100,639.
	14 Land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
	15 Other assets (describe ►)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)		21,984,495.	21,356,390.
				21,917,086.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ►)			
	23 Total liabilities (add lines 17 through 22)		0.	0.
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/>			
	and complete lines 24, 25, 29, and 30			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>			
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds		0.	0.
	27 Paid-in or capital surplus, or land, bldg, and equipment fund		0.	0.
	28 Retained earnings, accumulated income, endowment, or other funds		21,984,495.	21,356,390.
	29 Total net assets or fund balances		21,984,495.	21,356,390.
	30 Total liabilities and net assets/fund balances		21,984,495.	21,356,390.

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 29 (must agree with end-of-year figure reported on prior year's return)	1 21,984,495.
2 Enter amount from Part I, line 27a	2 -628,105.
3 Other increases not included in line 2 (itemize) ►	3 0.
4 Add lines 1, 2, and 3	4 21,356,390.
5 Decreases not included in line 2 (itemize) ►	5 0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6 21,356,390.

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Part IV Capital Gains and Losses for Tax on Investment Income			SEE ATTACHED STATEMENT			
(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						
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						
b						
c						
d						
e	602,758.		66,354.	536,404.		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
	(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			
a						
b						
c						
d						
e				536,404.		
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	536,404.		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3	N/A		

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.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(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))
2018	1,456,176.	20,996,943.	.069352
2017	3,840,917.	21,528,307.	.178412
2016	675,642.	21,182,136.	.031897
2015	1,491,011.	21,823,846.	.068320
2014	1,164,570.	21,221,650.	.054877

2 Total of line 1, column (d)

2 .402858

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 50, or by the number of years the foundation has been in existence if less than 5 years

3 .080572

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

4 20,596,533.

5 Multiply line 4 by line 3

5 1,659,504.

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

6 8,165.

7 Add lines 5 and 6

7 1,667,669.

8 Enter qualifying distributions from Part XII, line 4

8 1,579,885.

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

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., 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.)
a FROM K-1: 7/6 INVESTMENT PARTNERSHIP, LP			P		
b FROM K-1: 7/6 INVESTMENT PARTNERSHIP, LP			P		
c FROM K-1: BEDELIA STREET PARTNERS, LP			P		
d FROM K-1: DG STORE III, LP			P		
e FROM K-1: HCTS CASH MANAGEMENT PARTNERSHIP			P		
f FROM K-1: HCTS CASH MANAGEMENT PARTNERSHIP			P		
g FROM K-1: TD REAL ESTATE, LP			P		
h FROM K-1: TURSON, LP			P		
i FROM K-1: TURSON, LP			P		
j					
k					
l					
m					
n					
o					
(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 2,370.			2,370.		
b 108,848.			108,848.		
c 216,749.			216,749.		
d 127,838.			127,838.		
e 1,602.			1,602.		
f		1,400.	-1,400.		
g 101,477.			101,477.		
h		64,954.	-64,954.		
i 43,874.			43,874.		
j					
k					
l					
m					
n					
o					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")		
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			2,370.		
b			108,848.		
c			216,749.		
d			127,838.		
e			1,602.		
f			-1,400.		
g			101,477.		
h			-64,954.		
i			43,874.		
j					
k					
l					
m					
n					
o					
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	536,404.	
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). If (loss), enter "-0-" in Part I, line 8 }		3	N/A	

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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 ► 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 ► and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)

5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments

a 2019 estimated tax payments and 2018 overpayment credited to 2019

6a	12,485.
6b	0.
6c	12,000.
6d	0.

b Exempt foreign organizations - tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments. Add lines 6a through 6d

7	24,485.
8	103.
9	
10	8,052.
11	0.

8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be Credited to 2020 estimated tax ►

8,052.	Refunded
11	0.

Part VIIA Statements Regarding Activities

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?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

c Did the foundation file Form 1120-POL for this year?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes," has it filed a tax return on Form 990-T for this year?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by *General Instruction T*

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

8a Enter the states to which the foundation reports or with which it is registered. See instructions ►

TN

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2

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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		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizations relying on a current notice regarding disaster assistance, check here		<input checked="" 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?	N/A	<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?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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?	N/A		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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.

(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
SEE STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000

(B) Name and address of each person paid more than \$50,000	(D) Type of service	(C) Compensation
THE FAMILY OFFICE - 138 SECOND AVENUE NORTH,		
SUITE 200, NASHVILLE, TN 37021	INVESTMENT/PROF SVCS	77,114.

