EXTENSION GRANTED TO NOVEMBER 15, 2019

990

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

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2018 calendar year, or tax year beginning and ending			
В	Check if applicable:	C Name of organization	D Employer identifi	cation number	
Г	Address change	JOSHUA CHAMBERLAIN SOCIETY NASHVILLE			
	Name change	Doing business as		067728	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 101 CREEKSIDE CROSSING STE 1700-324		r 504-6678	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	380,755.	
	Amende return	BRENTWOOD, TN 37027	H(a) Is this a group re	eturn	
	Applica- tion	F Name and address of principal officer:DONALD ROSS	for subordinates	? Yes X No	
	pending	519 TURTLE CREEK DR, BRENTWOOD, TN 37027	H(b) Are all subordinates in	ncluded? Yes No	
				list. (see instructions)	
		:▶ HTTP://WWW.CHAMBERLAINSOCIETY.ORG/		n number ▶ 6032	
			ear of formation: 2013 N	$m{\it M}$ State of legal domicile: ${f TN}$	
P		Summary			
ø	1 B	riefly describe the organization's mission or most significant activities: SUPPORT	OF VETERANS O	R THE	
and	<u>F</u>	AMILY OF DECEASED VETERANS TO COMMIT LONG-T	ERM ASSISTANC	E FOR	
Governance		heck this box 🕨 📖 if the organization discontinued its operations or disposed of m		_	
હુ		umber of voting members of the governing body (Part VI, line 1a)		6	
∞ ∞		umber of independent voting members of the governing body (Part VI, line 1b)		6	
ties		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		10	
Activities &		otal number of volunteers (estimate if necessary)		0.	
Ą		otal unrelated business revenue from Part VIII, column (C), line 12		0.	
_	l b i	et unrelated business taxable income from Form 990-T, line 38	Prior Year		
Revenue	8 0	ontributions and grants (Part VIII, line 1h)	20,950.	Current Year 34,147.	
	1	. (5.1,111.11.6.)	0.	0.	
š	1	rogram service revenue (Part VIII, line 2g) Ivestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,948.	20,829.	
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,837.	37,927.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,735.	92,903.	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	23,899.	63,344.	
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
ý	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expenses	16a ₽	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
g	b⊤	otal fundraising expenses (Part IX, column (D), line 25)			
û	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,630.	23,939.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,529.	87,283.	
	19 R	evenue less expenses. Subtract line 18 from line 12	20,206.	5,620.	
Net Assets or			Beginning of Current Year	End of Year	
sets	20 T	otal assets (Part X, line 16)	266,370.	271,990.	
A A	21 T	otal liabilities (Part X, line 26)	0.	0.	
Ž.	22 N	et assets or fund balances. Subtract line 21 from line 20	266,370.	271,990.	
	art II	Signature Block			
	•	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	•	y knowledge and belief, it is	
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer nas any knowledge.		
۵.		Signature of officer	I Date		
Sig		DONALD ROSS, PRESIDENT	Duto		
He	re	Type or print name and title			
_		,	Date	TI PTIN	
Pai		Print/Type preparer's name Print/Type preparer's signature Print/Type preparer's name Print/Type preparer's name TIMOTHY M. OSBORNE	l if		
	-	irm's name ► OSBORNE & CO., PC	self-employ Firm's EIN ▶	62-1298042	
		Firm's address 761 OLD HICKORY BLVD., STE 201	I IIIII 3 LIN	<u> </u>	
	,	BRENTWOOD, TN 37027	Phone no 61	5-370-0590	
Ma	v the IR	6 discuss this return with the preparer shown above? (see instructions)	1. 110110 110.0 2	X Yes No	

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IDENTIFY AND ADOPT WOUNDED OR FALLEN MILITARY SERVICE MEMBERS WHO
	HAVE MADE AN EXTRAORDINARY SACRIFICE FOR OUR COUNTRY AND TO MAKE AN
	ON-GOING COMMITMENT TO THESE HEROES FOR THE REMAINDER OF THEIR LIVES
	OR THE LIVES OF THEIR FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	3, 3, 3, 1, 3,
	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 \$63,344. including grants of \$63,344.) (Revenue \$)
	LONG-TERM SUPPORT OF VETERANS OR THE FAMILY OF DECEASED VETERANS. SEVEN
	VETERANS WERE ASSISTED DURING 2018 - PRIMARILY WITH HOUSING
	IMPROVEMENTS/MODIFICATIONS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(oue) (Lixpenses #
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 63,344.
	Form 990 (2018)

