Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0047

2949110002716

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. 2019, and ending For calendar year 2019 or tax year beginning A Employer identification number Name of foundation 45-2996149 Ty 2 Foundation, Inc. Room/suite B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) 615-333-9369 4539 Trousdale Drive City or town, state or province, country, and ZIP or foreign postal code C_If_exemption_application_is_pending,.check.here > Nashville, TN 37204 ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Name change ☐ Address change check here and attach computation Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here 3767240 (Part I, column (d), must be on cash basis.) line 16) ▶ \$ (d) Disbursements Part Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable. amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes books the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants etc., received (attach schedule) 2 Check ► ☐ If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 6556 4 Dividends and interest from securities . . . 66971 66971 Gross rents Net rental income or (loss) b 24759 Net gain or (loss) from sale of assets not on line 10 **6a** b Gross sales price for all assets on line 6a 24759 Capital gain net income (from Part IV, line 2) . . . 7 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . 357841 98286 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) 594 and Administrative Other professional fees (attach schedule) . C OGDEIN 17 Taxes (attach schedule) (see instructions) 18 1941 1941 19 Depreciation (attach schedule) and depletion . 20 Occupancy . . . 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 21169 21169 Operating Total operating and administrative expenses. Add lines 13 through 23 23704 23110 25 Contributions, gifts, grants paid . . . 163125 26 Total expenses and disbursements. Add lines 24 and 25 186829 Subtract line 26 from line 12 Excess of revenue over expenses and disbursoments 75176 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) .

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2019)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only. (See instructions)	. · (a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	634660	173670	173670
,•	2	Savings and temporary cash investments	64422	63535	63535
	3		or have a large selection of the control of		
		Accounts receivable ► Less: allowance for doubtful accounts ► Pledges receivable ► Less: allowance for doubtful accounts ►			
	4	Pledges receivable •			
		Less: allowance for doubtful accounts ▶		CONTROL OF THE STATE OF THE STA	
	-5	-Grants-receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7				
		Less allowance for doubtful accounts ▶	 	DESCRIPTION OF THE PROPERTY CONTROL OF	ATTICATION TO VINCENSIS CONTRACTOR OF THE
છ	8	Inventories for sale or use			
set	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U.S. and state government obligations (attach schedule)		-	
_	b	Investments—corporate stock (attach schedule)	240468	248539	408107
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶ 461200			
	• •	Less: accumulated depreciation (attach schedule) ▶		461200	461200
	12	Investments—mortgage loans		70.200	101200
}	13	Investments—other lattach schedule)	2147443	2311061	2660728
}	14	Land, buildings, and equipment: basis >			MARIE AND PROPERTY AND AND ADDRESS OF THE ADDRESS O
	• •	Less. accumulated depreciation (attach schedule) ▶	KANDON TO TO THE FACTOR SEASONS SEATING	Mind the other of the Court of	Saithfill 14.20 - 10.000 Ann Ann 1877 (Bullette 1.7 (B. 1) An Eil fait an
	15	Other assets (describe ▶)			ÿ
ſ	16	Total assets (to be completed by all filers-see the			25
	,,	instructions. Also, see page 1, item I)	3086993	3258005	• • •
	17	Accounts payable and accrued expenses		\	V. Programme State and Company
	18	Grants payable		 	
<u>ë</u>	19	Deferred revenue			
#	20	Loans from officers, directors, trustees, and other disqualified persons	· · · · · · · · · · · · · · · · · · ·		
Liabilities	21	Mortgages and other notes payable (attach schedule)			28.278.00 (A.C. 1975)
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)			
S		Foundations that follow FASB ASC 958, check here ▶ □			HOTEL BUTTON
Balances		and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions	3086993	3258005	
Ba	25	Net assets with donor restrictions			
ਭ		Foundations that do not follow FASB ASC 958, check here ▶ □			MET NOW AND THE
ا ج		and complete lines 26 through 30.			
Net Assets or Fund	26	Capital stock, trust principal, or current funds	_		
S	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
e.	28	Retained earnings, accumulated income, endowment, or other funds			
AS:	29	Total net assets or fund balances (see instructions)	3086993	3258005	
#	30	Total liabilities and net assets/fund balances (see			
ž		instructions)	3086993	3258005	
Pa	telli.	Analysis of Changes in Net Assets or Fund Balances			
1	Tota	I net assets or fund palances at beginning of year-Part II, colu	mn (a), line 29 (mus	t agree with	
		of-year figure reported on prior year's return)			3086993
2	Ente	r amount from Part I, line 27a	· · · · · · ·	2	171012
3		er increases not included in line 2 (itemize) ▶		3	
4		lines 1, 2, and 3		4	
5	Decr	reases not included in line 2 (itemize) >		5	
6	Tota	eases not included in line 2 (itemize) ▶ I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 29 6	3258005

