

EXTENDED TO AUGUST 15, 2016

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2015
Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning

and ending

B Check 11
applicable:**C** Name of organization**D** Employer identification number**D** Address
Change

OPERATION STAND DOWN TENNESSEE

62-1638832

D Name
Change

Doing business as

D Initial
return

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

E Telephone number

615-248-1981

D Final
return/termin-
ated

1125 12TH AVENUE SOUTH

G Gross receipts \$ 2,936,102.3.**D** Amended
return

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

H(a) Is this a group returnfor subordinates? **D** Yes **X** No**D** Application
pending**F** Name and address of principal officer: JOHN KRENSON**H(b)** Are all subordinates included? **D** Yes **O** NoSAME AS **C** ABOVE

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(C)() (insert no.) 4947(a)(1) or ☐ 527**J** Website: WWW.OSDTN.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other- **L** Year of formation: 1996 **M** State of legal domicile: TN**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: OPERATION STAND DOWN TENNESSEE. (OSDTN) ASSISTS VETERANS AND THEIR FAMILIES SO THAT THEY CAN BE																																																									
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																									
3 Number of voting members of the governing body (Part VI, line 1a)	3 30																																																								
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 30																																																								
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 70																																																								
6 Total number of volunteers (estimate if necessary)	6 810																																																								
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -4,913.																																																								
b Net unrelated business taxable income from Form 990T line 34	7b -41913.																																																								
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Part II Signature Block

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

Sign Here Signature of officer Date

..... JOHN KRENSON, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Print/Type preparer's name Preparer's signature

JEFF SMITH

Firm's name FRASIER, DEAN & HOWARD, PLLC

Firm's address 3310 WEST END AVE STE 550

NASHVILLE, TN 37203

Date 4-20-16 Check if self-employed PTIN P00289876

Firm's EIN 62-1073578

Phone no. 615-383-6592

May the IRS discuss this return with the preparer shown above? (see instructions)

..... ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ [X]

Briefly describe the organization's mission:

OPERATION STAND DOWN TENNESSEE (OSDTN) ASSISTS VETERANS AND THEIR FAMILIES SO THAT THEY CAN BE SELF-SUSTAINING AND BETTER CONNECTED TO THE COMMUNITY.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses\$ 1,778,748 • including grants of\$ 563,718 •) (Revenue\$ 15,625 •
VETERAN SERVICE CENTER - IN 2015, OSDTN WELCOMED AND SUPPORTED 1,918 MEN AND WOMEN VETERANS BY ASSISTING WITH PERSONAL IDENTIFICATION NEEDS, BENEFITS COUNSELING, LEGAL ISSUES, RELIABLE MAIL SERVICE, MILITARY RECORDS RETRIEVAL, TRANSPORTATION, CLOTHES, FOOD, PERSONAL CARE ITEMS, AND REFERRALS TO APPROPRIATE COMMUNITY AGENCIES. AS PART OF THE SERVICE CENTER, 554 VETERANS WERE ASSISTED IN FILING DISABILITY CLAIMS. THE EMPLOYMENT DEPARTMENT OFFERED JOB PLACEMENT ASSISTANCE, COMPUTER TRAINING, RESUME DEVELOPMENT, TRAINING WORKSHOPS, INTERVIEW PREPARATION, AND BUDGET COUNSELING HELPING 121 VETERANS FIND EMPLOYMENT. THE HOUSING DEPARTMENT PROVIDED 125 HOMELESS OR AT-RISK OF BECOMING HOMELESS VETERANS AND THEIR FAMILIES WITH WORKSHOPS, RESOURCES, AND FINANCIAL ASSISTANCE INCLUDING RENT, DEPOSITS, AND

