Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public

		calendar year, or		eginning		, and endin	a				ection .
_ E		C Name of organization							D Emple	oyer Identification nu	
L	Address change		51	LO FOUNI	OATION				1	Pyci Reminication no	niber
	Name change	Doing business as			<u> </u>				-	***2900	
Г	Initial return	Number and street (510 WOODI	or P.O. boxif '. ሽእ ነገጉ ር !	mai is not dešvi មេខាធាកា	ered to street addres	is)		Room/suite	E Teleph	none number	
F	Final return/	City or town, state o	C DIOVIDOS ON	Infry and 7/D or	foreign nortal and				615	-250-1140)
느	terminated	NASHVILLE		9.03, CHG ZI) O							
L	Amended return	F Name and address		icer	TN 37206	<u> </u>			G Gross	receipts \$	239,027
	Application pending	DAVID H		ю.				Ittes to min			
-	_	510 WOO		STREE!	n			n(a) is us a	akonib ternili k	or subordinates? 🔲 Y	res X No
		NASHVILI		STREET	_			H(b) Are all s	ubordinates l	nctuded? 🔲 Y	∕es 🗌 No
	Tax-exempt status:					37206		איזו	o," attach a Ii	ist (see instructions)	
<u></u> -		[X] 501(c)(3)	501(c)	() <	(insert no.)	4947(a)(1) or	527				
ĸ	Form of organization:		T				·	H(c) Group ex	emption num	iber 🕨	
•	A 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Trust	Association	Other >		L Y	ear of formation:		M State of legal do	omicie: TN
1.00		immary									
	I Dilelly de	scribe the organiza	ition's miss	sion or most	significant acti	vities:					
ğ		SCHEDOTE O	· · · · · · · · · · · · · · · · · · ·			************			******	***************	**********
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Governance	2 Charletti		• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •							
	2 Check thi	s box if the of	organizatio	u aiscontinue	20 IIS operation	s or disposed :	of more than 259	% of its net as	sets		
≪ 3										7	
Activities	4 Number o	f independent votin	g member	s of the gove	erning body (Pa					7	
₹.	1			i vaivilual ve	ar 2016 (Part '	√, line 2a)		************	5	<u> </u>	
Ą	,		souriate it	11000033GIY/					6	30	
	7a Total unre	lated business reve	nue from I	Part VIII, col	limn (C) lina 1	2				1 30	
_	b Net unrela	ited business taxab	le income	from Form 9	90-Toline 34	S ESSEN VA			7a		0
					1 31	V C I H		Prior Ye	7b	Current Ye	0
ne	O December	ns and grants (Par	t VIII, line	1h)	J. o J	<i>J.</i> I	Y – F		6,920		7,216
Ven	9 Program s	ervice revenue (Pa	rt VIII, Iine	2g)		·····	13				<u>, , 2.10</u>
Revenue	10 investmen	income (Part VIII,	column (A), lines 3, 4,	and 7d\			10	5,404	71	L,890
	11 Other reve	nue (Part VIII, colui	mn (A), line	es 5, 6d, 8c,	9c, 10c, and 1	16)			,284		9,921
	12 10(0) 10101	ide - add imes o tr	nough 11 (imust equal :	Part VIII. colum	n (A), line 12)			, 608		027
	io Granis and	i siiniiar amounts pi	aid (Part I)	column (A), lines 1–3\				,509		
	14 Benefits pa	ild to or for membe	rs (Part IX,	, column (A),	lino 4\				,,005		$-\frac{0}{2}$
S S	15 Salaries, o	ther compensation,	employee	benefits (Pa	rt IX, column (A), lines 5-10)					0
eus		n intra gion i di 1662 (rait ix, co	Diumn (A). IIr	16 11e)		1				0
Expenses								- 1980 - SWY 1-1989 -	-380 KBa	1861 onga inganika ngoka ng	0
۳,	11 Outor expe	mee (Fait IV, COIU)	on (A), une	es 11a–11d.	11f~24e)		••••••••	16	,090	240	
		1000. 7 100 11163 10-	ar (must e	quai Pan ix	, column (A). li	ne 25)			,599	248	,932
- "	19 Revenue le	ss expenses. Subtr	act line 18	from line 12		· · · · · · · · · · · · · · · · · · ·			,991	248	,932
25 C						<u> </u>	В	eginning of Curre	, 991		,905
Assets Balanc		(Part X, line 16)					1		,876	End of Year	,971
Zer A		es (Part X, line 26)							0	000	, <u>9/1</u>
100	22 Net assets	or fund balances. S	ubtract line	e 21 from lin	~ ^^			898	,876	900	,971
	irt II Sign	ature Block									
Und	der penalties of per	iury, I declare that I h plete. Declaration of p	ave examin	ed this return,	including accom	panying schedule	es and statements	and to the bee	t of market		
———	s, contect, and com	plete. Declaration of p	reparer (oth	er than officer) is based on all	information of w	hich preparer has	any knowledge.	LOINY KNO	wiedge and belief, i	it is
											
Sigr		ture of officer							Date		
Here	• <u> </u>	AVID HAYN	ES				PRESIDE	MT	Dato		
		or print name and title			-						
Dald	Print/Type pri	parer's name	_	P	reparer's signature			Date		DTIN	
Paid	MARTIN G	. MAGUIRE		м	ARTIN G. MA	GUIRE		1	Check	if PTIN	
Prepa	Lattic Desire	→ BROW	M & V	AGUIRE	CPAS.	PLLC		1 -	7 self-emplo		
Use C	only	502 1	N GARI	DEN ST	# 208			Firm	s EIN)	**-***46	94
	Firm's address	: → COLUM	ÆΙΑ,	TN 38	3401					004 000	
May ti	he IRS discuss ti	nis return with the p	reparer sh	own above?	(see instruction	18)		Phor	10 no.	<u>931-388-3</u>	3008
For Pa	perwork Reduction	on Act Notice, see ti	ne separate	instructions		···/	*************		····	X Yes	No
WW										Form 99	0 (2016)

Form 990 (2016) 510 FOUNDAT	!ION	**-***2900	_
Part III Statement of Prog	ram Service Accomplishme	nto	Page
Crieck ir Schedule (Contains a response or note	to any line in this Part III	
Briefly describe the organization's SEE SCHEDULE O	mission:		······································
* *************************************		***************************************	*********************
			·····
2 Did the organization undertake any prior Form 990 or 990 F72	Significant program continue duit de		
prior Form 990 or 990-EZ?	organicant program services during the	ne year which were not listed on the	
If "Yes," describe these new service	s on Schedule O		Yes X N
3 Did the organization cease conducti	ing, or make significant changes in h	Out it sand of	
services?	of a make eignmeent changes III II	ow it conducts, any program	
If "Yes," describe these changes on	Schedule O.	h2.m.	Yes X No
Describe the organization's program	Service accomplishments for each	f its three largest program services, as measured	
			by
the total expenses, and revenue, if a	any, for each program service reports	d	ers,
			
a (Code:) (Expenses \$	151,871 including gra	ants of \$	
EAST NASHVILLE LIFE			\$
TO THE EAST NASHVIL	LE COMMUNITY) - 51	ASHVILLE FIRST CHURCH OF 0 FOUNDATION GRANTED FUN	THE NAZARENE
			DS TO PROVIDE
SUPPLIES TO NEEDY I	NDIVIDUALS AND FAM	ILIES TANGUAGE ADM AND	HOUSEHOLD
LESSONS.	***************************************	ILLIES, LANGUAGE, ART AND	MOSTG
*	***************************************		