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

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

1 N/A

2

3 -

4

Part IX-B Summary of Program-Related Investments

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

1 N/A

2

All other program-related investments See instructions.

3

Total. Add lines 1 through 3

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Part IX 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	19,212,097.
b Average of monthly cash balances	1b	1,698,089.
c Fair market value of all other assets	1c	0.
d Total (add lines 1a, b, and c)	1d	20,910,186.
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	0.
3 Subtract line 2 from line 1d	3	20,910,186.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	313,653.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,596,533.
6 Minimum investment return Enter 5% of line 5	6	1,029,827.

Part X 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	1,029,827.
2a Tax on investment income for 2019 from Part VI, line 5	2a	16,330.
b Income tax for 2019. (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	16,330.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	1,013,497.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	1,013,497.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,013,497.

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	1,579,885.
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	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,579,885.
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	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,579,885.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,013,497.
2 Undistributed income, if any, as of the end of 2019			0.	
a Enter amount for 2018 only			0.	
b Total for prior years:			0.	
3 Excess distributions carryover, if any, to 2019.				
a From 2014	159,454.			
b From 2015	429,123.			
c From 2016				
d From 2017	2,823,058.			
e From 2018	426,867.			
f Total of lines 3a through e	3,838,502.			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>1,579,885.</u>			0.	
a Applied to 2018, 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 2019 distributable amount				1,013,497.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))			0.	
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,404,890.			
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr.				0.
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	159,454.			
10 Analysis of line 9	4,245,436.			
a Excess from 2015	429,123.			
b Excess from 2016				
c Excess from 2017	2,823,058.			
d Excess from 2018	426,867.			
e Excess from 2019	566,388.			

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Form 990-PF (2019)

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Part XV: Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
<i>a Paid during the year</i>				
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE, TN 37203	NONE	PUBLIC	EXPAND PROGRAMMING BY ADDING VIRTUAL REALITY AND DESTINATION EXPLORATION EXHIBITS	50,000.
AMERICAN RED CROSS - NASHVILLE AREA CHAPTER 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	NONE	PUBLIC	HURRICANE DORIAN DISASTER RELIEF	25,000.
COMMUNITIES IN SCHOOLS OF TENNESSEE 1207 18TH AVENUE SOUTH NASHVILLE, TN 37212	NONE	PUBLIC	PROGRAM SUPPORT	30,000.
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	NONE	PUBLIC	COMPLETE FUNDING FOR AZAFRAN PARK	50,000.
CUMBERLAND HEIGHTS FOUNDATION PO BOX 20727 NASHVILLE, TN 37209	NONE	PUBLIC	2019 CONCERT FOR CUMBERLAND HEIGHTS SPONSORSHIP	5,000.
Total	SEE CONTINUATION SHEET(S)			► 3a 1,537,000.
<i>b Approved for future payment</i>				
CUMBERLAND HEIGHTS FOUNDATION PO BOX 20727 NASHVILLE, TN 37209	NONE	PUBLIC	CAPITAL SUPPORT FOR CONSTRUCTION OF ADOLESCENT PROGRAM	50,000.
ENSWORTH SCHOOL 211 ENSWORTH AVENUE NASHVILLE, TN 37205	NONE	SCHOOL	CAPITAL FUND SUPPORT FOR LOWER SCHOOL	500,000.
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37206	NONE	PUBLIC	CAPITAL SUPPORT FOR "SO ALL SHALL RISE" CAPITAL CAMPAIGN	400,000.
Total	SEE CONTINUATION SHEET(S)			► 3b 1,850,000.

** SEE PURPOSE OF GRANT CONTINUATIONS

923611 12-17-19

Form 990-PF (2019)

**JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.**

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	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
CUMBERLAND HEIGHTS FOUNDATION PO BOX 20727 NASHVILLE, TN 37209	NONE	PUBLIC	CAPITAL SUPPORT FOR CONSTRUCTION OF ADOLESCENT PROGRAM	50,000.
ENSWORTH SCHOOL 211 ENSWORTH AVENUE NASHVILLE, TN 37205	NONE	SCHOOL	CAPITAL FUND SUPPORT FOR LOWER SCHOOL	500,000.
FIFTY FORWARD 174 RAINS AVE. NASHVILLE, TN 37203	NONE	PUBLIC	SUPPORTIVE SERVICES FOR OLDER ADULTS	25,000.
FRIST ART MUSEUM 919 BROADWAY NASHVILLE, TN 37203	NONE	PUBLIC	MARTIN ARTQUEST RENOVATION	50,000.
HOPE CLINIC FOR WOMEN 1810 HAYES STREET NASHVILLE, TN 37203	NONE	PUBLIC	PREGNANCY SERVICES FOR VULNERABLE WOMEN & FAMILIES	15,000.
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37206	NONE	PUBLIC	CAPITAL SUPPORT FOR "SO ALL SHALL RISE" CAPITAL CAMPAIGN	100,000.
NASHVILLE AREA HABITAT FOR HUMANITY 414 HARDING PLACE NASHVILLE, TN 37211	NONE	PUBLIC	CAPITAL SUPPORT FOR THE PURCHASE AND BUILD-OUT OF OFFICE, RETAIL, AND WAREHOUSE SPACE	50,000.
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	NONE	PUBLIC	SUPPORT FOR TEMPORARY HOUSING FOR PETS OF VICTIMS OF DOMESTIC VIOLENCE	15,000.
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 37219	NONE	FUNCTIONALLY INTEGRATED TYPE 3	CAPITAL SUPPORT TO BUILD A DEDICATED ROOM AT NPL TO TELL THE PIVOTAL STORY OF THE PASSAGE OF THE 19TH	50,000.
SALVATION ARMY NASHVILLE 631 DICKERSON ROAD NASHVILLE, TN 37207	NONE	CHURCH	CAPITAL SUPPORT OVER 5 YEARS FOR THE "PATHWAY OF HOPE" CAPITAL CAMPAIGN	50,000.
Total from continuation sheets				1,377,000.

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

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Part XV. Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	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
SENIOR RIDE NASHVILLE 298 FOSTER STREET NASHVILLE, TN 37207	NONE	PUBLIC	EXPANSION OF TRANSPORTATION SERVICES FOR OLDER ADULTS	15,000.
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE, TN 37228	NONE	PUBLIC	CAPITAL SUPPORT TO RENOVATE FACILITY	50,000.
TENNESSEE CRAFT 1312 ADAMS ST, STE 101 NASHVILLE, TN 37208	NONE	PUBLIC	SUPPORT FOR SUMMER STUDY AND SCHOLARSHIP PROGRAM	10,000.
TENNESSEE STATE UNIVERSITY FOUNDATION 3500 JOHN A MERRITT BLVD NASHVILLE, TN 37209	NONE	SCHOOL	SCHOLARSHIP SUPPORT	5,000.
THE CONSERVANCY FOR THE PARTHENON AND CENTENNIAL PARK P.O. BOX 196340 NASHVILLE, TN 37219	NONE	PUBLIC	CAPITAL SUPPORT OVER 3 YEARS FOR PARK REVITALIZATION PROJECT	75,000.
THE CROSSROADS CAMPUS 707 MONROE ST. NASHVILLE, TN 37208	NONE	PUBLIC	CROSSROADS CAMPUS EXPANSION PROJECT	50,000.
VALOR COLLEGIATE ACADEMIES 4527 NOLENSVILLE PIKE NASHVILLE, TN 37211	NONE	SCHOOL	CAPITAL SUPPORT OVER 3 YEARS FOR BUILDING MAINTENANCE AND OPERATING SUPPORT FOR TRANSPORTATION	17,000.
VANDERBILT UNIVERSITY MEDICAL CENTER - VUMC 2525 WEST END AVENUE, SUITE 450 NASHVILLE, TN 37203	NONE	SCHOOL	CAPITAL SUPPORT OVER 4 YEARS FOR "GROWING NEW HEIGHTS" CAMPAIGN FOR EXPANSION OF MONROE CARELL JR. CHILDREN'S	250,000.
<hr/>				
Total from continuation sheets				

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

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Part XV. Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient	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
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 37219	NONE	FUNCTIONALLY INTEGRATED TYPE 3	CAPITAL SUPPORT TO BUILD A DEDICATED ROOM AT NPL TO TELL THE PIVOTAL STORY OF THE PASSAGE OF THE 19TH	50,000.
SALVATION ARMY NASHVILLE 631 DICKERSON ROAD NASHVILLE, TN 37219	NONE	CHURCH	CAPITAL SUPPORT OVER 5 YEARS FOR THE "PATHWAY OF HOPE" CAPITAL CAMPAIGN	100,000.
THE CROSSROADS CAMPUS 707 MONROE ST. NASHVILLE, TN 37208	NONE	PUBLIC	CROSSROADS CAMPUS EXPANSION PROJECT	200,000.
VANDERBILT UNIVERSITY MEDICAL CENTER - VUMC 2525 WEST END AVENUE, SUITE 450 NASHVILLE, TN 37203	NONE	SCHOOL	CAPITAL SUPPORT OVER 4 YEARS FOR "GROWING NEW HEIGHTS" CAMPAIGN FOR EXPANSION OF MONROE CARELL JR. CHILDREN'S	500,000.
RESOURCE CAPTURE, INC. 3524 MURPHY ROAD NASHVILLE, TN 37205	NONE	PUBLIC	CAPITAL FUND SUPPORT FOR DRY ANAEROBIC DIGSTER	50,000.
Total from continuation sheets				900,000.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - NASHVILLE PUBLIC LIBRARY FOUNDATION