4b (Code:) (Expenses\$ 512,389 • including grants of\$) (Revenue\$ 25,306 •
TRANSITIONAL HOUSING PROGRAM (THP) - IN 2015, OSDTN PROVIDED TRANSITIONAL HOUSING FOR 137 MEN AND WOMEN VETERANS DEALING WITH CONTROLLING ISSUES WHO HAVE ASKED FOR HELP - 72% LEFT SUCCESSFULLY LIVING ON THEIR OWN AS PRODUCTIVE MEMBERS OF THE COMMUNITY. THP HAS SEVEN HOMES, TWO FOR WOMEN (7 BEDS) AND FIVE FOR MEN (35 BEDS) PROVIDING A SAFE, STRUCTURED AND SECURE ENVIRONMENT. VETERANS IN THE PROGRAM RECEIVE PROFESSIONAL CASE MANAGEMENT ON A 1:10 RATIO LEARNING TO REESTABLISH A RESPONSIBLE LIFESTYLE, CONTRIBUTE TO THE UPKEEP OF A HOME IN A NEIGHBORHOOD, CREATE AN INDIVIDUAL BUDGET AND SAVINGS PLAN, LIVE WITH OTHER VETERANS IN A SUPPORTIVE ENVIRONMENT, GAIN EMPLOYMENT AND SUCCESSFUL WORK HABITS, PARTICIPATE IN COMMUNITY SERVICE AND RECREATIONAL ACTIVITIES, AND DEVELOP HEALTHY INTERPERSONAL

4c (Code:) (Expenses\$ 140,061 • including grants of\$) (Revenue\$ 98,153 •
12TH AVENUE THRIFT SHOP - OSDTN OPERATES THE THRIFT STORE NEXT TO THE VETERAN SERVICE CENTER PROVIDING ON-THE-JOB TRAINING FOR VETERANS WHO WANT TO LEARN THE RETAIL INDUSTRY. ADDITIONALLY, THE STORE SERVES AS A CLOTHING AND HOUSEHOLD ITEMS RESOURCE FOR VETERANS IN NEED OF EMPLOYMENT OR MOVING INTO PERMANENT HOUSING. THE STORE IS OPEN TO THE PUBLIC OFFERING QUALITY, USED CLOTHING, FURNITURE AND HOUSEHOLD ITEMS AT REASONABLE PRICES. IN 2015, 750 VETERANS RECEIVED 4,007 FREE CLOTHING ITEMS VALUED AT THRIFT STORE PRICES OF \$23,219.

4d Other program services (Describe in Schedule O.)

(Expenses\$ including grants of \$) (Revenue\$

4e Total program service expenses 2,431,198.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule O, Part 1</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule O, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule O, Part III</i>	8	X
9 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 credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule O, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule O, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule O, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule O, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule O, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule O, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule O, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule O, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule O, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule O, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(i)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and Sa? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization 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, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		X
26 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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7702 and 301.7704? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1-35=b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	X	
2a	Did the organization file all required federal employment tax returns?	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

_____, 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 ☐ Schedule O contains a response or note to any line in this Part VI

Section A Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	30	
1b	Enter the number of voting members included in line 1a, above, who are independent	30	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
S	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Sa	X
b	Each committee with authority to act on behalf of the governing body?	Sb	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's main address? If "Yes," provide the names and in "O"	9	X

Section B. *Policies* (This Section B requests in _____ about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		J
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?	16a	X
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?	16b	J

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed _____.

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☒ Other (explain in Schedule O)

19 Describe in Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy, and financial
statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ————
JOHN KRENSON - 615-248-1981
1125 12TH AVE., S, NASHVILLE, TN 37203

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

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

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

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;

D Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (if any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations	
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee						
(18) GENMA HOLMES DIRECTOR	1.00	X						0.		0.		0.
(19) HAROLD E. TURKS, SR DIRECTOR	1.00	X						0.		0.		0.
(20) JAMES HENRY DIRECTOR	1.00	X						0.		0.		0.
(21) JEFF COLLINS DIRECTOR	1.00	X						0.		0.		0.
(22) JILL KAPLAN DIRECTOR	1.00	X						0.		0.		0.
(23) JIM HUNT DIRECTOR	1.00	X						0.		0.		0.
(24) JIM PRICE DIRECTOR	1.00	X						0.		0.		0.
(25) JOHN KASZUBA DIRECTOR	1.00	X						0.		0.		0.
(26) JOHN L. FORD III DIRECTOR	1.00	X						0.		0.		0.
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part VII, Section A								154,757.		0.		0.
d Total (add lines 1b and 1c)								154,757.		0.		0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