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)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part 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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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	21		X

Page 4

Form 990 (2018) JOSHUA CHAMBERLAIN
Part IV Checklist of Required Schedules (continued)

	and the state of t			T
00	Did the constitution was at a constitution of 000 of constitution and the confer describe in dividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		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	25b		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	26		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	27		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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
04	contributions? If "Yes," complete Schedule M	30		 ^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		122
32	Cohodula N. Dort II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
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	36		Х
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	37		Х
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	38	Х	
Pai	T 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			Ш
			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	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u> </u>	

832004 12-31-18

Form **990** (2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
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)?	4a		Х				
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		Х				
5a	, , , , , , , , , , , , , , , , , , , ,							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
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?	6a		Х				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a						
b	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	OD						
, 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?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
a b	Initiation fees and capital contributions included on Part VIII, line 12							
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?	12a						
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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			v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		Х				
	excess parachute payment(s) during the year?	15		Λ				
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
10	If "Yes," complete Form 4720, Schedule O.	10		-25				
	ii 165, complete i uliii 4720, conedule o.	Form	990	(2018)				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	5		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director tructoe or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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		X
6	Did the organization have members or stockholders?	-		
<i>1</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	37	
	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.			
	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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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		Х
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		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed ►TN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
-	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			
	THE ORGANIZATION - 615-504-6678			

832006 12-31-18

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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; and former such persons.

Check this box if neither the organization n (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensation	amount of	
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	# 왕			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e e	suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	ı.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations
(1) DONALD ROSS	20.00	-	┢═		È		-			
PRESIDENT		х		х				0.	0.	0.
(2) PAMELA ROSS	20.00									
EXECUTIVE VICE PRESIDENT		Х		х				0.	0.	0.
(3) ROBB SORIANO	0.50									
DIRECTOR		Х						0.	0.	0.
(4) JIM STOKES	0.50									
DIRECTOR		Х						0.	0.	0.
(5) RANDY SORIANO	0.50									
DIRECTOR		Х						0.	0.	0.
(6) MATT CUTLER	0.50									
DIRECTOR		Х						0.	0.	0.
(7) BIL TISDALE	0.50									
DIRECTOR		Х						0.	0.	0.
		1								

Form **990** (2018)

	()								NASHVILLE	46-3	067	728	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Average hours per week (do in box, office				than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	e Esti		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	ons compensa			e ion ed
	Sub-total							▶	0.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							no r),000 of reportab				0
_		-1:		- 1					latinia and a succession of a				Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J i	for such individual			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-			5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	nnens	ation	from	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	INC	E				(B) Description of s	services	C	ompe	ز) nsatio	<u>n</u>
2	Total number of independent contractors (i \$100,000 of compensation from the organization)	•	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than		<u> </u>	000	2015
												Form	ココリ (2	∠∪18)

832008 12-31-18

Pa	rt V	Ш	Statement of Reve						
			Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 8	a F	ederated campaigns	1a					
ar our	1		Membership dues						
S, G	(Fundraising events						
ar,	(Related organizations						
ini,	(Government grants (contribut						
tion S	1	f A	All other contributions, gifts, grar	nts, and					
章		S	similar amounts not included abo	ove 1f	34,147.				
Contributions, Gifts, Grants and Other Similar Amounts	,	gιN	Noncash contributions included in lines	s 1a-1f: \$					
<u>8 6</u>		h T	Total. Add lines 1a-1f			34,147.			
					Business Code				
<u>8</u>	2 8	a _							
e <u>r</u>	1	b _							
n S	'	c _							
ga Re	۱ ۹	d _							
Program Service Revenue		e -							
	1		All other program service reve						
	3		Total. Add lines 2a-2fnvestment income (including						
	3		other similar amounts)	, ,	′ .	8,054.			8,054.
	4		ncome from investment of ta			0,0020			0,0021
	5		Royalties		· •				
		·	10,411.00	(i) Real	(ii) Personal				
	6 6	a G	Gross rents		(1) 1 0100110				
			_ess: rental expenses						
			Rental income or (loss)						
	(d N	Net rental income or (loss) .		>				
	1		Gross amount from sales of	(i) Securities	(ii) Other				
		а	assets other than inventory	276,192.					
	1	b L	ess: cost or other basis						
		а	and sales expenses	263,417.					
	۱ ۹	c (and sales expenses	12,775.		10 775	10 775		
	(d N	Net gain or (loss)			12,775.	12,775.		
ne	8 8		Gross income from fundraisin						
Ven			ncluding \$						
Be			contributions reported on line		62 362				
Other Revenue	Ι.		Part IV, line 18 Less: direct expenses		24,435.				
5			Net income or (loss) from fund			37,927.			37,927.
			Gross income from gaming a		·····	- , , , , , , ,			- , , , , , , , ,
	``		Part IV, line 19						
	١,		ess: direct expenses						
			Net income or (loss) from gan						
	1		Gross sales of inventory, less						
			and allowances						
	1	b L	ess: cost of goods sold	b					
		c N	Net income or (loss) from sale	es of inventory	>				
			Miscellaneous Revenu	ie	Business Code				
	11 8	a _							
	'	b _							
		c <u>-</u>							
			All other revenue						
	l		Fotal. Add lines 11a-11d		🟲	92 003	12,775.	0.	45,981.
	12	- 1	i ulai i eveliue. Ott iiisli uulloiis					U .	TU, JUL •