Part	IV Capital Gains and	d Losses for Tax on investn	nent Income			
		ind(s) of property sold (for example, real e use; 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	LT Capital Gains FTB Advi	sors #F3A-5805		Р	Various	Various
ь	ST Capital Gains FTB Advi	sors #F3A-5805		P	Various	Various
c	LT Capital Gains Distributi	ons FTB Advisors #F3A-5805		Р	<u>Various</u>	Various
<u>d</u>	ST Capital Gains Distributi	ons FTB Advisors #F3A-5805		P	<u>Various</u>	Various
<u>е</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	other basis nse of sale		n or (loss) I) minus (g))
a	192365			187245		5120
<u> </u>	14939			14340		599
c	18389					18389
<u> </u>	651					651
<u> e </u>				10/01/00		
	Complete only for assets sho	owing gain in column (h) and owned		3		. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		t less than -0-) or rom col. (h))
<u>a</u>	<u> </u>					
<u> </u>						
<u>c</u>						
<u>d</u>	<u>-</u>	·			<u> </u>	<u></u>
<u>е</u>						
2	Capital gain net income of		also enter in Pa , enter -0- in Pai		2	24759
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c). See instru	ctions, If (loss)	: , enter -0- in }	3	,
Part	V Qualification Unc	der Section 4940(e) for Redu	iced Tay on N	et Investment	Y	
		ivate foundations subject to the				,
	ion 4940(d)(2) applies, leav	•	Section 4540(a)	tax on het livest	inent income.)	
Was t	he foundation liable for the	section 4942 tax on the distribu			pase period?	☐ Yes ☐ No
1 Yes		qualify under section 4940(e). Do			okina ony ontrino	.
_ <u>'</u> _	(a)	ount in each column for each year			aking any entries.	(d)
Cale	Base period years indar year (or tax year beginning in	Adjusted qualifying distribution	s Net value of	(c) f noncharltable-use a		ribution ratio livided by col. (c))
	2018					
	2017					
	2016			·		
	2015		<u> </u>			· · · · · · · · · · · · · · · · · · ·
	2014	<u> </u>				<u> </u>
_						
2	Total of line 1, column (d)				. 2	
3		ofor the 5-year base period—divolundation has been in existence				
4	Enter the net value of nor	ncharitable-use assets for 2019 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4 attention and ine 7, check the box in			. 8 that part using a 1	% tax rate. See the

Part		<u>∍e in</u>	struction	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	到語		
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	進出		
, p	Domestic foundations that meet the section 4940(e) requirements in Part V, check			752
	here ▶ ☐ and enter 1% of Part I, line 27b	國意		
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				
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	- 422	Caramasibus	752
6	Credits/Payments:	7. W		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a	1		
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			Hertin
7	Total credits and payments Add lines 6a through 6d			
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			752
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities	. 15	Ye:	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?		ta	140
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	-	'-	+
b	instructions for the definition	,	1b	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	als 🖟		
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	L	1c	1
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	4.5		認識
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	_ #		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	<u> </u>		
_	on foundation managers. ▶ \$	T.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	3	2	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	es 🖁		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	L	3	1
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	L	4a	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	L	4b	1
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	L	5	1
	If "Yes," attach the statement required by General Instruction T.			BREI
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 the conflict with the state law remain in the governing instrument?	at 🖁	6 1	
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 X	xv [7 ✓	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	₩	12 5	
	Tennessee			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener (or designate) of each state as required by General Instruction G? If "No," attach explanation		8b /	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of			
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes	s,"		
	complete Part XIV		9	/
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses	eir	10 🗸	