0

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VII | Section A. Officers Directors Trustees Key Employees and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input type="checkbox"/> President	<input type="checkbox"/> Vice President	<input type="checkbox"/> Director	<input type="checkbox"/> Officer	<input type="checkbox"/> Key Employee	<input type="checkbox"/> Other			
(27) JOHN MURFEE DIRECTOR	1.00	X						0.	0.	0.
(28) KENNEDY WOODS DIRECTOR	1.00	X						0.	0.	0.
(29) LARRY BEADLE DIRECTOR	1.00	X						0.	0.	0.
(30) LYNDA EVJEN SECRETARY	1.00	X	X					0.	0.	0.
(31) MAGGIE KUHLMAN DIRECTOR	1.00	X						0.	0.	0.
(32) MARTHA BOYD DIRECTOR	1.00	X						0.	0.	0.
(33) MIKE FITZ DIRECTOR	1.00	X						0.	0.	0.
(34) NANCY MULLEN TREASURER	1.00	X	X					0.	0.	0.
(35) RHONDA HOLMES DIRECTOR	1.00	X						0.	0.	0.
(36) TIM SHAVER DIRECTOR	1.00	X						0.	0.	0.
(37) WANDA GRAHAM DIRECTOR	1.00	X						0.	0.	0.
(38) JOHN KRENSON EXECUTIVE DIRECTOR (START 5/1/15)	40.00			X				63,846.	0.	0.
(39) MARY ROSS DEPUTY EXEC DIR (END 9/30/15)	40.00			X				48,007.	0.	0.
(40) WILLIAM BURLEIGH EXECUTIVE DIRECTOR (END 5/31/15)	40.00			X				30,885.	0.	0.
(41) SEAN MULDOON DEPUTY EXEC DIR (START 10/12/15)	40.00			X				12,019.	0.	0.
Total to Part VII Section A line 1c								154,757.		

Part VIII Statement of Revenue

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

D

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 19,783.			
	b Membership dues	1b 38,655.			
	c Fundraising events	1c 1,951,640.			
	d Related organizations	1d 533,108.			
	e Government grants (contributions)	1e 164,528.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 215,431,64.			
	g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f				
Program Service Revenue	2 a THP INCOME	531390 251,306.	251,306.		
	b ANNUAL STAND DOWN	624190 151,625.	151,625.		
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	40,931.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real 891,586.			
	b Less: rental expenses	941,859.			
	c Rental income or (loss)	-51,273.			
	7 a Gross amount from sales of	(i) Securities (ii) Other			
	d Net income or (loss) from sales of				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	8 a Gross income from fundraising events. See Part IV, line 18	381,655.			
	b Less: direct expenses	31,657.			
c Net income or (loss) from fundraising events	128,282.				
9 a Gross income from gaming activities. See Part IV, line 19					
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	981,153.				
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory	98,153.				
Miscellaneous Revenue	Business Code				
11 a MISCELLANEOUS	900099 4,250.				
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.	2,809,507.	139,084.	-4,913.	132,172.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) and Management general expenses	(D) Fundraising expenses
7b, Bb, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	563,171.8	563,171.8		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,175.6	127,186.	15,143.7	12,113.3
6 Compensation not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	112,531.800	110,301.436	125,070.	98,129.4
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,155.	949.	115.	91.
10 Payroll taxes	122,116.0	100,397.	12,118.6	9,157.7
11 Fees for services (non-employees):				
a Management	31,421.	2,924.	180.	317.
b Legal	71,528.	6,435.	396.	697.
c Accounting	8,620.	71,368.	454.	798.
e Professional fundraising services. See Part IV, line 17				
d Lobbying				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,126.4	12,993.	2,159.6	1,167.5
12 Advertising and promotion	81,592.	5,565.	2,115.4	873.
13 Office expenses	96,177.1	69,538.	19,137.9	7,854.
14 Information technology	14,129.0	9,255.	3,583.	1,452.
15 Royalties				
16 Occupancy	183,330.	161,838.	20,180.8	684.
17 Travel	49,352.	40,159.9	8,172.1	32.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	87,164.2	77,632.	8,100.8	2,100.2
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,932.	116,118.	6,125.1	11,563.
23 Insurance	59,130.1	55,123.5	3,253.	813.
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.)				
a EVENT EXPENSE	22,109.1	22,091.		
b SUPPLIES AND GENERAL	18,022.	11,167.2	4,518.	1,832.
c STAFF TRAINING	81,567.	61,704.	1,863.	
d INCOME TAXES - UBIT	41,696.		4,696.	
e All other expenses	41,791.	21,545.	2,246.	
25 Total functional expenses. Add lines 1 through 24e	2,181,317.99	2,431,119.8	241,914.	140,687.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