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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	63,344.	63,344.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	500		500	
С	Accounting	500.		500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 0 1 1		1 0 1 1	
f	Investment management fees	1,841.		1,841.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10.000			40.000
12	Advertising and promotion	18,972.		1 505	18,972
13	Office expenses	1,505.		1,505.	
14	Information technology				
15	Royalties				
16	Occupancy	554			
17	Travel	554.		554.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	PRINTING	329.		329.	
b	LICENCES & REGISTRATION	140.		140.	
C	BANK FEES	61.		61.	
d	FOREIGN TAXES	37.		37.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	87,283.	63,344.	4,967.	18,972
26	Joint costs. Complete this line only if the organization		-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			I	

Form **990** (2018)

Part X Balance Sheet

Part /	^	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	88,159.	1	81,324.
- 1	2	Savings and temporary cash investments	175,711.	2	45,401.
- 1		Pledges and grants receivable, net		3	•
	4	Accounts receivable, net		4	
	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(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ıς		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۽ ک ^ي		Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
- 1		Land, buildings, and equipment: cost or other			
'`	-	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
1.		Investments - publicly traded securities		11	124,048
12		Investments - other securities. See Part IV, line 11		12	19,217
13		Investments - program-related. See Part IV, line 11		13	
14		Intangible assets		14	
15		Other assets. See Part IV, line 11	2,500.	15	2,000
16		Total assets. Add lines 1 through 15 (must equal line 34)	266,370.	16	271,990
17		Accounts payable and accrued expenses	,	17	,
18		Grants payable		18	
19		Deferred revenue		19	
20		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Loans and other payables to current and former officers, directors, trustees,			
itie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ے ت	3	Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
2		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		25	
26	6	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
g l		complete lines 27 through 29, and lines 33 and 34.			
ဋ	7	Unrestricted net assets		27	
<u>e</u> 28		Temporarily restricted net assets		28	
ഇ ഉ 29		Permanently restricted net assets		29	
Eund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
p		and complete lines 30 through 34.			
ğ 30	0	Capital stock or trust principal, or current funds	0.	30	0
988 3		Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Net Assets or		Retained earnings, endowment, accumulated income, or other funds	266,370.	32	271,990
ž 3		Total net assets or fund balances	266,370.	33	271,990
34		Total liabilities and net assets/fund balances	266,370.	34	271,990.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			903.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			283. 620.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	66,	370.		
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 (B))	10	2	71,	990.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Щ		
			_	Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual 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?		2	1	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2k	,	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		20	;			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit				
	Act and OMB Circular A-133?		38	1	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	tit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3k	<u>, </u>			

