### EXTENDED TO NOVEMBER 15, 2021

Form **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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

А	roi ili	e 2020 calendar year, or tax year beginning and endi	iiig	_				
В	Check if applicab	C Name of organization		D Employer identific	cation number			
	Addre							
	Name chang	Doing business as		46-30677	28			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone number	r			
	Final return	101 CREEKSIDE CROSSING STE 1700-324		615-504-				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	188,922.			
	Amen return			H(a) Is this a group re				
F	Applic			for subordinates				
	pendi	519 TURTLE CREEK DR, BRENTWOOD, TN 37027	7	H(b) Are all subordinates in	····· — —			
_	Tav. av.	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or □	527	1				
		te: > HTTP: //WWW.CHAMBERLAINSOCIETY.ORG/	327		list. See instructions			
			1 Vaar		n number ► 6032 1 State of legal domicile: TN			
		·	L Year	of formation: ZUIS N	1 State of legal domicile: 11			
P	art I	Summary	T 0 E	TIEMEDANG O	D WITE			
e	1	Briefly describe the organization's mission or most significant activities: SUPPORT	T. OF	VETERANS O	R THE			
aŭ		FAMILY OF DECEASED VETERANS TO COMMIT LONG-						
ern	2	Check this box	of more	1 1				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			8			
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			8			
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0			
ξ	6	Total number of volunteers (estimate if necessary)		6	20			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	🗀	26,784.	71,652.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,520.	7,164.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,272.	25,653.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		77,576.	104,469.			
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		39,439.	29,975.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
<u>p</u>	l b	Total fundraising expenses (Part IX, column (D), line 25)						
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,734.	11,612.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		50,173.	41,587.			
		Revenue less expenses. Subtract line 18 from line 12		27,403.	62,882.			
Or Poc	3			ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		299,393.	362,275.			
ASS	21	Total liabilities (Part X, line 26)	···	0.	0.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		299,393.	362,275.			
P	art II	Signature Block		233,0301	302,273			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	1 statem	ents, and to the best of my	v knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p			y Kirowicago aria bollol, it lo			
	, 00110	A and complete books and or property (canon than onloss) to become an an information or informa-	or opar or	That any knowledge.				
Sig	ın	Signature of officer		Date				
He		DONALD ROSS, PRESIDENT						
110		Type or print name and title						
		Print/Type preparer's name Preparer's signature	1	Date Check	II PTIN			
Pai	d	TIMOTHY M. OSBORNE TIMOTHY M. OSBORNE		if	$\Box$			
	parer	Firm's name SBORNE & CO., PC	<u> </u>	self-employe Firm's EIN ▶	62-1298042			
Use Only   Firm's address   761 OLD HICKORY BLVD., STE 201								
BRENTWOOD, TN 37027  Phone no. 615-370-0590								
N 4 -	v +b = 1			Trilolle IIO.O I				
ıvıa	y ine l	RS discuss this return with the preparer shown above? See instructions			🔼 Yes 📖 No			

Fai	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
2	prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ū	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 \$29,975 • including grants of \$29,975 • ) (Revenue \$)
	LONG-TERM SUPPORT OF VETERANS OR THE FAMILY OF DECEASED VETERANS. EIGHT
	VETERANS WERE ASSISTED DURING 2020 - PRIMARILY WITH HOUSING
	IMPROVEMENTS/MODIFICATIONS.
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 29,975.
	Form <b>990</b> (2020)

### 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	
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 Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	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			
Ŭ	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 donor-restricted endowments			
	or in 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		<u> </u>
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
	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			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		X
b				
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 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,"			7,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$^{-\Delta}$