Part	VII-A Statements Regarding Activities (continued)			
	•	1	Yes	No
11 •	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		V
	Website address ▶ www.tyfoundation.org			
14	The books are in care of ▶ Ty Osman Telephone no. ▶ 61	5-333-	9369	
	Located at ► 4539 Trousdale Drive, Nashville, TN ZIP+4 ►	3720	4	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			, ,,
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1
•	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes		7.	31
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes . No. (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes . No. (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	, , , ,	47 \$2.0 1 1 1 1	å
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			, p
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	- 1b	-	- /
	Organizations relying on a current notice regarding disaster assistance, check here	, , t	^ ;;* * _*	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	15 Hr	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	, r	1	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?		-	. gw.
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	,	.,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20, 20, 20		\$ 5.67	·
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		3	
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b	1	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	.,	4.5	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		1

	2
⊬aqe	τ

Par	VIEB Statements Regarding Activities	s tor w	vnich Form	4/20	may be H	equire	ea (contil	nueu)		
5a	During the year, did the foundation pay or incur								. # .	Yes No
	(1) Carry on propaganda, or otherwise attempt t(2) Influence the outcome of any specific public						Yes	☑ No		
	directly or indirectly, any voter registration dr			•			☐ Yes	☑ No	11.	1 3 3 4
	(3) Provide a grant to an individual for travel, stu						☐ Yes	✓ No	1.	E 45
	(4) Provide a grant to an organization other than					ribed in		[] A1.	1 1 m	3, "4"
	section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious					 ontional	Yes	✓ No	\ ,= <u>i</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	purposes, or for the prevention of cruelty to	, chant childrer	able, scientili nor animals?	c, illera	ily, or educ		□Yes	✓ No		10 - 17 mm mg
b	If any answer is "Yes" to 5a(1)–(5), did any of the									1 1 22
-	in Regulations section 53.4945 or in a current no	tice re	garding disas	ter assi	istance? S	ee instr	uctions		5b	
	Organizations relying on a current notice regardi							▶ [1 13 63	70 37
C	If the answer is "Yes" to question 5a(4), does t			exem	ption from	the tax	:		*)	1. 7. C. 15.
	because it maintained expenditure responsibility						☐ Yes	☐ No	から	1000
•	If "Yes," attach the statement required by Regula								1 2	1 1 1
6a	Did the foundation, during the year, receive any on a personal benefit contract?			Jirectly	, to pay pri		∖ ∏Yes	√ No		A
ь	Did the foundation, during the year, pay premium			ctlv. on	a persona	l benefi			6b	/
-	If "Yes" to 6b, file Form 8870.	10, 4		, ,					7 4 52 7	رد ن ربعن و ع
7a	At any time during the tax year, was the foundation								\$	
b	If "Yes," did the foundation receive any proceed							n? .	7b	
8	Is the foundation subject to the section 4960 ta								100	[1]
	remuneration or excess parachute payment(s) de VIII Information About Officers, Direction									10En 4 2 1 3 5 3
Par	VIII Information About Officers, Direction and Contractors	tors,	irustees, r	Junua	uon wan	ayers,	riigiliy i	-aiu E	itibioy	ees,
1	List all officers, directors, trustees, and found	ation r	nanagers ar	d their	compens	ation. S	See instru	uctions	<u> </u>	
	(a) Name and address	hou	e, and average irs per week ed to position	(If r	mpensation not paid, iter -0-)	emple	Contribution byee benefit erred compe	plans		ense account, allowances
ee at	ached									
								_		
						0				
					<u> </u>					
					- 	·		,		
2	Compensation of five highest-paid employee "NONE."	es (oth	er than thos	se incl	uded on li	ne 1-	see instr	uction	s). If n	one, enter
	a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v	veek	(c) Compe	nsation	(d) Contribi employee plans and	benefit		ense account, allowances
			devoted to pr	osition		_	compen			
I/A										

						· · · · · · · · · · · · · · · · · · ·				
			`							
			l							
	number of other employees paid over \$50,000 .		L							

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	£."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A		
		}

Tota	I number of others receiving over \$50,000 for professional services	
	t IX-A Summary of Direct Charitable Activities	l
_		
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Both Hands Foundation	
-	P.O. Box 2713	l
	Brentwood, TN 37027	25000
2	Jovenes En Camino	2000
_	P.O. Box 2883	Í
	Brentwood, TN 37027	25000
3	Christian Community Services, Inc.	23000
•	601 Benton Avenue	*-
	Nashville, TN 37204	25000
4	Mountains Beyond Mountains	25000
•	5200 Granny White Pike	
	Nashville, TN 37220	7
Pai	t IX-B Summary of Program-Related Investments (see instructions)	25000
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
•	***************************************	
	***************************************	•
2		
2		
	•••••••••••••••••••••••••••••••••••••••	
ΑΙ	other program-related Investments. See instructions.	
3	i vinoi program romico integnitento. Coe industriono.	
3		
Tea	1 Add lines 1 through 2	
1018	II. Add lines 1 through 3	- 000 BE