* *************************************			
* * * * * * * * * * * * * * * * * * * *			
*			
b (Code:) (Expenses \$	44,833 including gran	is of \$) (Revenue \$	
CHERYL'S LIST (A DIV	ISTON OF BUT CORP.	and the state of t	
COMMINITARY TORNITURE I	O NEEDY INDIVIDUAL	ORATION) PROVIDES BEDS, N LS AND FAMILIES IN THE N	JOHNILLE
SOMMONT I I			1011 A T.11116
· · · · · · · · · · · · · · · · · · ·		***************************************	

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* * * * * * * * * * * * * * * * * * * *			

	***************************************	***************************************	
(Code:) (Expenses \$	0.5.4.5		
	34,412 including grant	s of \$) (Revenue \$	
NATHER PARTY AND ADDRESS OF THE PARTY OF THE	CH OF THE NAZARENE	- SUPPORT OF VARIOUS MI	NISTRIES OF
ASHVILLE FIRST CHURC	CH OF THE NAZARENE	•	MEDITITED OF

•		•••••	
·			

	***************************************	***************************************	
	***************************************	***************************************	

Othorna			,
Other program services (Describe in Sch			
(Expenses \$	including grants of \$) (Revenue \$	
Total program service expenses ▶	231,116	7 Contract V	

Form 990 (2016) 510 FOUNDATION Part IV Checklist of Required Schedules

			T	
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
,	complete Schedule A	1	x	
2	To deliver to deliplate deliplate of contentions (see instructions)?	2	X	\vdash
3	and the state of t		 -	
	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the exemplations.	3		x
4	or (o)(o) organizations. Did tile organization engage in lobbying activities, or have a section 501/h)		1	
5	election in enect during the tax year? If "Yes," complete Schedule C. Part II	4	}	x
U	to the manufacture of the control of		1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
6	Part III Did the organization maintain any donor advised funds or any similar funds or account for	5	1	X
·	and advice device in the straight fully straight for which donore			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part !			[
7	Did the organization receive or hold a consequence	6	<u>L</u> .	Х
•	TO THE RESERVE OF THE ACTUAL O			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u></u>	X
Ĭ	complete Schedule D. Part III	1	-	
9		8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients and the custodian for amounts not listed in Part X; or provide coefficients not listed in Part X; or provide coefficients not listed in the custodian for amounts			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		<u>X</u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	1	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<u>X</u> _
	VII, VIII, IX, or X as applicable.	70.003	3.00	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
a				
	complete Schedule D, Part VI		ı	
b	Did the organization report an amount for investments—other securities in Part X line 12 that is 5% or more	11a		<u>X</u>
	of its total assets reported in Part X, line 16? If "Yes," complete, Schedule D. Part VII			
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		<u> </u>
	Of its 10tal assets reported in Part Y. line 162 if "Voe." complete Octobritis D. D. 1444	l l	- 1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		<u>x</u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			7.5
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes " complete Schoolule D. Bart X	110	— -	$\frac{\mathbf{x}}{\mathbf{x}}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> </u>
	the organizations liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedulo D. Book V.	446	ĺ	77
12a	Did the organization obtain separate, independent audited financial statements for the tay year? If "You" complete	11f	-+	<u>x</u> _
	Scriedule D, Paris XI and XII	12a		v
b	read the digateration included in consolidated, independent audited financial statements for the target of	124	-+	<u>X</u> _
	"Yes," and if the organization answered "No" to line 12a, then completing Schodulo D. Boda VI. and VII.	12b	- 1	x
13	Total Trouble Schedule F	13	— -	X
14a	o and office, of agents buiside of the United States?	14a	— 	<u>x</u>
b	and the dispersion rate dispersion of expenses of more than \$10,000 from granimaking			<u></u> .
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
A E	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A) line 3, more than \$5,000 of country.	14b	-	X
15	o the first with all with dolors in the straint about the straint and the stra			 -
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A) line 3, more than 0.5 and	15	- 1	X_
10	The state of the s			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of organization.	16		X
••			1	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundsising event areas in professional fundations)	17	:	X
	Part VIII lines 1c and 802 # "Vee complete Schedule Of University gross income and contributions on			_
19	Did the organization report more than \$45,000 of gross income.	18	:	<u> </u>
	and the organization report more than \$15,000 or gross income from gaming activities on Part VIII. line 0.22	1		
	If "Yes," complete Schedule G, Part III	19	_ _ :	<u> </u>

Part IV Checklist of Required Schedules (continued)

2	Oa Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			Yes	_
_	b if ites to line 20a, did the organization attach a copy of its audited financial statements to this return?	····· [20a		_2
2	and the organization report more than \$5,000 of grants or other assistance to any domestic organization or	····· 4	d0!		\vdash
0.0	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts Land II		21		•
2:	bid the organization report more than \$5,000 of grants or other assistance to or for domestic individuals as	····· [-			>
0.0	r are ix, column (A), line 27 ir Yes," complete Schedule I. Parts I and III	1.	22	ļ	X
23	to to fait vii, section A, line 3, 4, or 5 about componential of the	····· 	+		
	organizations correct and former officers, directors, trustees, key employees, and highest companyated	ŀ		- 1	
24	chiployees? If tes, complete Schedule J		23	- 1	Х
44	a bld the diganization have a tax-exempt bond issue with an outstanding principal amount of more than	····	-	-+	
	\$ 100,000 as of the last day of the year, that was issued after December 31, 20022 If "Vec " answer lines 245.				
	undagn 24d and complete Schedule K. If "No," go to line 25a	24	a		Х
	and the state of t	24		-+	
,	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		_	一十	
	Did the organization act as an "on behalf of issuer for head."	24	С	- [
25	and the use of the latter of issuer for bongs outstanding at any time during the year?	····	$\overline{}$	<u> </u> -	_
	organizations. Did the organization engage in an execution beauti	···			_
ŀ	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	- 1	X
•	and a digaged in an excess penelli iransaction with a diequalified person to and a			7	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	1		- 1	
26	Did the organization report any amount on Dad V. Have to a	25	b		X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	··· [—			_
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	ļ			
27	Did the organization provide a grapt or other analyticate to a 1/2	26	;	1.	X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof a great calculation.		T		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	- 1			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	上	:	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former office-tor, trustee, or key employee? If "Yes," complete Schedule L, Part IV				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	止	:	X
	Schedule L, Part IV				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28h	Ш.	_ 2	X
	and an officer, discuss, fusice. Of direct of indirect owners if "Vec " complete Ceta-later to the	- 1			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other size."	28c			<u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 29	<u> </u>		<u>X</u>
	conservation contributions? If "Yes," complete Schedule M	1		ľ	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		_ 2	<u>K</u>
	Part I			1	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	<u>L</u> -	<u> </u>	<u>. </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	ļ	<u> </u>	<u>. </u>
	occasions 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R. Part I				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes" complete Schools D. D. C.		<u> </u>	<u> X</u>	<u>-</u>
	Vi IV, and rait V, life 1				
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or one grain and the controlled entity within the meaning of section 512(b)(13)?	. 34	<u> </u>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	. 35a		↓ X	
	Controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule P. Bort V. line 9	1		Ī	
		35b		+-	_
	related organization? If Yes," complete Schedule R. Part V. line 2				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 36		X	_
	and that is freated as a partnership for federal income tax purposes? If "Yes." complete Schedule P.			1	
	rat vi			4,	
38	The same of the provide considerable in Schedule in the part of those 14h and	37	_	X	_
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x		
		_ 00	41		