CAPITAL SUPPORT TO BUILD A DEDICATED ROOM AT NPL TO TELL THE PIVOTAL
STORY OF THE PASSAGE OF THE 19TH AMENDMENT.

NAME OF RECIPIENT - VANDERBILT UNIVERSITY MEDICAL CENTER - VUMC

CAPITAL SUPPORT OVER 4 YEARS FOR "GROWING NEW HEIGHTS" CAMPAIGN FOR
EXPANSION OF MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT AND
FOR TELEMEDICINE PROGRAM

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

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Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - NASHVILLE PUBLIC LIBRARY FOUNDATION

CAPITAL SUPPORT TO BUILD A DEDICATED ROOM AT NPL TO TELL THE PIVOTAL
STORY OF THE PASSAGE OF THE 19TH AMENDMENT.

NAME OF RECIPIENT - VANDERBILT UNIVERSITY MEDICAL CENTER - VUMC

CAPITAL SUPPORT OVER 4 YEARS FOR "GROWING NEW HEIGHTS" CAMPAIGN FOR
EXPANSION OF MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT AND
FOR TELEMEDICINE PROGRAM

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Form 990-PF (2019)

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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
	(a) Business code	(b) Amount	(c) Exclu- sion 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			14	591.	
4 Dividends and interest from securities			14	642,287.	
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			18	536,404.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a <u>SEE STATEMENT 12</u>		123,870.		-6,076.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		123,870.		1,173,206.	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	1,297,076.

Relationship of Activities to the Accomplishment of Exempt Purposes

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Form 990-PF (2019)

INC.

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Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of.

- (1) Cash
- (2) Other asset

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitation

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

which preparer has any knowl-

SECRETARY

May the IRS discuss this return with the preparer shown below? See instr

Signature of officer or trustee

Da

Till

Signature or name of preparer		Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL GANSCHOW		11/10/20	P01395484	
	Firm's name ► LBMC, PC			Firm's EIN ► 62-1199757	
Firm's address ► P.O. BOX 1869 BRENTWOOD, TN 37024-1869			Phone no (615) 377-4600		

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

2019

Name of the organization

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Employer identification number

26-4386453

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 organizationForm 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).

Name of organization

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Employer identification number

26-4386453

Part II **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	JAMES STEPHEN TURNER, JR 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37201	\$ 25,000.	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)
		\$ _____	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)
		\$ _____	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)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Employer identification number

26-4386453

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

Name of organization

JAMES STEPHEN TURNER FAMILY FOUNDATION
INC.

Employer identification number

26-4386453

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 info once) ► \$ _____
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

JAMES STEPHEN TURNER FAMILY FOUNDATION I

26-4386453

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CAPSTAR BANK	226.	226.	
INTREPID	365.	365.	
TOTAL TO PART I, LINE 3	591.	591.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS FROM					
K-1S	332,545.	0.	332,545.	332,545.	
INTEREST FROM K-1S	293,194.	0.	293,194.	293,194.	
NORTHERN TRUST	16,548.	0.	16,548.	16,548.	
TO PART I, LINE 4	642,287.	0.	642,287.	642,287.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
7/6 INVESTMENT PARTNERSHIP, LP	15,271.	43,447.	
BEDELIA STREET	25.	25.	
DG STORE III LP	63,304.	-78,288.	
TD REAL ESTATE LP	28,430.	28,430.	
TURSON LP	10,764.	310.	
TOTAL TO FORM 990-PF, PART I, LINE 11	117,794.	-6,076.	