Form **990-PF** (2019)

Part		ign fou	ndations,
	. see instructions.)	Territoria	
. 1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2862544
b	Average of monthly cash balances	1b	393588
C	Fair market value of all other assets (see instructions)	1c	461200
d	Total (add lines 1a, b, and c)	1d	3717332
e_	Reduction claimed for blockage or other factors reported on lines_1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3717332
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	Γ	
	instructions)	4	55760
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3661572
6	Minimum investment return. Enter 5% of line 5	6	183079
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	ounda	tions
1	Minimum investment return from Part X, line 6	1	183079
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	752
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	182327
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	182327
6	Deduction from distributable amount (see instructions)	6	: .
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		-î.
	line 1	7	182327
Part	XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
b	Program-related investments—total from Part IX-B	1b	
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:		+-
а	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	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whet	her the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		
			Form 990-PF (2019)

Part	Undistributed income (see instruction	ons)			
	•	(a) Corpus -	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				182327
2	Undistributed income, if any, as of the end of 2019.				
а	Enter amount for 2018 only			153907	
b	Total for prior years: 20 15 , 20 16 , 20 17		428259		
_3	Excess distributions carryover, if any, to 2019:				
a	From 2014				
0	From 2015				
4	From 2017				
e	From 2018				
f	Total of lines 3a through e		PARAGRESS STATES		
4	Qualifying distributions for 2019 from Part XII, line 4. ▶ \$				
а	Applied to 2018, 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 required—see instructions)	Character (17) July April 4 delivers of July 1			
d	Applied to 2019 distributable amount				States to the training to the state of
e	Remaining amount distributed out of corpus	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N. D. S. WALLES	
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	,			4. 1997 . 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
6	Enter the net total of each column as indicated below	', ', ',			
а	Corpus. Add lines 3f, 4c, and 4c. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract' line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				182327
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 2014 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2015				
b	Excess from 2016				
c d	Excess from 2017				
e	Excess from 2019				

Dort	XIV Private Operating Founda	tione (see instr	uctions and Par	VII-A guestion 9	1	
Part	If the foundation has received a rulin				<i></i>	
12	foundation, and the ruling is effective for	or 2019, enter the d	i letter that it is a late of the ruling .		N.	/A
· b	Check box to indicate whether the fou					(3) or 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year	l	Prior 3 years	<u> </u>	
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
b	85% of line 2a					
C	Qualifying distributions from Part XII, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
C	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income		<u> </u>		1.05.000	<u> </u>
Part	Supplementary Information			the foundation h	ad \$5,000 or m	ore in assets a
	any time during the year-		ms.)			
1 a	Information Regarding Foundation List any managers of the foundation before the close of any tax year (but	who have contrib				by the foundation
Гу <u>&</u> N	Nancy Osman - \$250,000					
b						irge portion of the
	ownership of a partnership or other e	entity) of which the	e foundation has a	a 10% or greater int	erest.	
WA_						
2	Information Regarding Contribution Check here ▶ ☑ if the foundation unsolicited requests for funds. If the complete items 2a, b, c, and d. See it	only makes con foundation makes	tributions to pres	elected charitable		
а	The name, address, and telephone n		ddress of the pers	on to whom applica	ations should be a	ddressed:

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

c Any submission deadlines:

	XV Supplementary Information (conti	nued)	al dan Par	hura Daymant	
3	Grants and Contributions Paid During t	ne tear or Approve	ea for Ful	dre Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
		or substantial contributor	reciplent		
а	Paid during the year				
					40040
See at	tached list				163125
	•				
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		1			
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]
					İ
	Total			▶ 3a	163125
b	Approved for future payment				
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			-		
			[
			1		
	Total				