	Check if Schedule O contains a response or note to any line in this Part V			_	
1a				<u></u>	<u> </u>
b	and the manager reported in Box 3 of Form 1096. Enter -0- if not applicable	Г	100 ASS	_Yes	
c	and remode of Comb VV-2G included in line 1a. Enfer .0. if not applicable				
·	Sid the diganization comply with backup withholding rules for reportable payments to see the	—⊢'			1
2-	- Forward garring (garring) withings to prize winners?		\$14)	Will.	14
2a	Transmitted of Misco and Tour		1c	3 1,700	1
	Otation lefts, filed for the calendar year ending with or within the year envered by the	1			
b	in at loads one is reported on line 2a, did the organization file all required federal		300		1
	and of thics it did 2d is gleater than 250 you may be required to a fig.	_	2b		1
3a	and organization have unleidled business dross income of \$4 000 or many days.	1		攀出	
b	The filled a form 990-1 for tills year? If "No" to line 3h provide an austral to	<u>L</u>	3a		Ŀ
4a	and defined year, and the organization have an intercet in an extension	[_:	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		- 1		ľ
b	If "Yes," enter the name of the foreign country: ▶		la		2
	See instructions for filing requirements for FinCEN Form 444 D				35
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				- 12 N
5 a					3
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a party t	5	_ °	ar enj	_ 3
c	take the party flowly the diganization that it was or is a party to a prohibited toward the state of the stat	· -			- 2
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are pormally gross to a promatily gross to a promatily gross receipts that are pormatily gross to a promatily gross receipts that are pormatily gross to a promatily gross receipts that are pormatily gross to a promatily gross that are pormatily gross to a promatily	5			_2
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5	c -		
	or many contributions that were not tay deductible on showthat a set to the			- 1	_
b	and the organization include with every solicitation an express statement that and the first section of the sec	. 6	a		_}
	o and doddouble:			- 1	
7	Organizations that may receive deductible contributions under section 170(c).	61)		
	the organization receive a payment in excess of \$75 made narry as a contribution and the second seco				
	We have been a few for the payoff.	1000 1000		51.	
b	If "Yes," did the organization notify the donor of the value of the goods of services provided?	78	<u>. </u>		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7£		Т	
1	required to file Form 8282?			T	_
d i	f "Yes," indicate the number of Forms 8282 filed during the	7c	1		
e [Did the organization receive any funds, directly or indicests to	2)	(N.)	(F)	
f [Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			27
g l	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	\pm	_
i li	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		╅	_
		7h	╅	┪	
	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	136.55		g50 g	9.5
	The state of the colors business holdings at any time during the year?		AR	S) 5	
	ponsoring organizations maintaining donor advised funds.	8	1 35 4 35	36 3	
נו סי	id the sponsoring organization make any taxable distributions under section 4966?	19857	15,439	30	yur:
	to the sponsoring organization make a distribution to a donor donor advisor, or related	9a	 	╁	
		9b	ļ	1	_
ln	itiation fees and capital contributions included on Part VIII, line 12				
G	ross receipts, included on Form 990, Part VIII, line 12, for public use of club for the contract of the contra			9	
S	ection 501(c)(12) organizations. Enter:				
G	ross income from members or shareholders				
G	ross income from other sources (Do not net amounts due or paid to other sources				
ag	GIRST GIRCHIES OF EACONOM from them.		65.		
Se	ection 4947(a)(1) non-exempt charitable trusts by the				
if '	17/1/ With Country Charled He Hossis 18 100 Ordenization files Court and a second seco	12a	(1)		70 :0
	The strong of tax-excitibl illerest received or accused during the second	12a	1.7	+-	
-	To the state of th				
KI o	the organization licensed to issue qualified health plans in more than one state?	40-	A 1880		- 752
***	the see the histructions for additional information the organization must report at 0.1	13a	€: 1394	1	
	the amount of reactives the organization is required to maintain the transfer to the contract of the contract				
	organization is licensed to issue qualified health plans				
					Total Control
Did	the organization receive any payments for indoor tapping souries during the last	-155	野猫	- 144 - 144	- Company
If "	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X	_
	y synonos in No, provide an explanation in Schedule O	14b			_

-*2900 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year Yes No If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b The governing body? Each committee with authority to act on behalf of the governing body? X 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X a8 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) X Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Yes No 10a X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12b X describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 12c Х Did the organization have a written document retention and destruction policy? 13 Did the process for determining compensation of the following persons include a review and approval by 14 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization X 15a If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: BECKY MCLAURINE 510 WOODLAND ST NASHVILLE

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Form 990 (2016) 51	.0 FO	UNDATION	
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Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this how if noith

Check this box if neither the or	ganization nor a	ny re	elate	d org	janiz	ation	соп	npensated any current	office	er, director, or trustee.	
(A) Name and Title	(8) Average hours per week (list any hours for	(b	do no ox, ur fficer	Po t check less p and a	(C) sition k more erson direct	e than is bot tor/trus	one h an lee)	(D) Reportable compensation from the organization		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted Ene)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		(11-21 lusesmis Cu)	from the organization and related organizations
(1) DAVID HAYNES		†		1	1-	 			-		
PRESIDENT	2.00 0.00	x		eX.	D				0		_
(2) STEPHEN REED				1	6.	A I	1		쒸	0	0
TREASURER	2.00		ļ	(A)	N. S.	1			- }		
(3) PATRICK CLEMENS	0.00	X	\vdash	X					0	0	0
(a) and all comments	2.00		ı	1					-		
BOARD MEMBER	0.00	X		х					0		_
(4) KEVIN ULMET						1			1	0	0
BOARD MEMBER	0.25	;									
(5) GERALD QUICK	0.00	X	<u> </u>		-				0	0	0
(-,	0.25				Ì		-				
BOARD MEMBER	0.00	x				ľ	- 1		0		•
(6) VERLYN STEWARD									~ -		0
BOARD MEMBER	0.25	_	Ì	ĺ	ļ						
(7) DON TWINING	0.00	Х		\dashv	4	-+			0	0	0
	0.25		-	- 1	Ì		ı		1		
BOARD MEMBER	0.00	\mathbf{x}	_		1		-		0	o	•
(8)			ĺ	П	\exists				Ť -		0
		1				-			-		
(9)		-+		\dashv	\dashv	-+			4_		······································
				ı	-						
40			_								
(10)		-									
			1						ł		
(11)			+	+		- -	-		+		
		- {	-								