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

D

		(A) Beginning of year		(B) End of year
1	Cash, noninterest-bearing	639,157.	1	897,780.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	489,812.	3	152,862.
4	Accounts receivable, net	73,451.	4	116,331.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(1)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	—	7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	17,093.	9	14,996.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,424,227.		
b	Less: accumulated depreciation	1,299,762.	3,240,594.	3,124,465.

11	Investments in capital assets. Complete Part IV of Schedule D		11	21
12	Loans and other payables to current and former officers, directors, trustees, investments, other securities. See Part IV, line 11		12	
13	Investments, program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15. Must equal line 34	4,460,107.	16	4,306,434.
17	Accounts payable and accrued expenses	33,765.	17	45,874.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	2,328,004.	20	2,247,743.

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24	Unsecured notes and loans payable to unrelated third parties	24	
	key employees, highest compensated employees, and disqualified persons.		
23	Secured notes and loans payable to unrelated third parties	22	
	601,551.23	574,327.	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	177,302.25	123,297.
26	Total liabilities. Add lines 17 through 25	3,140,622.26	2,991,241.
	Organizations that follow SFAS 117 (ASC 958), check here XI and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	724,932.27	710,465.
28	Temporarily restricted net assets	594,553.28	604,728.
29	Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC 958), check here		
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and complete lines 30 through 34.

30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	33	1,319,485. 1,315,193.
34	Total liabilities and net assets/fund balances	34	4,460,107. 4,306,434.

Form 990 (2015)

Part XI Reconciliation of Net Assets

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

D

1	Total revenue (must equal Part VIII, column (A), line 12)		2,809,507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,813,799.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,292.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,319,485.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (13))	10	1,315,193.

Part XIII Financial Statements and Reporting

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

D

	Yes	No
1 Accounting method used to prepare the Form 990: D Cash 00 Accrual D Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: D Separate basis D Consolidated basis D Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 00 Separate basis D Consolidated basis D Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

OPERATION STAND DOWN TENNESSEE

62-1638832

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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 2011	b 2012	c 2013	d 2014	e 2015	Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1926863.	1719513.	1900112.	3316167.	2543164.	1405819.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1926863.	1719513.	1900112.	3316167.	2543164.	11405819.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% A. of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11405819.

Section B. Total Support

Calendar year (or fiscal year beginning in) ...	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1926863.	1719513.	1900112.	3316167.	2543164.	11405819.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	442.	44.				486.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				7,145.	-4,913	2,232.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,667.	4,250.	5,917.
11 Total support. Add lines 7 through 10						11414454.
12 Gross receipts from related activities, etc. (see instructions)					121	1,124,087.
13 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) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.92 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.92 %
16a 33 1/3% support test- 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	00	
b 33 1/3% support test- 2014. 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	D	
17a 10%-facts-and-circumstances test - 2015. 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	D	
b 10%-facts-and-circumstances test- 2014. 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	D	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	D	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ..	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 through 5 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 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) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (Q) divided by line 13, column (Q))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (Q) divided by line 13, column (Q))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests- 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **D**

b 33 1/3% support tests- 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **D**

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **O**

Part IV**Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A All Supporting Organizations

	Yes	No
1 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.		
2 Did the organization have any supported organization that does not have an IAS 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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b 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.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b 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 IAS 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)(8) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part 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).		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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).		
8 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).		
9a 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.		
b 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.		
c 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.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(1) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b 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.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- 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 VI

	Yes	No
11a		
11b		
11c		

Section B Type I Supporting Organizations

- 1 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 organization's directors or trustees at all times during the 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 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 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(s) that operated, supervised, or controlled the supported organization.