032003 12-23-20

22 Use the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, couning (A), line 2 of IV-ref., "complete Schedule (I) Part I is not 10 organization answer (Vers.) to Part IVI, Section A, line 3.4, or 5 about compensation of the organization is current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V is an assistance of the list day of the year, that was issued after December 31, 2002 if "Yes," answer lines 26b through 24d and complete Schedule V. If "No." to po file 25s and the December 31, 2002 if "Yes," answer lines 26b through 24d and complete Schedule V. If "No." to po file 25s and the December 31, 2002 if "Yes," answer lines 26b through 24d and complete Schedule V. If "No." to po file 25s and 10 bit the organization maintain an escrive account offer than a refunding escrive with an disciplinary of the organization and the secretary bonds?  424a	Pa	rt IV Checklist of Required Schedules (continued)			
Part X, column (A), line 2? If "Yes," complete Schedule ( Parts I and III 20 Did the organization is current and tomer officers, directors, trustees, key employees, and highest compensation of the organization is current and tomer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 21 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," anawer lines 240 brough 24d and complete Schedule J 17 No." go to line 25d 2.  24a				Yes	No
23 Did the organization answer "Ves" to Part VII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Part IV 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24th bruogh 24d and complete Schedule K. If "No." or to line 25s 24b 100 Did the organization maritan an escrow account other than a refunding secret was any time during the year to defease any tax-exempt bonds?  d Did the organization maritan an escrow account other than a refunding secret was any time during the year to defease any tax-exempt bonds?  d Did the organization and an ordinary of the organizations. Did the organization and the secret was any time during the year?  d Did the organization aware that it angaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization survers and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to line 23a.  24a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
and former officers, directors, flustees, sey employees, and highest compensated employees? // "Yes," complete Schedule L, Part I/ Schedule L, Par	23				
Schedule / Jan Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to fire 25a					
24a D4 the organization have a tar-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after becamber 31, 2002? If "Yes," amover lines 24b through 24d and complete Schedule K. If "No.", 90 to line 25a  b D4 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?"  24b  c D4 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d  d D4 the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d  d D4 the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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 organizations prior Forms 99 or 990 EZ? If "Yes," complete Schedule L, Part II  25b D4 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, effector, trustee, key employee, creator or founder, substantial contribution or asystic controlled antity or family member of any of these persons? If "Yes," complete Schedule L, Part II  25b D4 the organization provide a gard or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV  27c X  28c Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  28c Yamar Y, India A, Part IV  28c Yamar Y, Ind			23		X
as to 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  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrew account other than a refunding secrew at any time during the year to delease any tax-exempt bonds?  d Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 50(16)8, 501(44), 4nd 501(x)80 yarganizations. Did the organization during the year?  25b Section 50(16)8, 501(44), 4nd 501(x)80 yarganizations. Did the organization are excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that the angaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled and thy or family member of any of these persons? If "Yes," complete Schedule L, Part II  26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or to a 35% controlled entity of multi-particle contributions and propose thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV  27 Did the organization provide a grant or of amily member of any of these persons? If "Yes," complete Schedule L, Part IV  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contribution	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No." go to line 25a		* · · · · · · · · · · · · · · · · · · ·			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain are serow account other than a refunding escrew at any time during the year to defease any tax exempt bonds?  d Did the organization act as an 1 on behalf of "issuer for bonds outstanding at any time during the year?  24d			24a		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  25a Section 501(c/3), 501(c/4), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25a Section 501(c/3), 501(c/4), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I., 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 with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26b   X   X   X   X   X   X   X   X   X	h	Did the organization invest any proceeds of tax-exempt honds beyond a temporary period exception?	-		
any tax-exempt bonds?  d Did the organization at as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d					
d Dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the yea? 255 Section 501(3), 501(4), 4m 501(4),	·		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 1 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-E27 If "Yes," complete Schedule L, Part I 25b X 2 is the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 2 is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule M 29 X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule M 29 X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule M 29 X 5 A family member of any individual described in line 28a? If "Yes," complete Schedule M 29 X 5 A family member of any individual described in line 28a	Ч		$\vdash$		
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-E27 If "Yes," complete Schedule L, Part I			240		
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 980 or 990 E27 If "Yes," complete Schedule I., Part I yes," trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II yes, "complete Schedule I., Part II yes," trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a S5% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III yes," the complete Schedule I., Part III yes, "complete Schedule I., Part IV instructions, for applicable filing thresholds, conditions, and exceptions;"  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV yes," complete Schedule I., Part IV yes, "complete Schedule I., Part IV yes," complete Schedule I., Part IV yes, "complete Schedule I., Part IV yes," complete Schedule I., Part IV yes, "complete Schedule I., Part IV yes," complete Schedule I., Part IV yes, "complete Schedule I., Part IV yes," complete Schedule I., Part IV yes, "complete Schedule I., Part IV yes," complete Schedule III, Part III yes," complete Schedule III, Part III yes," complete Schedule III, Part III yes," complete Schedule III, P	ZJa		252		l x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part I	h		ZJa		
Schedule L, Part I  25b   X  27b   Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes, "complete Schedule L, Part III 26	b				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II   26		Cohodula I. David	OEh		v
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	00		250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26	26				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 IIV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  c A 3596 controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 X  30 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization only 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X  35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35b Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X  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 37 X  37 Did the organization complete Schedule N part V, line 2 37 X  38 Did t					v
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization enceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization eli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O	<b></b>		26		
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instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Section 501(c)(3) organizations 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  35 Section 501(c)(3) organizations of the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations organizations in Schedule O for Part VI, lines 11b and 19?  Note: Al			27		
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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  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  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
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 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		If "Yes," complete Schedule R, Part V, line 2	36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37				
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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			37		Х
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any lin		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Check if Schedule O contains a response or note to any line in this Part V  Tall Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   Be the the number of Forms W-2G included in line 1a. Enter -0- if not applicable   Could be organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
Tall Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1					
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     0       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	•	(gambling) winnings to prize winners?	1c		