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2018**

Open to Public Inspection

2817 1

Employer identification number Name of the organization JOSHUA CHAMBERLAIN SOCIETY NASHVILLE 46-3067728 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 12, 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). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

		tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 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 change 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) 6 Public support. Settled the 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from incleaded business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from related activities, and income from shall a sources 11 Total support. Add lines 7 frough 10 12 Gross receipts from related activities, atc. (see instructions) 13 First five years. If the Form 950 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization did not check a box on line 13, 16a, or 17a, 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, check this box and stop here. Explain	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Include any "unusual grants") 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 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% of the amount shown on line 11, column (f) 6 Public support. Subreat line 8 from line 4 8 Pection B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business sizelylarly carried on Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 980s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization qualifies as a publicly supported organization 15 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (ff)) 16 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (ff)) 17 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (ff)) 18 Jis 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances' test. 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	1	Gifts, grants, contributions, and						
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 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support. Setsect live 5 from line 4. Section B. Total Support Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary ser (of fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary services (c) 2018 (f) Total Callerdary services (c) 2016 (d) 2017 (e) 2018 (f) Total Callerdary services (c) 2018 (f) Total Callerdary Callerda		membership fees received. (Do not						
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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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	ciow, piedoc comp	ioto i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and			·	-	·	
	membership fees received. (Do not						
	include any "unusual grants.")	21,287.	7,101.	160,247.	20,950.	34,147.	243,732.
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 bus-						
	iness under section 513	51,903.	63,738.	60,401.	57,707.	62,362.	296,111.
4	Tax revenues levied for the organ-						
	ization'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	73,190.	70,839.	220,648.	78,657.	96,509.	539,843.
	Amounts included on lines 1, 2, and	-	-	-	-	-	-
	3 received from disqualified persons	2,500.	3,100.	152,500.	11,650.		169,750.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	2,500.	3.100.	152,500.	11,650.		169,750.
	Public support. (Subtract line 7c from line 6.)	2,300.	3,100.	132,3001	11,030.		370,093.
	etion B. Total Support						370,033.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2018	(f) Total
	Amounts from line 6	73,190.	70,839.	(c) 2016 220, 648.	(d) 2017 78,657.	(e) 2018 96, 509.	(f) Total 539,843.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	. 3 / 2 3 0 0	7070000	220,0100	3,948.	8,054.	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b				3,948.	8,054.	12,002.
	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.)	73,190.	70,839.	220,648.	82,605.	104,563.	551,845.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	67.06 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	62.86 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	2.17 %
18	Investment income percentage from 2	2017 Schedule A, F	Part III, line 17			18	.82 %
19a	33 1/3% support tests - 2018. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The o	organization qualif	ies as a publicly s	upported organiza	tion	> X
b	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 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)(B) 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 12a or 12b 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 IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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 (as 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(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
3	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

2817 1

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A family	y member of a person described in (a) above?	11b		
С	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.	11c		
Sec	tion B	. Type I Supporting Organizations			
		ŗ		Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	-	y appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	U	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		sed, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		Vaa	Na
	Mora	majority of the avantization's divestors by twistons during the tay year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec		. All Type III Supporting Organizations	•		
		The time of the control of the contr		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ation'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			
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	-	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
C		ted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) . The organization satisfied the Activities Test. Complete line 2 below.	1		
b		the organization is the parent of each of its supported organizations. Complete line 3 below.			
c		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2		es Test. Answer (a) and (b) below.		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those s	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the c	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
	activitie	s but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? Provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
		Distributions		,	Current Year
1	Amou				
2	Amou				
	organ				
3	Admir				
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	he organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	3 amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
е	Exces	ss from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Employer identification number 46-3067728