	Yes	No
1		
2		

Section C Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).

	Yes	No

Section D All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
2		
3		

Section E Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a ☒ The organization satisfied the Activities Test. Complete line 2 below.
- b ☒ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☒ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the manner in which the organization exercised such direction.

	Yes	No
2a		
2b		
3a		
3b		

Part III Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

D Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
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 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)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
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 factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
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, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

D Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part v Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Distributions	(ii) Underdistributions Pre-2015	(iii) Excess Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required—see instructions)			
3a Excess distributions carryover, if any, to 2015:			
b			
c			
e			
d From 2013			
f From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3b and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI

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, Sa, 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.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**.... Attach to Form 990, Form 990-EZ, or Form 990-PF.
.... Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

OPERATION STAND DOWN TENNESSEE

62-1638832

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(?), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more in money or property from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (Q Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(?), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(?), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ -----

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule 8 (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule 8 (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

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OPERATION STAND DOWN TENNESSEE

62-1638832

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>US DEPARTMENT OF VETERAN AFFAIRS</u> <u>110 9H AVE SOUTH</u> <u>NASHVILLE, TN 37203</u>	\$ <u>1,458,612.</u>	Person <input checked="" type="checkbox"/> IX Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
<u>2</u>	<u>US DEPARTMENT OF LABOR</u> <u>200 CONSTITUTION AVE, NW</u> <u>WASHINGTON, DC 20210</u>	\$ <u>277,882.</u>	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
<u>3</u>	<u>MEMORIAL FOUNDATION</u> <u>100 BLUEGRASS DR #320</u> <u>HENDERSONVILLE, TN 37075</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> IX Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
<u>---</u>		\$ <u> </u>	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
<u>---</u>		\$ <u> </u>	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
<u>---</u>		\$ <u> </u>	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
<u>---</u>		\$ <u> </u>	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OPERATION STAND DOWN TENNESSEE

62-1638832

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

OPERATION STAND DOWN TENNESSEE

62-1638832

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) \$.

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

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

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

	(e) Transfer of gift		
	Transferee's name, address, and ZIP +4		Relationship of transferor to transferee

SCHEDULED
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

..... Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
..... Attach to Form 990.

..... Information about Schedule D (Form 990) and its instructions is at [www.irs.gov](#).

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

OPERATION STAND DOWN TENNESSEE

Employer identification number
62-1638832

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990 Part IV line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Purpose(s) of conservation easements held by the organization (check all that apply).

- DPreservation of land for public use (e.g., recreation or education) DPreservation of a historically important land area
DProtection of natural habitat DPreservation of a certified historic structure
DPreservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a Total number of conservation easements	2a	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(8)(1) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

- a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as art of the or anization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included

on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII D

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Temporarily restricted endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990 Part IV line 11a. See Form 990 Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		112151650.		112151650.
b Buildings		217581782.	9241662.	118341120.
c Leasehold improvements				
d Equipment		3591400.	3181999.	401401.
e Other		901395.	561101.	34,294.

Total. Add lines 1a through 1e. 311241465

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990 Part IV line 11b. See Form 990 Part X line 12.

(a) Description of security or category (including name or security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990 Part X col. (8) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990 Part IV line 11c. See Form 990 Part X line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990 Part X col. (8) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990 Part IV line 11d. See Form 990 Part X line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990 Part X col. (8) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	101,141.
(3) TENANT DEPOSITS	12,986.
(4) CLIENT SAVINGS LIABILITY	9,170.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	123,297.

2. liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **00**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		2,941,362.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	131,855.
3	Subtract line 2e from line 1	3	2,809,507.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 12		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. This must equal Form 990, Part I, line 121	5	2,809,507.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,945,654.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	131,855.
3	Subtract line 2e from line 1	3	2,813,799.
a	Investment expenses not included on Form 990, Part VIII, line 12		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. This must equal Form 990, Part I, line 181	5	2,813,799.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE.

THE ORGANIZATION PAYS TAX ON UNRELATED BUSINESS INCOME FROM CERTAIN ACTIVITIES. THESE ACTIVITIES AND THE RELATED TAX WERE INSIGNIFICANT IN 2015.

THE ORGANIZATION FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION GUIDANCE CONCERNING THE ACCOUNTING FOR INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE YEARS ENDED DECEMBER 31, 2012 THROUGH 2015.

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
FUNDRAISING EXPENSES						31,657 .
RENT EXPENSES						94,859 .
TOTAL TO SCHEDULE D, PART XI, LINE 2D						126,516.

PART	XII,	LINE	2D	-	OTHER	ADJUSTMENTS :
FUNDRAISING EXPENSES						31,657 .
						<u>RENT</u>
EXPENSES						94,859 .
						<u>TOTAL</u>
TO SCHEDULE D, PART XII, LINE 2D						126,516.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

.... Attach to Form 990 or Form 990-EZ.

... Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov.

QMS No.1545-0047

2015

Open to Public
Inspection

Name of the organization

OPERATION STAND DOWN TENNESSEE

Employer identification number

62-1638832

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a **D** Mail solicitations
b **D** Internet and email solicitations
c **D** Phone solicitations
d **D** In-person solicitations
e **D** Solicitation of non-government grants
f **D** Solicitation of government grants
g **D** Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

DYes

☐ No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				***		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 EROES [BREAKFAST (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	198,594.			198,594.
2 Less: Contributions	38,655.			38,655.
3 Gross income (line 1 minus line 2)	159,939.			159,939.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	31,657.			31,657.
10 Direct expense summary. Add lines 4 through 9 in column (d)				31,657.
11 Net income summary. Subtract line 10 from line 3 column (d)				128,282.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pulltabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input checked="" type="radio"/> Yes <input type="radio"/> No _____ %	<input checked="" type="radio"/> Yes <input type="radio"/> No _____ %	<input checked="" type="radio"/> Yes <input type="radio"/> No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1 column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☒ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☒ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- a The organization's facility %
- b An outside facility %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☒ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ ----- and the amount of gaming revenue retained by the third party \$ -----

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ -----

Description of services provided _____

☒ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

[illegible]

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

..... Attach to Form 990.

..... Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public
Inspection

Name of the organization

OPERATION STAND DOWN TENNESSEE

62-1638832

Employer identification number

Part I. General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

..... that received more than \$5,000. Part II can be duplicated if additional -

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO INDIVIDUAL VETERANS	1918	441,725.	O.	FAIR MARKET VALUE	RANS, . FOOD, EMERG, f, SSISTANCE
RENTAL ASSISTANCE TO INDIVIDUAL VETERANS	198	121,993.	O.	AIR MARKET VALUE	RENTAL PAYMENTS

Part IV

Supplemental Information. Provide the information required in Part I, line 2 Part III, column (b). and any other additional information.

PART I, LINE 2:

THE EXECUTIVE DIRECTOR REPORTS MONTHLY TO THE BOARD OF DIRECTORS AS TO THE EXPENDITURES OF GRANT FUNDS, PROVIDING A DETAILED ACCOUNTING AS TO EXPENDITURES UNDER EACH GRANT.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part M, line 24a. Provide descriptions
explanations, and any additional information in Part VI.
Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov.

OMS No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

OPERATION STAND DOWN TENNESSEE

Employer identification number
62-1638832

Part I Bond Issues SEE PART VI FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
THE INDUSTRIAL A DEVELOPMENT BOARD OF THE	52-1789764	NONEAVAIL	04/15/14	2,375,000.	!PURCHASE LAND & !BUILDING		X		X		X
B											
C											
O											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	2,375,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	2,375,000.							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2014							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?			X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization or a state or local government	10.50	%		%		%		%
6 Total of lines 4 and 5	10.50	%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
Sa Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line Sa, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line Ba, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open to Public

.... Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

.... Attach to Form 990.