FORM 990-PF

LEGAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	855.	513.		342.
TO FM 990-PF, PG 1, LN 16A	855.	513.		342.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	82,119.	49,873.		32,246.
TO FORM 990-PF, PG 1, LN 16B	82,119.	49,873.		32,246.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	1,804.	1,804.		0.
TO FORM 990-PF, PG 1, LN 16C	1,804.	1,804.		0.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX WITHHELD	14,100.	14,100.		0.
STATE INCOME TAX	100.	100.		0.
FEDERAL INCOME TAX	13,600.	0.		0.
TO FORM 990-PF, PG 1, LN 18	27,800.	14,200.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOOD & BEVERAGE	569.	0.		569.
DUES & MEMBERSHIPS	5,598.	0.		5,598.
OFFICE SUPPLIES	2,742.	33.		2,709.
SEMINARS, BOOKS & EDUCATION	2,310.	1,386.		924.
BANK FEES	130.	78.		52.
MISCELLANEOUS	596.	358.		238.
FROM K-1: 7/6 INVESTMENT PARTNERSHIP, LP - CHARITABLE	19.	0.		19.
FROM K-1: 7/6 INVESTMENT PARTNERSHIP, LP	174,062.	174,062.		0.
FROM K-1: BEDELIA STREET PARTNERS, LP	2,923.	2,923.		0.
FROM K-1: DG STORE III, LP	3,395.	3,395.		0.
FROM K-1: HCTS CASH MANAGEMENT PARTNERSHIP	1,102.	1,102.		0.
FROM K-1: TD REAL ESTATE, LP	4,256.	4,256.		0.
FROM K-1: TURSON, LP	102,713.	102,713.		0.
TO FORM 990-PF, PG 1, LN 23	300,415.	290,306.		10,109.

FORM 990-PF	OTHER INVESTMENTS			STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
BEDELIA STREET PARTNERS, LP	COST	396,709.	5,893.	
HCTS CASH MANAGEMENT PARTNERSHIP	COST	30,351.	12,211.	
TURSON, LP	COST	10,304,598.	11,034,049.	
7/6 INVESTMENT PARTNERSHIP, LP	COST	7,366,161.	6,422,592.	
TD REAL ESTATE, LP	COST	1,337,545.	1,573,022.	
DG STORE III, LP	COST	-421.	272,972.	
DOLLAR GENERAL	COST	105,000.	779,900.	
TOTAL TO FORM 990-PF, PART II, LINE 13		19,539,943.	20,100,639.	

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JUDITH PAYNE TURNER 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	DIRECTOR 1.00	0.	0.	0.
JAMES STEPHEN TURNER, SR. 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	VICE-PRESIDENT 1.00	0.	0.	0.
LAURA ANNE TURNER 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	PRESIDENT 1.00	0.	0.	0.
JAMES STEPHEN TURNER, JR. 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	TREASURER 1.00	0.	0.	0.
CHRISTI TURNER 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	SECRETARY 1.00	0.	0.	0.
KATHERINE TURNER 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	DIRECTOR 1.00	0.	0.	0.
STEPHEN TURNER 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	DIRECTOR 1.00	0.	0.	0.
JUDY MILLER 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37021	ASSISTANT SECRETARY 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

JAMES STEPHEN TURNER FAMILY FOUNDATION I

26-4386453

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JUDY MILLER
138 SECOND AVE. NORTH
NASHVILLE, TN 37201

TELEPHONE NUMBER

615-846-2048

FORM AND CONTENT OF APPLICATIONS

APPLICATION FORM PROVIDED BY THE FOUNDATION. INCLUDE: DOCUMENTATION OF TAX EXEMPT STATUS, LIST OF OFFICERS & DIRECTORS, MOST RECENT AUDITED FINANCIAL STATEMENT, INTERNAL FINANCIAL STATEMENTS & OPERATING BUDGET, PROJECTED BUDGET.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO GRANTS FOR: INDIVIDUALS, LOANS TRAVEL OR SEMINARS, GOVERNMENT AGENCIES, POLITICAL PURPOSES, DINNER EVENTS, OTHER PRIVATE FOUNDATIONS, TELETHONS.

JAMES STEPHEN TURNER FAMILY FOUNDATION I

26-4386453

FORM 990-PF

OTHER REVENUE

STATEMENT 12

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
7/6 INVESTMENT PARTNERSHIP, LP	211110	-28,176.	14	43,447.	
BEDELIA STREET			14	25.	
DG STORE III LP	531120	141,592.	14	-78,288.	
TD REAL ESTATE LP			14	28,430.	
TURSON LP	211110	10,454.	14	310.	
TOTAL TO FORM 990-PF, PG 12, LN 11		123,870.		-6,076.	

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