(A) Name and title	(B) Average hours per week (list any hours for	(c bx of	io not ox, uni ficer a	Po check ess p nd a	(C) sition k mor erson direc	e than is bo	n one xin an stee)		Highest Compensation Reportable compensation from the organization	(E) Reportable compensation related organization	from	c	(F) Estimated amount of other ompensation	
	related organizations below dotted Ene)	or director	Institutional trustee	Officer	Key amployee		Highest componented		(W-2/1099-MISC)	(W-2/1099-M)	SC)		from the organization and related rganizations	
												-		_
					-							· · · · ·		
			G	321	W.									
				Sa d	Ŋ	13		E CONTRACTOR DE						
tb Sub-total	s to Part VII, Se	ection	n A .			. 1	oove)	who	received more than	\$100,000 of				
Did the organization list any form employee on line 1a? If "Yes," or For any individual listed on line 1 organization and related organization and related organization any person listed on line 1a.	ia, is the sum o ations greater th	freparan \$	or so ortab 150,0	icn le co 0007	inar. omp ? If '	naua ensa Yes,	il ilion " coi	and <i>mplet</i>	other compensation le Schedule J for su	from the	•••••	3	AND THE RESERVE OF THE PERSON	N X
for services rendered to the orga ction B. Independent Contractors	mization i re	s, - co	mpie	te S	<u>iche</u>	dule	J fo	r suc	h person	·····	··········	5		Х
Complete this table for your five compensation from the organization from the organization with the compensation from the organization of the compensation of the comp	TOTAL PROPERTY COME	isateo i <u>pe</u> ns	i inde	eper for	the	nt co cale	ntrac ndar	tors year	ending with or with	than \$100,000 of in the organization's (B) on of services	tax year.		(0)	
					_	-			Descripti	ich of services			(C) Compensato	អា
						- -			<u> </u>					
						-						-		
Total number of independent cont	ractors (includin	g but	not	limit	ed t	o th	ose I	listed	above) who				i ja šieja u piše	i e sei
received more than \$100,000 of c	compensation fro	om th	e orç	<u>jan</u> i:	zatio	<u>n</u> ▶				0			m 990 (

rai	Statement of Revenue				200	
Distriction	Check if Schedule O contain	is a respor	nse or note to any	line in this Part VI	11	
হ্য ম			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	1a Federated campaigns 1a]			512-514
O E	b Membership dues 1b c Fundraising events 1c					
ar k	al Deleted					
E	· · · · · · · · · · · · · · · · · · ·					
Š	f All other contributions, gifts, grants,					
랿	and similar amounts not included above 1f	127 0	10			
	g Noncash contributions included in lines 1a-1f: \$	137,2	10			
3 ह	h Total. Add lines 1a-1f	**********	▶ 137.2			
울		Busn. Co		Artista and artistant and a		
<u> </u>	2a		An enter established for			
œ	b			-+		
울	<u>c</u>					
8	d					
	•					
<u>₹</u>	All other program service revenue				 -	
	g Total. Add lines 2a-2f		·	\$ 1385 XE 1444 XE		Andreas Company Company (1997)
3	Investment income (including dividends, in	terest,			<u> 1965 1971 1871 1875 1971 1976 19</u>	
١,	and other similar amounts)		71,89	71,89	90	
4	Income from investment of tax-exempt bon-	d proceeds	•			
5		<u></u>	·			
68		(ii) Personal				100000000000000000000000000000000000000
b	3,000					
	——————————————————————————————————————			$\mathbb{V}/\!\!/$		
d				17		
	Gross amount from (7) Securifica	<u>»</u>	3,00	3,00	0	
1	sales of assets other than inventory	(ii) Other	4			
b	Less: cost or other		4			
1	besis & sales exps.					
C	Gain or (loss)					
	Net gain or (loss)					
8a	Gross income from fundraising events		208. 1988 10060 10080 1888	V - 1980 1980 1980 1980 1980 1980 1980 1980		
1	(not including \$					
1	of contributions reported on line 1c).					
1	See Part IV, line 18					
b	Less: direct expenses b					
C	Net income or (loss) from fundraising events		The second second section of the second section of the second second second second section section second s			
9a	Gross income from gaming activities.				1 25 1391 1890 1 000 1 000 1 000 1 000 1	
	See Part IV, fine 19 a					
b	Less: direct expenses b					
c	Net income or (loss) from gaming activities	>	The control of the Co	Fr. 1881 1450 1750 1750 1750		
10a	Gross sales of inventory, less			The Manager of the State of the	1 No. 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 -	Al Car Survey and Survey and
	returns and allowances a					
	Less: cost of goods sold b					
<u> </u>	Net income or (loss) from sales of inventory	▶		en ere grann betar jesty Mag		
 11a	Miscellaneous Revenue	Busn. Code				
b	ADONAI INCOME	<u> </u>	20,567	20,567	to a mention of the figure of \$1000 figure.	and after any and after off
C	NAZ REC INCOME		4,565	4,565		
	EAST NASHVILLE LIFE		1,700	1,700		
e T	All other revenue	L	89	89		
12 7	Total. Add lines 11a-11d Total revenue. See instructions.	🟲	26,921		· · · · · · · · · · · · · · · · · · ·	
	- con rotoniae. Oee instructions.	>]	<u>239,</u> 027	101,811		<u></u>

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
<u>7b,</u>	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	The second of th				ovbelises
	and domestic governments. See Part IV, line 21				
2	The same and application to dollarsily				
_	individuals. See Part IV, line 22				
3	The state of the s				2.5
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	a service paid to or for mornibolo				
5	the state of sent one children, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes				
11	Fees for services (non-employees):				
a	***************************************				
b		1,400		1,400	
C					
d	***************************************		Isonolius and a second		
9	11 11 11 11 11 11 11 11 11 11 11 11 11				
f	Investment management fees	6 712	Prosession W	6,712	
g					
40	(A) amount, list line 11g expenses on Schedule 0.)	<u> </u>			
12	Advertising and promotion				
13	Office expenses	·	<u> </u>		
14	Information technology				
15 16	Royalties				
	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	·	<u> </u>		
19	and modeling				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		
23	Insurance Other eventors lienting eventors and	Department of Control Control Control	9 51 1 3 56 255 1 1 3 November 1 3 November 1		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)			维护工程是正理的	
a b	SHARED PERSONNEL EXPENSE ADONAL ARTS ACADEMY	68,332	68,332		
	BEDDING AND SUPPLIES	31,408	31,408		
C.		27,558	27,558		
ď	FOOD AND ASSISTANCE	21,353	21,353		
	All other expenses	92,169	82,465	9,704	
	Total functional expenses, Add lines 1 through 24e	248,932	231,116	17,816	0
	organization reported in column (B) joint costs	1		T	
	from a combined educational campaign and		}		
	fundraising solicitation. Check here ▶ ☐ if				
A Å	following SOP 98-2 (ASC 958-720)			i	