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	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 w	riting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors 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 confe	erring
_			
Par		-	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a historical	y important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	inization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservation	tion easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation e	easements during the year
•			DV9
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	on's illiancial statements that describes the o	rganization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	,1
	(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 trea		
	the following amounts required to be reported under SFAS 11	_	. •
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	ollections of A	rt, Histori	cal Tr	easures, c	r Other	Simila	r Asse	ts (continu	red)
3	Using the organization's acquisition, accession	on, and other record	ds, check any	of the	following tha	t are a sigi	nificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	I 🔲 Loar	or exc	hange progra	ıms				
b	Scholarly research	е	e 🔲 Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they f	urther tl	he organizatio	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histori	cal trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organizat	ion's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	anizatio	n answered "	'Yes" on F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for cont	ribution	s or other as	sets not in	cluded		_	
	on Form 990, Part X?							🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escre	ow or cu	ustodial acco	unt liability	/?	L	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation ha	as been	provided on	Part XIII .				
Pai	t V Endowment Funds. Complete it	the organization ar	swered "Yes	s" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) Prior	year	(c) Two year	s back (d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g, co	olumn (a	a)) held as:					
а	Board designated or quasi-endowment		<u></u> %							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	e held a	nd administe	red for the	organiza	ition		
	by:								\	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment fund	S.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, lin	e 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o basis (investr		•	or other (other)		umulated eciation	ı	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	3), line 1	0c.)					0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 JOSHUA CHAM	BERLAIN SOCIE	TVHRAN VT	.T.E. 46	5-3067728 _{Page}
Part VII Investments - Other Securities.	DEREMIER BOOTS	311 14110111111	100 10	, 3001120 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11b. See Form 990	. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				-
(2) Closely-held equity interests				
(3) Other				
(A) PERMANENT PORTFOLIO FUND				
(B) - SYMBOL: PRPFX	19,217	COST		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	19,217			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	5 000 B 1 1 1 / 1 /	44 0 5 000	D 17 " 15	
Complete if the organization answered "Yes"	Description	e 11a. See Form 990	, Part X, line 15.	(b) Book value
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)			
Part X Other Liabilities.	0 10.9		······································	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See For	m 990. Part X. line 2	5.
1. (a) Description of liability	.,,,	(b) Book value	,,	
(1) Federal income taxes				
(2)				
(3)				
(4)				

(5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2018

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements with Reven	ue 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 statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
	Other (Describe in Part XIII.)	•		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Othor (Doscribo in Part VIII.)			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		-	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, I</i> rt XIII Supplemental Information.	ine 18.)	5	
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, I</i> rt XIII Supplemental Information.	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	t XI,
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Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Employer identification number

	CHAMBERLAIN SOCIET				46-3067	
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indictions 	e Solicita f Solicita g Special or oral agreement with any individua cart VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (incluence)	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(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 or licensing.	on is registered or licensed to solicit	 contrib	. D outions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule G (Form 9	90 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 JOSHUA CHAMBERLAIN SOCIETY NASHVILLE 46-3067728 Page 2 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 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through CLAY SHOOT 1 ${ t GALA}$ col. (c)) (event type) (event type) (total number) Revenue 15,103 39,469. 7,790. 62,362. 1 Gross receipts 2 Less: Contributions 62,362. 15,103. 39,469. 7,790. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 500. 500. 4,000. 3,000. 6 Rent/facility costs 1,000. 12,654. 623. 14,277. **7** Food and beverages 1,900. 4,258. 1,900 8 Entertainment 9 Other direct expenses 2,031. 637. 1,590. 24,435. **10** Direct expense summary. Add lines 4 through 9 in column (d) 37,927. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? No

Schedule G (Form 990 or 990-EZ) 2018

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain:

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018 JOSHUA CHAMBERLAIN SOCIETY NASHVILLE	46-3067728 Page 3
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 form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	13 a %
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	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > and the	e amount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
on roo, onto hamo and address of the time party.	
Name ▶	
Address	
16 Gaming manager information:	
Name ▶ _	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
Employee Employee	
47 Manufatan, distributions	
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?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations or state law to be distributed to other exempt organizations.	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 (iii) a	nd (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990 or 990-EZ)	JOSHUA	CHAMBERLAIN	SOCIETY	NASHVILLE	46-3067728 F	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	rmation (con	tinued)				
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				-			

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 46-3067728 JOSHUA CHAMBERLAIN SOCIETY NASHVILLE Part I **General Information on Grants and Assistance** 1 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 noncash assistance
TRAVEL TO ORGANIZATION FUNDRAISING EVENTS, HOME					
REPAIRS/IMPROVEMENTS, EDUCATIONAL ASSISTANCE,					
SPECIAL EVENT PARTICIPATION/RECOGNITION, FINANCIAL					
ASSISTANCE	6	63,344.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I. lin	e 2: Part III. column	(b): and any other a	dditional 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Employer identification number 46-3067728

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOUSING MODIFICATION/IMPROVEMENTS, TUITION ASSISTANCE, MONETARY
DONTATIONS AND OTHER SUPPORT EXPENSES.
FORM 990, PART VI, SECTION A, LINE 2:
DONALD ROSS AND PAM ROSS - FAMILY RELATIONSHIP. ROBB SORIANO AND RANDY
SORIANO - FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM WHO PROVIDES A
COPY TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST