Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2015
Open to Public Inspection

For calendar year 2015 or tax year beginning 2015, and ending A Employer identification number Name of foundation KYMARI HOUSE INC 46-1742986 Room/suite B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) 308 N SPRING ST (615)956-6106 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Murfreesboro, TN 37129 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation . . . H Check type of organization: |X| Section 501(c)(3) exempt private foundation E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here I Fair market value of all assets at J Accounting method: X Cash Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here . . . line 16) ▶ \$ (Part I, column (d) must be on cash basis.) 21,156 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable (b) Net investment amounts in columns (b), (c), and (d) may not necessarily equal (c) Adjusted net éxpenses per books purposes income income the amounts in column (a) (see instructions).) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 59,930 2 if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments Dividends and interest from securities 4 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a b 7 Capital gain net income (from Part IV, line 2) 8 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) STM106 34,004 34,004 12 Total. Add lines 1 through 11 93,934 34,004 13 Compensation of officers, directors, trustees, etc 37,525 37,525 14 Operating and Administrative Expenses 15 Pension plans, employee benefits 16a Accounting fees (attach schedule) STM108 1,575 1,575 Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 18,008 15<u>,573</u> 2,435 21 724 724 22 23 Other expenses (attach schedule) ... STM103 29,270 29,270 Total operating and administrative expenses. 24 87,102 34,004 53,098 25 26 Total expenses and disbursements. Add lines 24 and 25 . 87,102 34,004 53,098 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 6,832 **Net investment income** (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

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Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
1 6		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	13,874	20,706	20,706
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
	C	Investments - corporate bonds (attach schedule)			
	l ·	· · · · · · · · · · · · · · · · · · ·			
	11	Investments - land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule)			
	42				
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe ► STM120)	450	450	450
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item l)	14,324	21,156	21,156
	17	Accounts payable and accrued expenses			
G	18	Grants payable			
Ę	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	0	
, 0		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
an	1	Temporarily restricted			
Bal	26	Permanently restricted			
<u>_</u>	20	Foundations that do not follow SFAS 117, check here			
Fund Ba		and complete lines 27 through 31.			
	27				
Assets or		Capital stock, trust principal, or current funds			
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	14 204	01.156	
As	29	Retained earnings, accumulated income, endowment, or other funds	14,324	21,156	
Net	30	Total net assets or fund balances (see instructions)	14,324	21,156	
_	31	Total liabilities and net assets/fund balances (see			
D	£ 111	Analysis of Changes in Net Assets or Fund Balanc	14,324	21,156	
	art III				
	Total		_		
		f-year figure reported on prior year's return)		14,324	
		amount from Part I, line 27a		6,832	
3	Other	3			
		nes 1, 2, and 3			21,156
		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	21,156

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, ,	and Losses for Tax on Inves	stment Income		
	ibe the kind(s) of property sold (e.g., real es ehouse; or common stock, 200 shs. MLC C		(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
		D Donaidh		****
b				
C				
d				
е				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		in or (loss) (f) minus (g)
а				
b				
С				
d				
е				
Complete only for assets show	wing gain in column (h) and owned by	the foundation on 12/31/69	(I) Coine (Co	ol (b) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col. (k), but no	ol. (h) gain minus t less than -0-) or rom col. (h))
а				
b				
С				
d				
е				
• Consider the second s	If gain, als	o enter in Part I, line 7		
2 Capital gain net income or (n	er canital ioss) 🐧	nter -0- in Part I, line 7	2	
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6):		
If gain, also enter in Part I, lin	e 8, column (c) (see instructions). If (lo	ss), enter -0- in		
D (11) 0		· · · · · · · · · · · · · · · · · · ·	3	
	Inder Section 4940(e) for Re		ent Income	
	vate foundations subject to the section			
	,		- /	
If section 4940(d)(2) applies, leave	e this part blank.			
Was the foundation liable for the	section 4942 tax on the distributable ar	nount of any year in the base period	d?	Yes X No
	qualify under section 4940(e). Do not o	• • • • • • • • • • • • • • • • • • • •		
	t in each column for each year; see the		ries.	
(a)		1.		(d)
Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying distributions	(c) Net value of noncharitable-use		ribution ratio divided by col. (c))
2014	40,1		(56.1. (2)	arriada by den (e))
2013	10/1			
2012				
2011				
2010				
2010				
2 Total of line 1 column (d)			2 0	0
, ,	the 5-year base period - divide the tota		2 0	. 0
	on has been in existence if less than 5		3 0.	0
number of years the foundation	onnas been in existence in less than 5	years	3 0.	. 0
4. Fatantha actualus of acash	Stable consequence (or 0045 for an David)	(P 5		
4 Enter the net value of noncha	ritable-use assets for 2015 from Part >	(, line 5	4	
5 Multiply line 4 by line 3			5	0
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6	
7 Add lines 5 and 6			7	0
8 Enter qualifying distributions f	from Part XII, line 4		8	53,098
If line 8 is equal to or greater	than line 7, check the box in Part VI, lir	ne 1b, and complete that part using	a 1% tax rate. See the	
Part VI instructions.				

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instr	uction	is)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			(
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
_	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2			(
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4			(
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			(
6	Credits/Payments:			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
b	Exempt foreign organizations - tax withheld at source			
С.	Tax paid with application for extension of time to file (Form 8868) 6c			
_d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded 11			
	rt VII-A Statements Regarding Activities		.,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	4.		3.7
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	4 -		37
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. \$\(\) \(\			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
2	on foundation managers. \$			Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Δ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		25
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
Ū	If "Yes," attach the statement required by General Instruction T.			25
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	•	21	
Ju	Enter the states to which the foundation reports of with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	36		
•	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
-	names and addresses	10		X

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Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	2	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	3 X	
	Website address WWW.KYMARIHOUSE.ORG			
14	The books are in care of ► TONYA HOBBS Telephone no. ►	615-956-	6106	
	Located at ► 308 N SPRING ST, Murfreesboro, TN ZIP+4 ►	37129		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -Check here			•
		5		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	3	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
_	the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	٦		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	∑ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	a		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	_		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	∐ No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	7		
	the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	No		
h		i NO		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	41		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1k	,	
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	٦		
С	were not corrected before the first day of the tax year beginning in 2015?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		,	
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
_	6e, Part XIII) for tax year(s) beginning before 2015?	o No		
	If "Yes," list the years ▶ , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b	,	Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
		No		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	_		
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2015.)	3b)	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .	4a	1	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			

4b

Χ

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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_	t VII-B	Statements Regarding A		Which Forn	n 4720	Mav Be I	Reauir		1500		ago c
5a	During the	e year did the foundation pay or inco on propaganda, or otherwise attem	ur any amount to: npt to influence le	gislation (section	on 4945((e))?	[Yes X No			
	direct	nce the outcome of any specific pully or indirectly, any voter registration de a grant to an individual for traveled a grant to an organization other to be a grant to an organization other to an o	n drive?, study, or other s		· · · · · · · · · · · · · · · · · · ·		+	Yes X No			
	section (5) Provide	on 4945(d)(4)(A)? (see instructions) de for any purpose other than religionses, or for the prevention of cruelty	ous, charitable, sc	ientific, literary	or educ			Yes X No			
b	•	wer is "Yes" to 5a(1)-(5), did any or ns section 53.4945 or in a current r				•		d in	5b		
С	Organizations relying on a current notice regarding disaster assistance check here										
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?											
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870.										
b	If "Yes," d	e during the tax year, was the found id the foundation receive any proce	eeds or have any i	net income attr	ibutable	to the transa			7b		
		Information About Officer and Contractors						s, Highly Paid	Emplo	yees	,
	ist all offic	ers, directors, trustees, foundati (a) Name and address OV	(b) Title	d their compe e, and average rs per week ed to position	(c) Co (If n	(see instruction paid, ter -0-)	(d) empl	Contributions to byee benefit plans ferred compensation	(e) Expe	ense ac allowan	
	— И НОВВ		CO-DI	RECTOR		•					
308	N SPRI	NG ST, TN 37129		35.00		0		0			0
JEFF	PUSTE	R	CO-DI	RECTOR							
308	N SPRI	NG ST, TN 37129		35.00		0		0			0
KATH	Y FERR	ELL	BOARD	CHAIR							
308	N SPRI	NG ST, TN 37129		1.00		0		0			0
ANDR	REA BEL	L	BOARD	MEMBER							
2 C		NG ST, TN 37129 ion of five highest-paid employed	es (other than the	1.00 ose included o	on line 1	- see instru	ctions).	If none, enter			0
"NONE." (a) Name and address of each employee paid more than \$50,			e than \$50,000	(b) Title, and a hours per widevoted to po		week (c) Compen		(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	ense aco allowan	
NONE	3										

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

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

(f) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

(f) Title, and average hours per week devoted to position

(e) Expense account, other allowances

(f) Title, and average hours per week devoted to position

(f) Compensation

(f) Compensation

(f) Compensation

(g) Expense account, other allowances

(hours per week devoted to position

(g) Expense account, other allowances

(hours per week devoted to position

(hours per week devote

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Part VIII Information About Officers, Directors, Trustees, Foundaries and Contractors (continued)	ation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 PROFESSIONAL SUPERVISION OF PARENT AND CHILD		
VISITATION FOR APPROXIMATELY 391 CHILDREN VISITS		
DURING 2015		87,102
2		
3		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruct	ions)	

EEA

Form **990-PF** (2015)

Form 990-PF (2015) KYMARI HOUSE INC 46-1742986 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a 0 1b b 0 Fair market value of all other assets (see instructions) 1c 0 d Total (add lines 1a, b, and c) 1d 0 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 0 3 3 0 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 0 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 0 6 0 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► X and do not complete this part.) Minimum investment return from Part X, line 6 1 1 Tax on investment income for 2015 from Part VI, line 5 2a Income tax for 2015. (This does not include the tax from Part VI.) 2b С 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 4 5 5 6 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	53,098
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .	4	53,098
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	53,098

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

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Pa	rt XIII Undistributed Income	e (see instruction	ons)			
1	Distributable amount for 2015 from Part	XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7					
2	Undistributed income, if any, as of the e	end of 2015:				
а	Enter amount for 2014 only					
b	Total for prior years:,,	,				
3	Excess distributions carryover, if any, to	2015:				
а	From 2010					
b	From 2011					
С	From 2012					
d	From 2013					
е	From 2014	40,189				
f	Total of lines 3a through e		40,189			
4	Qualifying distributions for 2015 from Pa					
	line 4: ▶ \$ 53,098					
a	Applied to 2014, but not more than line					
b	Applied to undistributed income of prior					
	•					
С	Treated as distributions out of corpus (E					
	required - see instructions)					
d	Applied to 2015 distributable amount		F2 000			
e	Remaining amount distributed out of co		53,098			
5	Excess distributions carryover applied t (If an amount appears in column (d), the					
	amount must be shown in column (a).)	Same				
6	Enter the net total of each column as					
Ŭ	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. Subtra	act line 5	93,287			
b	Prior years' undistributed income. Subt		33,20,			
	line 4b from line 2b					
С	Enter the amount of prior years' undistri					
	income for which a notice of deficiency					
	been issued, or on which the section 49	942(a)				
	tax has been previously assessed .					
d	Subtract line 6c from line 6b. Taxable					
	amount - see instructions					
е	Undistributed income for 2014. Subtract	ct line				
	4a from line 2a. Taxable amount - see					
	instructions					
f	Undistributed income for 2015. Subtract	t lines				
	4d and 5 from line 1. This amount must	be				
	distributed in 2016					
7	Amounts treated as distributions out of					
	to satisfy requirements imposed by sec					
	170(b)(1)(F) or 4942(g)(3) (Election ma	·				
	required - see instructions)					
8	Excess distributions carryover from 201					
^	applied on line 5 or line 7 (see instruction	· ·				
9	Excess distributions carryover to 201 Subtract lines 7 and 8 from line 6a		03.005			
10		• • • • • •	93,287			
10	Analysis of line 9: Excess from 2011					
a h	Excess from 2012					
C	Excess from 2013					
d	Excess from 2014	40,189				
u A	Excess from 2015	53,098				
-						

	990-PF (2015) KYMARI HOUS				46-1742986	Page 10
Part	XIV Private Operating Found	ations (see instru	ctions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling or de	etermination letter that it	t is a private operating	I		
	foundation, and the ruling is effective for 20	15, enter the date of the	e ruling	<u>\</u>		
b	Check box to indicate whether the foundation	on is a private operatino	g foundation described	d in section	X 4942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	each year listed	0				0
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	53,098	40,189			93,287
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
•	Qualifying distributions made directly					
е	Qualifying distributions made directly for active conduct of exempt activities.					
	Subtract line 2d from line 2c	53,098	40,189			93,287
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets	20,706	13,941	800		35,447
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	20.706	12 041	800		25 447
b	section 4942(j)(3)(B)(i)	20,706	13,941	800		35,447
	of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test - enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete this	part only if the	foundation had	\$5,000 or more in a	ssets at
	any time during the year -	see instructions	s.)		•	
1	Information Regarding Foundation Man	agers:	•			
а	List any managers of the foundation who h	ave contributed more t	than 2% of the total co	ntributions received b	y the foundation	
	before the close of any tax year (but only i	r tney nave contributed	more than \$5,000). (\$	see section 507(d)(2).)	
	NONE,					
b	List any managers of the foundation who c				portion of the	
	ownership of a partnership or other entity)	or which the foundation	irrias a 10% or greate	r merest.		
	NONE,					
2	Information Regarding Contribution, Gr					
	Check here \blacktriangleright \boxed{X} if the foundation only n	nakes contributions to p	oreselected charitable	organizations and do	es not accept	
	unsolicited requests for funds. If the found	ation makes gifts, grant	ts, etc. (see instruction	s) to individuals or org	ganizations under	
	other conditions, complete items 2a, b, c, a					
а	The name, address, and telephone number	r or e-mail address of t	the person to whom ap	oplications should be a	addressed:	
b	The form in which applications should be s	submitted and information	on and materials they	should include:		

Form **990-PF** (2015)

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

Any submission deadlines:

С

factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

		If recipient is an individual			
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient		
а	Paid during the year				
	Total		<u> </u>	> 3a	
b	Approved for future payment				
	Total			▶ 3b	

Part XVI	-A Analysis of Income-Producing A	Activities				
Enter gross	amounts unless otherwise indicated.		d business income		ection 512, 513, or 514	(e) Related or exempt
		(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
1 Program	n service revenue:	code	7 111104111		7 1110 2111	
a sui	PERVISED VISITS					30,569
b FUI	NDRAISING EVENT					3,43
f	and an electrical form and a second and a second					
•	and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash investments					
	tal income or (loss) from real estate:					
	financed property					
	debt-financed property					
	tal income or (loss) from personal property					
	estment income					
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue: a					
L.						
_						
е						
12 Subtota	I. Add columns (b), (d), and (e)					34,004
13 Total.	Add line 12, columns (b), (d), and (e)				13	34,004
(See worksh	neet in line 13 instructions to verify calculations.)				<u></u>	
Part XVI	-B Relationship of Activities to the	Accompl	ishment of Exe	empt Purpos	ses	
Line No.	Explain below how each activity for which inc	ome is report	ted in column (e) of	Part XVI-A conf	ributed importantly to t	he
Tille No. ▼	accomplishment of the foundation's exempt pr	urposes (othe	er than by providing	funds for such p	urposes). (See instruct	ions.)
01a	PROGRAM FEES ARE COLLECTED ON	A ST.TDTN	G SCALE IN AC	CORDANCE V	/TTH	
	CLIENTS' ABILITY TO PAY. FEES					
	THE ABILITY TO PAY. PROGRAM F					
	QUALIFIED SUPERVISION MONITORS					
	SUPERVISION. PROGRAM FEES ARE	ALSO US	ED TO PAY FOR	R ACTIVITY	SUPPLIES	
	FOR FAMILIES UTILIZING THE SER	VICES PR	OVIDED.			
01b	INCOME GENERATED FROM A RUMMAG	E SALE T	O PROVIDE FUN	NDS.		