ente	er gross amounts unless otherwise indicated.		islness income	Excluded by sect	ion 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Program service revenue:					(CCC IIISII CCIICIIS.)
	a					
	b					<u> </u>
	C					
	d					
	e					
			<u> </u>		 	<u> </u>
_	g Fees and contracts from government agencies	<u>,</u>		<u> </u>	<u> </u>	
_	Membership dues and assessments					6556
3	Interest on savings and temporary cash investments Dividends and interest from securities					6556 66971
4 5	and the second s	C1535 \$188 \787	was no resident and	- ("April	72.24 35.00 22.20	10 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ş	a Debt-financed property	क्रियानी विकास के किर्मानी क्रियानी जिल्हा क्रियानी क्रियानी क्रियानी क्रियानी जिल्हा	MICHAEL TANKE ARTHUR	անը հայագացինի ինչակը գույթի էի այրա	litter - par bent little trent it feit, höfag Madeberg i	Tree with a fact of the to
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7						
8			· 			24759
9	Net income or (loss) from special events					24/33
10				<u> </u>		
11						
• •						
	c					
	d		· 			
	e					
40	Cubtatal Add calumas (b) (d) and (a)	Jews. "Handson		Palarote		00000
12	Subtotal, Add Columns (b), (d), and (e) , , , , ,	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m		I 98286
	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				13	98286 98286
13					13	98286
13 See	Total. Add line 12, columns (b), (d), and (e)	 s.)			13	
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s.) ccomplishm	ent of Exemp	t Purposes		98286
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
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13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
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13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286
13 See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		98286

Form 99	0-PF (2019)		•				Page 13
Part	XVII	Information Organization	n Regarding Trai	nsiers to and Transacti	ons and f	Relationship	e With N	
a b	In a creation of the creation	the organization of section 501(c) (of section 501(c) (of sections? nafers from the reposition of the reposition of the resections: Other assets of the reposition of the rep	lirectly or indirectly ther than section sorting foundation to a noncharitable exits from a noncharita	able exempt organization . er assets	or in sector and a	n of:	ing to p	1a(1) V 1a(2) V 1b(3) V 1b(5) V 1b(5) V 1c V 1c
	valu	ie of the goods, o	thar assets, or serv	ices given by the reporting	foundation	n. If the founda	tion receh	ved teas than fair market
				gement, show in column (d)				
(a) Lh	e no.	(b) Amount involved	(a) Name of none	noiterinagno iquiera aideitead	(d) Deec	ription of transfera	, trensection	e, and sharing arrangements

					- 	· · · · · · · · · · · · · · · · · · ·		
								
ΨΨ			······································					`
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		-						*
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				· · · · · · · · · · · · · · · · · · ·				169
2a b	des	scribed in section (ectly or indirectly (501(c) (other than so ofollowing scheduk	affiliated with, or related to ection 501(c)(3)) or in sectio s.	o, one or n n 527? .	nore tax-exem	pt organiz	zations Yes . No
		(a) Name of organ	ization	(b) Type of organizati	on	(K	Doecription	of relationship
		······		· · · · · · · · · · · · · · · · · · ·				
						 		
				· · · · · · · · · · · · · · · · · · ·		 		
			<u> </u>			 		• • •
	Un	der penalties of perjury, I	declare that I have examin	ned this return, including accompanyth	g schedules a	nd etatements, and t	to the best of	my knowledge and belief, it is true.
Sign		mect, and complete. Decl Naucy gnature of officer of true	LOrnan	111/1/20	on of which pro Se CA itle	utary	lodge.	May the IRS discuss this return with the properer shown below? See instructionsYesNo
Paid		Print/Type preparer	's name	Grebarer's signature	COA	Date		k 🗍 t PTIN
Prep	are			MEN JUNE	WA	1111012		mployed P01842995
Use	Only		Julie Newton CPA, F		,	1 -	Firm's EN ▶	
		Firm's address ▶	2014 Autumn Ridge	Way, Spring Hill TN 37174			Phone no.	615-889-0105
								Form 990-PF (2019)

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	undation, Inc.		45-2996149			
	zation type (check	one):				
Filers o	of•	Section:				
riibi 5 C	,,,,	0000011				
Form 990 or 990-EZ		501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private for	pundation			
		527 political organization				
Form 990-PF		✓ 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private found	ation			
		501(c)(3) taxable private foundation				
	Only a section 501(c	is covered by the Ganeral Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See			
Genera	il Rule					
7		on filing Form 990, 990-EZ, or 990-PF that received, during the year, co or property) from any one contributor. Complete Parts I and II. See ins contributions.				
Specia	l Rules					
	regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9nd that received from any one contributor, during the year, total contrib of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line outions of the greater of (1)			
	contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to get the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals.	us, charitable, scientific,			
	contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to get the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribration and exclusively religious, charitable, etc., purpose. Don't complete any olles to this organization because it received nonexclusively religious, charitable, etc., purpose in the second	ses, but no such outions that were received of the parts unless the naritable, etc., contributions			
		hat isn't covered by the General Rule and/or the Special Rules doesn't must answer "No" on Part IV, line 2, of its Form 990; or check the box of				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