.... Information about Schedule M (Form 990) and its instructions is at www.irs.gov.

Name of the organization

OPERATION STAND DOWN TENNESSEE

Employer identification number

62-1638832

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990 Part VIII line 1a	(d) Method of determining noncash contribution amounts
1 Art -Works of art				
2 Art -Historical treasures				
3 Art -Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	799.	LUE BOOK
7 Boats and planes				
8 Intellectual property				
9 Securities -Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate -Residential				
16 Real estate -Commercial				
17 Real estate -Other				
18 Collectibles				
19 Food inventory	X	21	121181.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	121	127,420.	FAIR MARKET VALUE
26 Other (TICKETS TO EV)	X	19	23,555.	FAIR MARKET VALUE
27 Other (REAL ESTATE R)	X	1	573.	CONTRACTOR'S RETAIL
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions

for which the organization completed Form 8283, Part IV, Donee Acknowledgement 1291

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

...Attach to Form 990 or 990-EZ.

...Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

OPERATION STAND DOWN TENNESSEE

Employer identification number
62-1638832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SELF-SUSTAINING AND BETTER CONNECTED TO THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UTILITY PAYMENTS TO EITHER MOVE INTO PERMANENT HOUSING OR TO REMAIN IN
THEIR HOMES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RELATIONSHIPS.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR
REVIEWS THE DRAFT WITH THE DEPUTY EXECUTIVE DIRECTOR AND THE DIRECTOR OF
FINANCE FOR POTENTIAL REVISIONS. THE DRAFT, INCLUDING SUGGESTIONS FOR
POTENTIAL REVISIONS, IS PROVIDED TO THE FINANCE AND AUDIT COMMITTEE OF THE
BOARD OF DIRECTORS. THE COMMITTEE REVIEWS IT FOR POTENTIAL REVISIONS AND
APPROVES IT FOR PRESENTATION TO THE BOARD. THE REVISED DRAFT IS PRESENTED
TO THE BOARD OF DIRECTORS FOR ITS ACTION. THE FINAL APPROVED 990 IS
EXECUTED AND FILED.

FORM 990, PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE, OF THE BOARD, IS AUTHORIZED TO ACT ON THE
BOARD'S BEHALF BETWEEN REGULARLY AND SPECIALLY SCHEDULED BOARD
MEETINGS.

Name of the organization

Employer identification number

OPERATION STAND DOWN TENNESSEE

62-1638832

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST
POLICY ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

Form **8879-EQ****IRSe-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov.

9eo.

2015

Name of exempt organization

Employer identification number

OPERATION STAND DOWN TENNESSEE

62-1638832

Name and title of officer

JOHN KRENSON
EXECUTIVE DIRECTOR**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	218091501.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	-----
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	-----
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	-----
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line Be)	5b	-----

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize FRASIER, DEAN & HOWARD, PLLC
ERO firm name

to enter my PIN **40578**
Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency es) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency es) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature V-Z..----- Date 12-6-2015

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62537137203

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature FRASIER, DEAN & HOWARD, PLLC

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

..... File a separate application for each return.
..... Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part 11 unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-n or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,

visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

D

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identification number

Type or print	Name of exempt organization or other filer, see instructions. OPERATION STAND DOWN TENNESSEE	Employer identification number (EIN) or 62-1638832
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1125 12TH AVENUE SOUTH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203-4709	

Enter the Return code for the return that this application is for (file a separate application for each return) **[QJ]**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 Q individual	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN KRENSON

- The books are in the care of **1125 12TH AVE., S - NASHVILLE, TN 37203**
Telephone No. **615-248-1981** Fax No.

- If the organization does not have an office or place of business in the United States, check this box **D**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box **O**. If it is for part of the group, check this box **O** and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-n) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for: **00** calendar year **2015** or **D** tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: **D** Initial return **D** Final return **D** change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.