Form 990-PF (2015) KYMARI HOUSE INC 46-1742986 F Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable 46-1742986 Page 13 **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described													Yes	No			
	in sec	ction 5	501(c) of the C	ode (oth	ner than sec	tion 5	01(c)(3) organizat	ions) or in	section 52	7, relating to	political					
	orgar	nizatio	ns?														
а	Trans	sfers f	rom the report	ing foun	dation to a	nonch	naritable	e exempt or	rganization	of:							
	(1) C	Cash .													1a(1)		X
	(2) C	Other a	assets												1a(2)		X
b	Other	r trans	actions:														
	(1) S	Sales	of assets to a	nonchar	itable exem	pt org	ganizatio	on							1b(1)		Х
			ses of assets												1b(2)		X
	(3) R	Rental	of facilities, ed	quipmen	t, or other as	ssets									1b(3)		Х
			ursement arrai												1b(4)		Х
			or loan guarar												1b(5)		Х
			mance of servi												1b(6)		X
С			facilities, equip		-			•							1c		X
d		-	er to any of the		•			•									
-			e goods, other					_			-				et		
			y transaction o			-	-	-									
(a) Lir			nount involved) Name of no					_	cription of trans					angeme	nte
(a) Lii	ie no.	(D) A	nount involved	(0) Ivallie of flo	nichan	table ext	empt organiz	Lation	(u) Desc	inpuon or trans	siers, trair	Saction	3, and 31	naming and	angeme	
2a			dation directly		-						•					-	1
			n section 501			er thar	n sectio	n 501(c)(3))) or in sec	tion 527?			• • •		Ye	es X	No
b	If "Ye		mplete the foll		chedule.					1							
		(a	Name of organ	ization			((b) Type of o	rganization			(c) De:	scription	of relat	ionship		
٠.	cor	ider per rrect, ar	nalties of perjury, I on the complete. Decla	declare that ration of p	at I have examir reparer (other tl	ned this han tax	s return, in payer) is	cluding accom based on all in	npanying sche of formation of w	dules and stat hich preparer	tements, and to has any knowle	the best of dge.	my know	ledge and	d belief, it is	true,	
Sig	n 👠		·	·							ĺ	Ü	ı	May the	IRS discuss	s this retu	urn
Her	'e ₹_	TON	YA HOBBS							CO-DIRE	CTOR			with the	preparer sh	own belg	ow_
		Signa	ture of officer or tru	istee			ı	Date		Title			ا	(see inst	.): <u>X</u>	Yes	No
ь.	_1		Print/Type prepare	er's name			Preparei	r's signature			Date		Check	X if	PTIN		
Pai		L .	rim montgo	OMERY							02-13-20		self-em	ployed	P0073	6406	
Pre	pare	er	Firm's name	► TIN	MONTGO	MER	Y CPA	PLLC				Firm's EIN	I				
Use	On	ıly [Phone no						
				Mur	freesbo	ro '	TN 37127				615-895-8151						

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the	year even if they wer	e not compensated.		
(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and	(e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensation	·
SUSAN HUBBARD BOARD MEMBER				
308 N SPRING ST, Murfreesboro, TN 37129	1.00	0	0	0
CHARLIE WINN TREASURER				
308 N SPRING ST, Murfreesboro, TN 37129	1.00	0	0	0
CHERYL HULTMAN BOARD MEMBER		_	_	
308 N SPRING ST, Murfreesboro, TN 37129	2.00	0	0	0
JENNIFER COPELAND BOARD MEMBER				
308 N SPRING ST, Murfreesboro, TN 37129	1.00	0	0	0
				_
-				

Name(s) as shown on return	Federal Supporting Statements	2015 PG01
KYMARI HOUSE INC		46-1742986
	Form 990PF - Part II - Line 15 Other Assets Schedule	Statement #120
Description UTILITY DEPOSIT	BOY Book EOY Bo	ook FMV 450 450
Total	<u>450</u>	50 450

		Federal Su	deral Supporting Statements	nents	2015 PG01
Name(s) as shown on return KYMARI HOUSE INC					I% 4.I
	Form 990PF	- Part I - Line 23	- Other Expenses Schedule	edule	Statement #103~
-		Net		Charitable	
Description	and expenses	investment	net income	purpose	
MONITORS FOR SUPERVISED VISITS SIPPLIFIS	19,645	o c	19,645	0 0	
TELEPHONE AND INTERNET	288	0	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2) 0	
POSTAGE	172	0	172	0	
OFFICE EXPENSES	1,557	0	1,557	0	
SMALL EQUIP AND MAINTENANCE	3,967	0	3,967	0	
INSURANCE	850	0	850	0	
LICENSING AND EDUCATION	192	0	192	0	
DUES AND MEMBERSHIPS	274	0	274	0	
SPECIAL EVENT EXPENSE	1,283	0	1,283	0	
MISCELLANEOUS EXPENSES	291	0	291	0	
Totals	29,270	0	29,270	0	
					PG01
	Form 990PF - Part I	- Line 11	- Other Income Schedule	ule	Statement #106~
	Revenue	Net	Adjusted		
Description	and expenses	investment	net income		
SUPERVISED VISITATION	30,569	0	30,569		
FUNDRAISING EVENT	3,435	0	3,435		
Totals	34,004	0	34,004		
4					

		deral Supp	Federal Supporting Statements	nents	2015 Pegg	
Name(s) as shown on return reward Horitise Time						lber 86
0000	Form 990PF - Part I -	1	Line 16(b) - Accounting Fees Schedule	hedule	Statement #108~	#108~
Description	Revenue N	Net	Adjusted	Charitable		
CPA SERVICES	2,2	0	1,575			
Totals	1,575	0	1,575	0		
STM~.LD						