1 Cash—non-inicreal bearing 1.148.660 1 73.577	_		Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash Investments 3 Piledges and grants receiveble, net 4 Accounts roselvable, net 6 Loans and other receivables from currert and former officers, directors, trusteess, key employees, and highest compensated employees. Complete Part II of Schedute L 6 Loans and other receivables from Other disqualified persons (as defined under seation 4958()(7)), persons described in section 4958()(9)), and contributing employers and sponsoring organizations of section 501(99) woltwriavy employees' brenfictury organizations (see instructions). Complete Part II of Scheduta L 7 Notes and loans receivable, net 8 Prepade oxpenses and deferred charges 9 Prepade oxpenses and deferred charges 10 Lacts. Indiffige, and equipment: cost or other basis. Complete Part IV of Scheduta D 10 Loss: accumitated depocadation 11 Investments—publicity fraded securalise. 12 Investments—publicity fraded securalise. 13 Investments—publicity fraded securalise. 14 Interpolate assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 16 (must equal line 34) 17 Accounts payable and accound expenses 18 Grants payable. 19 Deferred revenue 20 Taxe exempt bond flatibilities 21 Loss and other payables to current and former officers, directors, trustees, key emptyoes, highest compensated emptyoes, and disqualified persons. Complete Part IV of Schedute D 22 Loss and other payables to current and former officers, directors, trustees, key emptyoes, highest compensated emptyoes, and disqualified persons. Complete Part II of Schodule L 22 Loss and other payables on trusteed on lines 17-29). Complete Part IV of Schedute D 23 Termporarity restricted net assets 24 Unescuted notes and loans payable to unrelated third parties 25 Other listbillies (noturing federal income tax, payables to related third parties 26 Other listbillies (noturing federal income tax, payables to related third parties 27 Organizations that folion toffow SFAS 117 (ASC 958), check here ▶ 2 and complete		1 .		(A)		
2 Savengs and lengocary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated emptoyees. Complete Part II of Schedule I 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(g)(3)(s), and contributing employers and sponsoring organizations of section 5016(s)(s), and contributing employers and sponsoring organizations of section 5016(s)(s), and contributing employers and sponsoring organizations of section 5016(s)(s), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule I 7 Notices and loans receivable, net 1 Investments for sale or use 9 Prapact expenses and deferred charges 10a Leart, buildings, and equipment: cost or other basis. Complete Part I of Schedule D 11 Investments—proteibly traded securities 11 Investments—proteibly traded securities 12 Investments—proteibly traded securities 13 Investments—proteibly traded securities 14 Intengliel assets 15 Other assets. See Part IV, line 11 15 Total assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accound oxpenses 17 Accounts payable and accound oxpenses 18 Secured mortigages and notes payables to current and former officers, freedown 17 Total assets, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule I 22 Loans and other payables to current and former officers, freedown 24 Universified persons. Complete Part II of Schedule I 25 Secured mortigages and notes payable to unrelated third parties 26 Other liabilities, including content and former officers, freedown notes and other payables to current fund former officers, freedown notes and other payables to current fund parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Interporarity restricted net ass		1	Cash—non-interest bearing	148,660) 1	73,577
A Accounts receivable, net 4		1	Savings and temporary cash investments	750,216	2	50,614
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualitied persons (as defined under section 4958(0)(1)), persons described in section 4958(0)(3)(8), and contributing employers and sponsoromy organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories to select in 4958(0)(3)(8), and contributing employers and sponsoromy organizations (see instructions). Complete Part II of Schedule L 8 Inventories for sale or use 9 Prepad expenses and deferred charges 100 Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 110 Less: accumulated depreciation Into Investments—publicly traded securities 111 7664,780 112 Investments—publicly traded securities 112 Investments—publicly traded securities 113 Investments—program-related. See Part IV, line 11 114 Intanglie assets 115 Other assets. See Part IV, line 11 116 Total assets. See Part IV, line 11 117 Accounts payable and accrued expenses 118 Grants payable 119 Deferred revenue 119 Deferred revenue 120 Tax-exempt bond liabilities. 121 Exercor or custodial account flability. Complete Part IV of Schedule D 222 Loans and other payables to current and former officers, directors, trustees, key employees, tighest compensated employees, and disqualided persons. Complete Part II of Schedule D 221 Loans and other payables to unrelated third parties 222 Unrelated notes and lacked for former officers, directors, trustees, key employees, tighest compensated employees, and disqualided persons. Complete Part II of Schedule D 222 Loans and other payables to the current and former officers, directors, trustees, key employees, tighest compensated employees, and disqualided persons. Complete Part II of Schedule D 223 Hostelanded persons. Complete Part II of Schedule L 224 Unrescurded notes and sons payable to unrelated third partie		3	rieuges and grants receivable, net		3	
trustees, key employees, and highest componented employees. Complete Part I of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4950((01)), persons described in section 4950((01)), on an other disqualified persons (as defined under section 4950((01)), persons described in section 4950((01)), on an other disqualified persons (as defined under section 4950((01)), persons described in section 4950((01)), on an other persons described in section 4950((01)), on the person of section 501((0)) worthing an other persons of section 501((0)) worthing and other persons and deferred changes 9 Prepaid expenses and deferred changes 10 Less, accumulated depreciation 10 Less, accumulated depreciation 11 Investments—publicity traded securities 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—program-related, See Part IV, line 11 14 Infangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Total assets. Add lines 1 through 15 (must equal line 34) 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 10 Deferred revenue 10 Deferred revenue 11 Ecrow or custodial account flishility. Complete Part IV of Schedule D 21 Tax exempt bond liabilities 21 Ecrow or custodial account flishility. Complete Part IV of Schedule D 22 Loans and other liabilities or inherity and inner str24). Complete Part X of Schedule D 23 Total Inhallities. Add lines 17 through 25. 24 Organizations that follow SFAS 117 (ASC 958), check here F X of Schedule D 25 Total Inhallities. Add lines 17 through 25. 26 Total Labilities on through 30 and lines 33 and 34. 27 Unresided en assets 28 Personate on the received assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unresided en all seels. 28 Personate and personate assets 29 Personat		1 .	Accounts receivable, net		4	
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventionis for sele or use. 9 Prepaid expenses and deferred changes 10a Land, buildings, and equipment, cost or other basis. Complete Part IV of Schedule D 10b Loss: accumulated depreciation 11 Investments—butblist yreded sociatible 12 Investments—butblist yreded sociatible 12 Investments—butblist yreded sociatible 13 Investments—butblist yreded sociatible 14 Intengible assots 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 11 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 20 Taxe exempt bond liabilities 21 Escrove or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officions, directors, trustees, key employees, bigheat compensated omployees, and disqualified persons. Complete Part II of Schedule D 22 Secured mergages and notes payable to unrelated third parties 23 Cubre liabilities, and the liabilities are through 15 (must equal lines 47.24). Complete Part X of Schedule D 24 Unsecured notes and toans payable to unrelated third parties 25 Other liabilities, Add lines 17 through 29, and lines 33 and 34. 26 Total liabilities for through 15 (ASC 988), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 Lorent and other payables of through 15 (ASC 988), check here ► X and complete lines 27 through 29, and lines 33 and 34. 28 Personal carriage, and other payables of payables to represent through 29, and lines 33 and 34. 29 Personal carriage and through 34. 30 Capital stock or fund biolances 30 Total liabili		5				
E Loans and other receivables from other disqualified persons (as defined under section 49580)(1)), persons described in section 49580)(3), persons described in section 49580)(1), persons described in 1000 (1), persons described in 1		1			4	
4958(0/11), persons described in section 4958(c(3)(B), and contributing emptoyers and sponsoring organizations of section 501(c(3) voluntary emptoyers' beneficiary organizations (see instructions). Complete Part II of Schedule		١,			5	
sponsoring organizations of section 501(o/g) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		1 6	Loans and other receivables from other disqualified persons (as defined under section			
organizations (see instructions). Complete Part II of Schedule L. 7 7 Notes and loans recelvable, not I niventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 10c 11 Investments—publicity traded socurities 111 764,780 111 Investments—publicity traded socurities 111 764,780 112 Investments—publicity traded socurities 111 764,780 113 Investments—publicity traded socurities 111 764,780 114 Intangible assets 111 111 112 113 111 113 111 113 111 113 111 113 111 113 111 113 111 113 111 113 113 111 113 113 111 113			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
7 Notes and loans receivable, net 7 8 Inventifices for sail or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 Prep			sponsoring organizations or section 501(c)(9) voluntary employees' beneficiary			
1	ş	,	Aletes and leave restrictions). Complete Part II of Schedule L	 .	6_	<u> </u>
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Part XI Reconciliation of Net Assets				Page 1
Check if Schedule O contains a response	or note to any line in this Part XI			
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Net assets or fund balances at end of year. Combine lines	3 3 through 9 (must equal Part X, line			
33, column (B))		10	000	071
Part XII Financial Statements and Reporting			888	, 9 / I
Check if Schedule O contains a response	or note to any line in this Part XII			П
b vere the organization's financial statements audited by ar If "Yes," check a box below to indicate whether the financial separate basis, consolidated basis, or both:	eviewed by an independent accountant? all statements for the year were compiled or oth consolidated and separate basis a independent accountant? all statements for the year were audited on a oth consolidated and separate basis mittee that assumes responsibility for oversight		2b X	X
a As a result of a federal award, was the organization require	d to Undergo an audit or audits as one forth in			\$\$.5-V
the Single Audit Act and OMB Circular A-133?			3a	x
the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or a			3a	x

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2016

Schedule A (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Employer Iden

Open to Public Inspection

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2		described in Section 1/0	(b)(1)(A)(ii). (Attach Schedule F	/Form 900	or 000 E71	\	
3	A nospita	i oi a cooperative nospital	SCIVICE Organization described i	in continu	470/61/41/4	\ dun	
4	A medica	l research organization op	erated in conjunction with a hosp	pital descri	bed in sect	ion 170(b)(1)(Δ)(iii) Enter t	ho hoonitalia
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5	section	zation operated for the beat 170(b)(1)(A)(iv). (Complete	nefit of a college or university ow	med or op	erated by a	governmental unit described	i in
6	A federal,	state, or local governmen	t or governmental unit described	in posti	- 470#.3/43/	#1.0 A	
7	C 791 Olyanii	zation that normally receive in section 170(b)(1)(A)(v	es a substantial part of ite cuppo	ort from a g	overnmenta	A)(v). Il unit or from the general pi	ublic
8			tion 170(b)(1)(A)(vi). (Complete				
9	An agricul	turai research organization	described in section 470/6/43	/A3/6-A	wated to .		
	or university:	ty or a non-land grant coll	ege of agriculture (see instruction	ns). Enter t	he name, c	ijunction with a land-grant c ity, and state of the college	oliege or
10	X An organiz	ation that normally receive	es: (1) more than 33 1/3% of its	Support for	m oontebut		
	receipts fro	om activities related to its	exempt functions—subject to cert	tain except	ions and (2	ons, membership fees, and	gross
	support tro	m gross investment incom	ne and unrelated business taxable and unrelated business taxable and 1975. See section 500/o	le income	less section) 511 tax) from husinesses	πs
11							
2	An organiz	ation organized and opera	ted exclusively to test for public	safety. Se	e section 5	09(a)(4),	
- 1	of one or n	anon organized and opera	ted exclusively for the benefit of,	to perform	the function	ns of, or to carry out the pu	rposes
	Check the	box in lines 12a through 1	ganizations described in section 2d that describes the type of sur	509(a)(1)	or section	509(a)(2). See section 509((a)(3).
	a Type I.	A SUpporting organization	operated audition in the state of sur	aportung on	janization at	nd complete lines 12e, 12f,	
					supported c	rganization(s), typically by g	giving
ı	o 🔲 iype ii	 A supporting organization 	Supervised or controlled in son	nooties us	h ito eunna	fod amanifaction ()	
				ne same ne	ir its suppor	ted organization(s), by havid	ng
(ctype II. its sunn	functionally integrated.	A supporting organization opera	ted in con	ection with	and functionally integrated	uálh
c							
•	. .,,	mon-runctionally intents	nella A Silindadina organization o			and the second s	tion(s)
			The organization generally must u must complete Part IV, Secti				eness
6	S T CHERK II	iis dox ii trie organization	received a written determinetion	francis . 15		rt V.	
	function	ally integrated, or Type III	non-functionally integrated supp	nom men	o inat it is	a Type I, Type II, Type III	
	much me un	moer of supported organia	zations	orang orac	mazauon.		
f	Provide the	following information abou					
f g			the supported organization(s).	• • • • • • • • • • • • • • • • • • • •			
(I) Na	ame of supported	(ii) EiN	(iii) Type of organization	(îv) Is the	organization	(V) Amount of managers	
(I) Na	ame of supported Organization		(iii) Type of organization (described on lines 1-10	listed in ya	organization aur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
(I) Na	ame of supported		(iii) Type of organization	listed in ye doca	our governing ment?	•	(vi) Amount of other support (see instructions)
(I) Na	ame of supported		(iii) Type of organization (described on lines 1-10	listed in ya	our governing	support (see	other support (see
(I) Na	ame of supported		(iii) Type of organization (described on lines 1-10	listed in ye doca	our governing ment?	support (see	other support (see
(I) Na	ame of supported		(iii) Type of organization (described on lines 1-10	listed in ye doca	our governing ment?	support (see	other support (see
(I) Na	ame of supported		(iii) Type of organization (described on lines 1-10	listed in ye doca	our governing ment?	support (see	other support (see
(I) Na	ame of supported		(iii) Type of organization (described on lines 1-10	listed in ye doca	our governing ment?	support (see	other support (see
(I) Na	ame of supported		(iii) Type of organization (described on lines 1-10	listed in ye doca	our governing ment?	support (see	other support (see
(I) Na (ame of supported		(iii) Type of organization (described on lines 1-10	listed in ye doca	our governing ment?	support (see	other support (see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 Amounts from line 4 (d) 2015 (e) 2016 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 12 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2015 Schedule A, Part II, line 14 15 14 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this _15 box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions _____ Schedule A (Form 990 or 990-EZ) 2016

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(6) T-4-1
1	Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	919,781				(e) 2016	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		127,800	151,710	216,920	137,216	1,553,42
3	Gross receipts from activities that are not an unrelated trade or business under section 513					101,811	101,81
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			,			
6	Total. Add lines 1 through 5	919,781	127,800	151,710	216,920	239,027	1 655 00
7a					220/320	239,021	1,655,23
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						1 655 006
ec	tion B. Total Support					en 109400 history 199	1,655,238
	dar year (or fiscal year beginning in)		(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
)	Amounts from line 6	919 781	127,800	7151,710	216,920	239,027	1,655,23
)a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,278	46 750				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	41,270	46,759	62,180	30,688	71,890	252,795
С	Add lines 10a and 10b	41,278	46,759	62,180	30,688	71,890	252,795
i	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
5	rotal support. (Add lines 9, 10c, 11,						
	and 12.)	961,059	174,559	213,890	247,608	310,917	1,908,033
	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here ion C. Computation of Public Su		<u></u>	<u></u>	<u> </u>	<u> </u>	▶ 🗀
	Public support percentage for 2016 (line 8	phort Percenta	ige			7 1-	
	Public support percentage for 2016 (line 8, Public support percentage from 2015 School	dulo A. Bort III line	by line 13, column	⁽¹⁾⁾	*	15	86.75 %
ecti	Public support percentage from 2015 Scheo on D. Computation of Investmer	of Income Perc	enfado	····		16	%_
i	Investment income percentage for 2016 (lin	e 10c column (0 d	idded by line 12 a	olumn (6)	-		
1	Investment income percentage from 2015	Schedule A. Part III	IIno 17				13%
1	33 1/3% support tests—2016. If the organi	ization did not chec	k the hov on line 1	1 and line 45 is w			%_
	17 is not more than 33 1/3%, check this box	and stop here. The	ie organizalion oue	n anu mie 10 iS II. Jiffes se a middiali	reupported accord	and line	ু ডি
	33 1/3% support tests—2015. If the organi	zation did not check	(a hov on line 14 a	univa da a publici)	aupported organiz	auon	▶ <u>X</u>
) ;				מוי מחופ באבן אוווון ונ			
1	33 1/3% support tests—2015. If the organi ine 18 is not more than 33 1/3%, check this Private foundation. If the organization did	box and stop here	The organization	qualifies as a nul	hlich, supported are	onizotion	, m

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations dufing the fax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Rart VI including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_	Y	9S	No
		915 939 939		
3		(SV)		ván troins En vigas
31				
30		100		
4a) dig		
		3.7 (8) 3.7 (8) 3.7 (8)		
4b				
5a 5b	200		å :	\$. (f)
5c				
7	100 100 100 100 100 100 100 100 100 100			300
R	100			
			10.1 12.1 20.1 20.1 20.1	The second of th
9a 9b	99		W	(%) (%)
1,225	jų.	. (34.4) (24.4)	1854 1854 1854	
9c 10a			962	15.0
10a 10b	Ŵ.		575	
n 990	or 9	90-E	Z) 2	2016

	nedule A (Form 990 or 990-EZ) 2016 510 FOUNDATION	_**-***2900	
-03	Part IV Supporting Organizations (continued)		Page 5
1.	1 Has the examination	Ye	es No
•	and any accepted a gift of contribution from any of the following paragraph		
	and an only controls, either alone of together with persons described in (b) and (a)		
	belon, the governing body of a supported organization?	11a	Tegra Saw to the agency
	momber of a person described in (a) appyay		
Se	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part Ction B. Type I Supporting Organizations	<i>VI.</i> 11c	
_	- The capporting Organizations		
1	Did the directors, trustees, or membership of one or more assurant at a second of the directors.	Yes	s No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the propriet lead of the propriet leads a majority of the propriet leads of the propriet lea	VIII 13 VIII 1652 VIII VI	
	regularly appoint or elect at least a majority of the organization's directors or frustees at all times during the tax year? If "No," describe in Part III how the exponential experient in the company of the company o		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors as trustees one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations	2	
	<u> </u>		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	tion D. All Type III Supporting Organizations	11	⊥
			─ -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Yes	No No
	organizations tax year, (i) a written notice describing the type and amount of support provided during the	iax	
	your, (if a copy of the form sou that was most recently filed ast of the date of notification, and (iii)		
•	organizations governing documents in effect on the date of holification to the extensional providents to	1	AN 1424
2	Proceeding of the organization's officers, directors, or frustees either (i) appointed or closted by the asset of	1 1 10 CO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S - 40% (1988)
	organization(s) or (ii) serving on the governing body of a supported organization? If "Mo " overlate to B	,	
•	and organization maintained a close and continuous working relationship with the supported amount of the continuous	2	4. April 1984
3	by reason of the relationship described in (2), did the organization's supported organizations have a		19973389
	significant voice in the organization's investment policies and in directing the use of the experiment.		
	modifie of assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Secti	Supported digalizations played in this renam	3	Med (6)
1	on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se The organization satisfied the Activities Test. Complete line 2 below.	e instructions).	
b	The organization is the parent of each of its supported association.		
С	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental online Theorem in Part VIII.		
	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions).	
2 A	activities Test. Answer (a) and (b) below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt aurous of	Yes	No
	and supported organization(s) to which the organization was responsive? If "Ves " then in Bort III identify		
	and a supported organizations and explain how these activities directly furthered their exempt are a supported to the exempt a		AT NEAST
	now the Organization was responsive to those supported organizations, and how the organization determined		
_	and those activities constituted substantially all of its activities.		successive.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or ward	2a	Turk kiyasaris
	of the organization's supported organization(s) would have been engaged in? If "Yes " explain in Boot 1/1 the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		新子科
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	923. 274
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, as		
	dustees of each of the supported organizations? Provide details in Part 1/1		985 H
Q	Did the organization exercise a substantial degree of direction over the policies, programs, and collicius of each	3a	VKI, 188
AA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	
	S at toggra.		

Schedule A (Form 990 or 990-EZ) 2016 510 FOUNDATION Part V Type III Non-Eurotionally Intervented F000 Vol. 2		**-***	2900
- 1700 in Non-Lanctionally integrated Sugarda Supporting O	rgan	!4!	1 290
or design the organization satisfied the integral Part Test as a qualifying trust on the	Na. o	0. 4070 /	See
Type in non-idirectionally integrated supporting organizations m	ust co	mplete Sections A through	ı E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1	 	(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	- -		
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	1 6		
Section B - Minimum Asset Amount	10	-	
		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		#0 Alia - Silva - Silva - Silva - 17	(opaorial)
instructions for short tax year or assets held for part of year):	# P		
a Average monthly value of securities	1a	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8
b Average monthly cash balances	1b	 	
c Fair market value of other non-exempt-use assets	1c	 	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			Contact Contact Basel Francis Contact Contact
factors (explain in detail in Part VI):	1 100		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	T	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	<u> </u>	 	
see instructions).	4	1	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	 	
6 Multiply line 5 by .035.	6	 	<u> </u>
7 Recoveries of prior-year distributions	7	 	
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount	<u> </u>		Current V
1 Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
2 Enter 85% of line 1.	1		
Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
4 Enter greater of line 2 or line 3.	3		
5 Income tax imposed in prior year	4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
emergency temporary reduction (see instructions).	_		
7 Check here if the current year is the organization's first as a non-functionally integrated T instructions)	6		
instructions).	ype III	supporting organization (s	ee

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 510 FOUNDATION Part V Type III Non-Functionally Integrated 509(a) Section D - Distributions	(3) Supporting O	**-**	2900 Page
Section D - Distributions	(19) Supporting Organi	zations (continued)	
Amounts paid to supported organizations to accomplish exempt	NIKROSOS		Current Year
Amounts paid to perform activity that directly furthers exempt pur	nocce of cuproded		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purposes of	Slinnortod organization		
7 anounts paid to adquire exempt-use assets	adphorted organizations		
5 Qualified set-aside amounts (prior IRS approval required)		<u></u>	
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to which the organizations details in Port VIII.	anization to some and		
(provide details in Part VI). See instructions.	aritzadun is responsive		
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
y amount			
Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable
1 Distributable amount for 2016 from Section C, line 6	20 100 370 200 000 000 000	116-2010	Amount for 2016
Underdistributions, if any, for years prior to 2016 2 (reasonable cause required explain in Part VI). Con-			\$66 982 CSS SV6 CALLSEN
(reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:		ASS, 780 (1100), 1227 (1904) (120)	
b			
		20. 10. 12. 12. 12. 12. 12. 12.	
c From 2013 d From 2014			TO SEA CONTROL OF THE SEA
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			<u> 2000 - 200</u>
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)	1 1		3 - 38 mag (1.59 may 1.56 Travel)
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2016 from			
Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount		WYSO WEST STORY IN THE STORY	
c Remainder. Subtract lines 4a and 4b from 4.			Market are a same and a same
Remaining underdistributions for years prior to 2016, if		<u> </u>	
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2016. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
Excess distributions carryover to 2017. Add lines 3j	Contract make a make the first flow a confidence of		
and 4c.			
Breakdown of line 7:	(0. 1965/1960 1980 1980 1980 1980 1		
b Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	m 990 or 990-EZ) 2016 510 FOUNDATION **-**2900 Page 1
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	deditional information. (See instructions.)
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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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Mante of the organization	1	Employer identification number
510 FOUNDATI Organization type (check		**-***2900
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is Note: Only a section 501(c) instructions.	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	. See
General Rule		
X For an organization or more (in money of contributor's total con	filing Form 990, 990-EZ, or 990-PF that received, during the year contributions totaling \$5, or property) from any one contributor. Complete Parts and II. See instructions for determiniontributions.	000 ng a
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test or ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part that received from any one contributor, during the year, total contributions of the greater of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I a	II, line
For an organization contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any se year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific al purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and	one
contributor, during the contributions totaled during the year for an General Rule applie.	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributive during the year	ed
aution: An organization tha 90-EZ, or 990-PF), but it mu	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Formest answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990).	990,

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

510 FOUNDATION

Employer identification number

0.00100000			**-***2900
Part	T Cost met deticine). Ode duplicate copies of	Part I if additional space is	needed.
(a) . <u>No.</u> _	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	CAL TURNER FAMILY FOUNDATION 138 2ND AVENUE NORTH SUITE 200 NASHVILLE TN 37201	\$ 97,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	ADAMS FAMILY FOUNDATION II 801 MOORELAND LANE MURFREESBORO TN 37128	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 **2016**

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

510 FOUNDATION

Employer Identification number

SIO BOONDATION	**-***2900
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT	
THE CORPORATION IS ORGANIZED FOR RELIGIOUS, CHARITABLE	E AND EDUCATIONAL
PURPOSES TO FUND PROGRAMS IN SUPPORT OF LOCAL MINISTR	IES OF NASHVILLE ELDON
CHURCH OF THE NAZARENE AND OTHER EXEMPT ORGANIZATIONS	THAT BENEFIT
COMMUNITIES IN MIDDLE TENNESSEE.	DENIE II
FORM 990 - ORGANIZATION'S MISSION	***************************************
THE CORPORATION IS ORGANIZED FOR RELIGIOUS, CHARITABLE	: AND EDUCATIONAL
PURPOSES TO FUND PROGRAMS IN SUPPORT OF LOCAL MINISTRI	ES OF NASHVILLE FIRST
CHURCH OF THE NAZARENE AND OTHER EXEMPT ORGANIZATIONS	THAT BENEFIT
COMMUNITIES IN MIDDLE TENNESSEE.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	O DEVITER BODS 000
PRIOR TO FILING, THE COMPLETED FORM 990 AND ALL SCHEDU	LES TO DEVIEW
APPROVED BY THE FOUNDATION'S OFFICERS.	DES 15 REVIEWED AND
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	POLICY
ANNUALLY EACH DIRECTOR IS REQUIRED TO CERTIFY COMPLIANC	E WITH THE CONFITCE
OF INTEREST POLICY.	CONFILCT
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO	SIIDE EVDI 333 MTG
DOCUMENTS ARE AVAILABLE UPON REQUEST.	SORE EXPLANATION
FORM 990, PART IX, LINE 24E - OTHER EXPENSES	
DESCRIPTION	

510 FOUNDATION				**-**29	Pagication number
PROC	GRAM SERVICE	Mgt	& GENERAL	•	RAISING
NAZARENE ARTS E	XPENSE	***************			••••••
\$	14,421	\$	0	\$	0
OTHER PROGRAM EX	KPENSES				······································
\$	14,001	\$	0	\$	0
NAZARENE REC EXP	PENSE	**************		***************************************	······································
\$	13,939	\$	0	\$	0
WAREHOUSE RENT				***************************************	······································
\$	12,350	\$	0	\$	0
COMMUNITY EVENT		TT 51111141114111411		***************************************	······
\$	10,610	\$	0	\$	0
ADMINISTRATIVE E	XPENSE			······································	······
\$	0	\$	9,704	\$	0
COUNSELING) /		······
\$	9,215	\$ \$	0	\$	0
REACHING BEYOND E	BORDERS				······································
\$	3,004	\$	0	\$	0
QUIPMENT EXPENSE		*****************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································
\$	2,873	\$	0	\$	0
THER EXPENSES					······································
\$	2,052	\$	0	\$	0
TOTAL					
\$	82,465	\$	9,704	\$	0
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_*2900 Federal Statements						
	Form 990, Part IX, Line 24	le - All Other Expense	<u>28</u>			
Description	TotalExpenses	Program Service	Management & General	Fund Raising		
NAZARENE ARTS EXPENSE OTHER PROGRAM EXPENSES NAZARENE REC EXPENSE WAREHOUSE RENT COMMUNITY EVENT ADMINISTRATIVE EXPENSE COUNSELING REACHING BEYOND BORDERS EQUIPMENT EXPENSE	\$ 14,421 14,001 13,939 12,350 10,610 9,704 9,215 3,004 2,873	\$ 14,421 14,001 13,939 12,350 10,610 9,215 3,004 2,873	\$ 9,704	\$		
OTHER EXPENSES TOTAL	2,052 \$ 92,169	2,052 \$ 82,465	\$ 9,704	\$ <u> </u>		



-*2900 Federal Statements	
Schedule A. Part III, Line 1(e)	
——————————————————————————————————————	Amount
OTHER CAL TURNER FAMILY FOUNDATION	\$ 29,716
CASH CONTRIBUTION ADAMS FAMILY FOUNDATION II	97,500
CASH CONTRIBUTION TOTAL	10,000
	\$ 137,216
Schedule A. Part III. Line 2(e)	
———— Description	A
PAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	<u>Amount</u> \$ 71,890
ADONAI INCOME VAZ REC INCOME	1,700 20,567
EMMAUS INCOME	4,565 89
TOTAL	3,000
	\$101,811