realite of organization

Employer identification number

Ty 2 Foundation, Inc. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c)
Total contributions (d) (a) Type of contribution Name, address, and ZIP + 4 No. Ø Person __1 Ty & Nancy Osman П Payroll. Noncash 250000 1730 Andrew Crockett Court (Complete Part II for noncash contributions.) Brentwood, TN 37027 **(d)** (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person Payroll П Noncash (Complete Part II for noncash contributions.) **(d)** (c) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) **(b)** (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace 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
		\$	NAA.
(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

Part III

Employer identification number

•	(10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for t	ations completing Part	iii, enter the tota	Complete columns (a) through (e) and all of exclusively religious, charitable, etc., see instructions.) > \$		
	Use duplicate copies of Part III if ad					
(a) No. from Part I	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held		

	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		

	(e) Trans Transferee's name, address, and ZIP + 4		fer of gift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
-		(e) Transfe	r of alft			
	Transferee's name, address, and ZIP + 4		-	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
	Transferee's name, address, a	(a) Transfel and ZIP + 4	•	Relationship of transferor to transferee		

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

Ty 2 Foundation, Inc.			1	
Attachment to Part VIII:				
			Contributions	Expense
Name/address	Title/Avg Hours Compensation	Compensation	to Emp Benefit Plans	Account
Ty Osman				!
1730 Andrew Crockett Court, Brentwood, TN 37027	N/A	1	*	
Nancy Osman				
1730 Andrew Crockett Court, Brentwood, TN 37027	N/A	•		
Adair Osman McNeil				1
4400 A Lealand Lane, Nashville, TN 37204	A/N	•	1	
Kendall Osman				
1730 Andrew Crockett Court, Brentwood, TN 37027	N/A	•		!
Brennan McNeil				;
4400 A Lealand Lane, Nashville, TN 37204	NA	1		

-h,

Ty 2 Foundation, Inc. Attachment to I Line 23 Schedule of Other Expenses

Investment Fees	\$ 20,872
Fees	240.00
Bank Charges	 57
	\$ 21,169

Ty 2 Foundation, Inc.
Attachment to II Line 10
Schedule of Investments - Corporate Stock

Wilson Bank & Trust

\$ 408,107

Ty 2 Foundation, Inc.
Attachment to II Line 13
Schedule of Investments

FTB Advisors, Inc. Ameritrade \$ 1,586,030 1,074,698 \$ 2,660,728 Ty 2 Foundation, Inc.
Attachment to VII-A #10
Schedule of Substantial Contributors

Ty & Nancy Osman 1730 Andrew Crockett Court Brentwood, TN 37027 \$ 250,000

Ty 2 Foundation, Inc.
Attachment to Part XV

Schedule of Contributions during year

JH Ranch	10,875
402 Office Park Dr, Ste 310	- / - / - /-
Birmingham, AL 35223	
Mountains Beyond Mountains	25,000
5200 Granny White Pike	,
Nashville, TN 37220	
Both Hands Foundation	25,000
P.O. Box 2713	,
Brentwood, TN 37027	
Jovenes En Camino	25,000
P.O. Box 2883	,
Brentwood, TN 37027	
Nations Ministry Center	5,000
P.O. Box 128154	•
Nashville, TN 37212	
Lipscomb University	1,000
1 University Park Dr	
Nashville, TN 37204	
Hard Bargain	5,000
P.O. Box 545	
Franklin, TN 37065	
Healing Hands Foundation	10,000
7 Scotts Manor Ct	
Baltimore, MD 21053	
Missions Lazarus	20,000
P.O. Box 150524	
Nashville, TN 37215	
North Alabama Outback	350
402 Office Park Dr, Ste 310	
Birmingham, AL 35223	•
Outback America	10,000
6010 Martingale Lane	
Brentwood, TN 37027	
Woodmont Hills Church	200
3710 Franklin Pike	
Nashville, TN 37204	ı
Various Mission Trips	700
Christian Comm Services	
601 Benton Avenue, Ste B	
Nashville, TN 37204	25,000
	\$ 163,125