032004 12-23-20

## 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?	За		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	a 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		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х					
5a	, , , , , , , , , , , , , , , , , , , ,								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
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		X					
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI-							
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).  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?	7-		Х					
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 22					
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0							
·	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
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:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
р	Gross income from other sources (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.)  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	ıza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou							
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								
С	Enter the amount of reserves on hand 13c								
14a		14a		Х					
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
		Eor	COO	(0000					

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 on 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			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		X
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		X
b	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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)s only	/) avail	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	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			
	101 CREEKSIDE CROSSING STE 1700-324, BRENTWOOD, TN 37027			

032006 12-23-20

# 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. See instructions for the order in which to list the persons above.

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

(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONALD ROSS	20.00	,,		,,					0	0
PRESIDENT	20 00	Х		Х				0.	0.	0.
(2) PAMELA ROSS	20.00	,,		,,					0	0
EXECUTIVE VICE PRESIDENT	0 50	Х		Х				0.	0.	0.
(3) ROBB SORIANO	0.50	<b>.</b> ,							0	0
DIRECTOR	0.50	Х						0.	0.	0.
(4) FLETCHER TIDWELL	0.50	X						0.	0.	0.
(5) RANDY SORIANO	0.50	^						0.	0.	0.
DIRECTOR	0.30	X						0.	0.	0.
(6) MATT CUTLER	0.50	Δ						0.	· ·	0.
DIRECTOR	0.50	X						0.	0.	0.
(7) BIL TISDALE	0.50							0.	•	•
DIRECTOR	- 0,30	x						0.	0.	0.
(8) DAVID GLASS	0.50	<del> </del>								•
DIRECTOR		х						0.	0.	0.

032007 12-23-20 Form **990** (2020)

Part VII Section A. Offi	cers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)		(B) (C) (D) Average Position Poportable					(E)			(F)				
Name and	title	Average hours per		not c	heck	more	than		Reportable	Reportable		Estimated		
		week					is bot or/trus		compensation from	compensation from related			nount o other	JΓ
		(list any	ector					the	organization			pensa	tion	
		hours for	or dire	a)			ted		organization	(W-2/1099-MIS	SC)		om the	
		related organizations	Individual trustee or director	Institutional trustee		92	suadı		(W-2/1099-MISC)				anizati d relate	
		below	dual tr	itional	_	Key employee	st con	 					anizatio	
		line)	Indivi	Institu	Officer	Key eı	Highest compensated employee	Former				,		
1b Subtotal								▶	0.		0.			0.
c Total from continuat									0.		0.			0.
d Total (add lines 1b a									0.		0.			0.
	•	ot limited to th	ose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportab	le			0
compensation from the	ne organization												Yes	No
3 Did the organization li	ist any <b>former</b> officer,	director, trust	ee, l	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," com	plete Schedule J for s	uch individual										3		Х
•	· ·	•							her compensation from	•				
									for such individual			4		X
5 Did any person listed rendered to the organ		· ·				-			ted organization or indiv			5		Х
Section B. Independent C		ipiete deriedar	C 0 1	0/ 30	JCI1	pers	3011 .							
									that received more than		npens	ation 1	rom	
the organization. Rep	ort compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	rithir T	n the organization's tax ( <b>B)</b>	year.		(0	<u> </u>	
	Name and business	address	N	INC	3				Description of s	ervices	С		nsation	า
								_						
2 Total number of independent	andant contractors "	- المناج منامان	O+ 1:	mit-	4+-	+h -	00 15	nt c	d abovo) who restinates	oro than				
2 Total number of indep \$100,000 of compens			IOL II	ше	u 10		se 119 0	siec	d above) who received n	iore man				
												Form	<b>990</b> (2	2020)

		(2020) JOSHUA CHAMBERLAIN SO	CIETY NASHVILLE	46-3067728 Page <b>9</b>
Pa	rt VI	II Statement of Revenue		
		Check if Schedule O contains a response or note to any lir	ne in this Part VIII	
			(A) (B)  Total revenue Related or exempt function revenue	Unrelated business revenue sections 512 - 514
ठ छ	1 2	Federated campaigns 1a		
ran	b			
<u>P</u> E				
ifts ar A		I Related organizations 1d		
s, G		Government grants (contributions)		
ioi		All other contributions, gifts, grants, and		
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f 71,652.		
d Offi	ç	similar amounts not included above 1f 71,652.  Noncash contributions included in lines 1a-1f 1g \$ 35,966.		
a Co		Total. Add lines 1a-1f	71,652.	
		Business Code		
e	2 a	·		
e Ži	b			
Sun	c			
ran eve	c			
Program Service Revenue	e			
ه ا	f	All other program service revenue		
	ç	Total. Add lines 2a-2f		
	3	Investment income (including dividends, interest, and	7 120	7 120
		other similar amounts)	7,138.	7,138.
	4	Income from investment of tax-exempt bond proceeds		
	5	Royalties (ii) Real (iii) Personal		
	_			
	6 a			
	b	' "		
	0	I. Niet ventel income av (less)		
		Gross amount from sales of (i) Securities (ii) Other		
	, ,	assets other than inventory 7a 70,000.		
	r	Less: cost or other basis		
e	_	and sales expenses 7b 69,974.		
evenue	c	Gain or (loss) 7c 26.		
Re		Net gain or (loss)	26.	26.
Other		Gross income from fundraising events (not		
₹		including \$ of		
		contributions reported on line 1c). See		
		Part IV, line 18		
	b	Less: direct expenses 8b 14,479.		
		Net income or (loss) from fundraising events	25,653.	25,653.
	9 a	Gross income from gaming activities. See		
		Part IV, line 19 9a		
		Less: direct expenses 9b		
		Net income or (loss) from gaming activities		
	10 a	Gross sales of inventory, less returns		
		and allowances 10a Less: cost of goods sold 10b		
_		Net income or (loss) from sales of inventory		
Snc	11 a			
nue	li a			
ella				
Miscellaneous Revenue		All other revenue		
2		Total. Add lines 11a-11d		
	12	Total revenue. See instructions	104,469. 0.	0. 32.817.

032009 12-23-20

Form **990** (2020)

2817\_\_\_1

### 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			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> 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	00 000			
	individuals. See Part IV, line 22	29,975.	29,975.		
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 (nonemployees):				
а	Management				
b	Legal				
С	Accounting	1,600.		1,600.	
d	Lobbying				
е	· •				
f	Investment management fees	1,639.		1,639.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	4,822.		4,822.	
13	Office expenses	986.		986.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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	1,603.		1,603.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	PRINTING	781.		781.	
b	LICENSES & REGISTRATION	180.		180.	
С	BANK FEES	1.		1.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	41,587.	29,975.	11,612.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 111,414. 87,804. Cash - non-interest-bearing 1 39,331. 43,142. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c 126,875. 110,176. Investments - publicly traded securities 11 11 19,773. 119,153. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 2,000. 2,000. Other assets. See Part IV, line 11 15 15 299,393. 362,275. 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund ..... 30 299,393. 362,275. 31 31 Retained earnings, endowment, accumulated income, or other funds 299,393. 362,275. Total net assets or fund balances 32 32 299,393. 362,275. 33 Total liabilities and net assets/fund balances ...

Form	990 (2020) JOSHUA CHAMBERLAIN SOCIETY NASHVILLE	46-	-306772	8	Pag	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	04		
2	Total expenses (must equal Part IX, column (A), line 25)	2			, 58	
3	Revenue less expenses. Subtract line 2 from line 1	3			,88	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	99	, 39	<del>3</del> 3.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	62	, 27	75.
Paı	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				l	
			_	Y	'es	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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b		_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					
	review, or compilation of its financial statements and selection of an independent accountant?		2	С		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (	0.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Au	dit			

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

11

12

Name of the organization

See section 509(a)(2). (Complete Part III.)

# **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

Open to Public Inspection

**Employer identification number** 

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.

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

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.
 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 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 II, Type III

lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

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 No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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. Subtract line 5 from line 4.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	_		•	•		
Sec	tion C. Computation of Publ						
14	Public support percentage for 2020 (	line 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check this	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a publicl	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	ınd see instruction	s ▶
18			-	•			s

Schedule A (Form 990 or 990-EZ) 2020

#### 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	etion A. Public Support	clow, picase comp	noto i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	( )	( )	,	,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	160,247.	20,950.	34,147.	26,784.	35,686.	277,814.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·	·	·	·	
3	Gross receipts from activities that						_
	are not an unrelated trade or business under section 513	60,401.	57,707.	62,362.	84,390.	76.098.	340,958.
1	Tax revenues levied for the organ-	00,1010	3777070	02,3021	01/0300	7070300	31073301
7	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	220,648.	78,657.	96,509.	111,174.	111,784.	618,772.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	152,500.	11,650.				164,150.
k	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	152,500.	11,650.				164,150.
	Public support. (Subtract line 7c from line 6.)						454,622.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	220,648.	(b) 2017 78,657.	(c) 2018 96, 509.	(d) 2019 111,174.	(e) 2020 111,784.	(f) Total 618,772.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		3,948.	8,054.	5,154.	7,138.	24,294.
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.	5,154.	7,138.	24,294.
	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.)	220,648.	82,605.	104,563.	116,328.	118,922.	643,066.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Pei	rcentage				
15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15							70.70 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	69.01 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>20</b> (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	3.78 %
18	Investment income percentage from 2	<b>2019</b> Schedule A, F	Part III, line 17			18	2.88 %
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	=	-	•			<b>▶</b> X
b	33 1/3% support tests - 2019. If the	•			•		
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organizatio						
20	Filivate iounidation. Il the organization	п ою погенескат	JUX UH IIIIE 14. 198	a. OF 1800. CHECK IF	us dox add see Ins	มเนปเบเร	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_			

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	ion C. Type it Supporting Organizations		\	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34		
-	j, j,,,			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus	t comple	te 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 <b>Part VI</b> ):					
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 0.015 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 0.035.	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 0.85 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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

Schedule A (Form 990 or 990-EZ) 2020

instructions).

_	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions		Current Year						
1	Amounts paid to supported organizations to accomplish exe	1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s <b>3</b>						
4	Amounts paid to acquire exempt-use assets	4							
5	Qualified set-aside amounts (prior IRS approval required - pro	5							
6	Other distributions (describe in Part VI). See instructions.	6							
7	Total annual distributions. Add lines 1 through 6.	7							
8	Distributions to attentive supported organizations to which the								
	(provide details in Part VI). See instructions.	8							
9	Distributable amount for 2020 from Section C, line 6	9							
10	Line 8 amount divided by line 9 amount	10							
Section E - Distribution Allocations (see instructions)  (i)  (ii)  Underdistribution  Pro-2020				(iii) Distributable					

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a	Excess from 2016			
	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE 46-3067728

Organization type (check one):								
Filers of:		Section:						
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year						
but it <b>m</b> ı	ust answer "No" on	eat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

#### JOSHUA CHAMBERLAIN SOCIETY NASHVILLE 46-3067728 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person **Payroll** 35,966. Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

46-3067728

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	10 SHARES HCA HEALTHCARE INC COMMON STOCK	-	
		\$1,643.	12/24/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	552 SHARES EDISON INTL CALIF COMMON STOCK	-	
		\$\$	12/29/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- -	
		- - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	
023453 11-25	= 00		990 990-F7 or 990-PF) (2020)

Employer identification number

Name of organization

	A CHAMBERLAIN SOCIETY NA			46-3067728
art III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	try For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	t Relationship of trans	sferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
_	Transferee's name, address, an	(e) Transfer of gif	t Relationship of trans	sferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	t Relationship of trans	sferor to transferee
) No. rom eart I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of trans	sferor to transferee

#### **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

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring					
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.					
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (for example, recrea		storically important land area					
	Protection of natural habitat	Preservation of a ce	ertified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a						
	day of the tax year.		Held at the End of the Tax Year					
	Total number of conservation easements							
	Total acreage restricted by conservation easements		•					
	Number of conservation easements on a certified historic str		. 2c					
a	Number of conservation easements included in (c) acquired							
•	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax					
4	year	coment is leasted						
4 5	Number of states where property subject to conservation ea							
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year					
-	<b>\$</b>		caseee adming and year					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)					
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •						
9	In Part XIII, describe how the organization reports conservati							
	balance sheet, and include, if applicable, the text of the footi	-						
	organization's accounting for conservation easements.							
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works					
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		·					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide					
	the following amounts required to be reported under FASB A							
	Revenue included on Form 990, Part VIII, line 1		·					
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020					

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Par	rt III   Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simil	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	. 🗆 ι	oan or exc	hange progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explai	n how th	ey further t	he organizatio	on's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be main	ntained as part of t	he orgar	nization's c	ollection?				Yes		No
Par	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	on answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodial	n or other intermed	diary for o	contribution	ns or other as:	sets not	included		-	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						. 1f		,		
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	scrow or c	ustodial acco	unt liabili	ity?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. C										
Par	rt V Endowment Funds. Complete if t				1						
	<del>-</del>	(a) Current year	<b>(b)</b> Pi	rior year	(c) Two years	s back (	(d) Three	years back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end baland	e (line 1	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment \( \bigsec\) \( \bigsec\)										
_	The percentages on lines 2a, 2b, and 2c shoul										
3a	Are there endowment funds not in the possess	sion of the organiza	ation tha	t are held a	and administer	red for th	ne organi	zation	г		<del></del>
	by:								- m	Yes	No
	(i) Unrelated organizations								3a(i)		<del></del>
	(ii) Related organizations										<u> </u>
b	If "Yes" on line 3a(ii), are the related organization				·				3b		Ь
Da.	Describe in Part XIII the intended uses of the cert VI Land, Buildings, and Equipme		wment t	unas.							
Fai	Complete if the organization answered		Dort IV	lina 11a (	Coo Form 000	Dort V	lina 10				
	<u> </u>				1	, ,			(d) Deel	ا	
	Description of property	(a) Cost or o basis (investr			t or other (other)	٠,	ccumulatoreciation		( <b>d</b> ) Bool	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Total	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, colum	nn (B), line	10c.)			<b></b>			0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 JOSHUA CHAM	BERLAIN SOCIE	TY NASHVILLE	46-3067728 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely held equity interests			
(3) Other			
(A) PERMANENT PORTFOLIO FUND			
(B) - SYMBOL: PRPFX	26,277.	COST	
(C) EDISON INTL CALIF -			
(D) SYMBOL: EIX	34,323.	COST	
(E) AMERICAN MUTUAL FUND -	0 = 7 0 = 0 1		
(F) SYMBOL: AMRFX	21,522.	COST	
(G) METROPOLITAN WEST TOTAL -	22,022	0021	
(d) HETHOTOETHIN WEST TOTHE	18,771.	COST	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	119,153.	CODI	
Part VIII Investments - Program Related.	117,133.		
	an Farma 000 Dart IV line :	11 - Cas Farm 000 Dart V lin	10
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		Cost or end-of-year market value
	(b) Book value	(c) Wethod of Valuation.	Oost of end-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.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, Iir	
	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.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

2817\_\_\_1

14400927 769620 2817

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

	t XI R	econciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return.	
	C	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a	l <b>.</b>		
1	Total rev	enue, gains, and other support per audited financial statements		1	
2	Amounts	included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrea	alized gains (losses) on investments	. 2a		
b	Donated	services and use of facilities	2b		
С	Recoveri	es of prior year grants	2c		
d	Other (De	escribe in Part XIII.)	2d		
е		s 2a through 2d		H 1	
3	Subtract	line 2e from line 1		3	
4		included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ent expenses not included on Form 990, Part VIII, line 7b	· <del></del>		
b	Other (De	escribe in Part XIII.)	4b		
С		s <b>4a</b> and <b>4b</b>			
5		enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai		econciliation of Expenses per Audited Financial Statem	-	benses per Return.	
		omplete if the organization answered "Yes" on Form 990, Part IV, line 12a		Г.Т	
1		penses and losses per audited financial statements		1	
2		included on line 1 but not on Form 990, Part IX, line 25:			
а		services and use of facilities			
b		r adjustments			
C	Other los				
d		escribe in Part XIII.)	•	20	
_		s 2a through 2d			
3 4		line <b>2e</b> from line <b>1</b> included on Form 990, Part IX, line 25, but not on line 1:			
		ent expenses not included on Form 990, Part VIII, line 7b	4a		
a b		escribe in Part XIII.)	· <del></del>		
		A A -		4c	
5		enses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			
		upplemental Information.			
		••		h. Dart V. line 4. Dart V. line 0. Dart VI.	
	de the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b and 2	D. Parr V. line 4. Parr X. line /: Parr XI.	
		scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par b: and Part XII. lines 2d and 4b. Also complete this part to provide any add			
		scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par o; and Part XII, lines 2d and 4b. Also complete this part to provide any add			

Schedule D (Form 990) 2020

Part XIII	Supplemental	Information	(continued)
-----------	--------------	-------------	-------------

Part VII	Investments - Other Securities. See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
TCW TO	OTAL RETURN - SYMBOL: TGLMX	18,260.	COST
		1	1

#### **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

2020

Open to Public Inspection

Name of the organization

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Employer identification number

	CHAMBERDAIN SOCIET	T 1/	VOII	<u> </u>	40-3007	720	
<b>Part I</b> Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not	
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) or or retained by or retained					
		Yes	No				
Fotal							
Ist all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	L s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 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 NONE (add col. (a) through CLAY SHOOT col. (c)) (event type) (total number) (event type) Revenue 40,132 40,132. 1 Gross receipts 2 Less: Contributions 40,132. 40,132. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6,520. 6 Rent/facility costs 6,520. 1,019. 1,019. 7 Food and beverages 8 Entertainment 6,940. 9 Other direct expenses 6,940. 14,479. **10** Direct expense summary. Add lines 4 through 9 in column (d) 25,653. 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 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?

D	ii ivo, explaili.							
0a	Were any of the	organization's gaming lic	enses revoked, suspende	d, or terminated dur	ing the tax year?	 Yes	□ N	0
b	If "Yes," explain:							

032082 11-25-20

1

h If "No " evolain:

Schedule G (Form 990 or 990-EZ) 2020

Sche	dule G (Form 990 or 990-EZ) 2020 JOSHUA CHAMBERLAIN SOCIETY NASHVILLE 46-3	3067728	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
	If "Yes," enter name and address of the third party:		
	Name ▶ _		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Employee Employee		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Par		art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
032083	3 11-25-20 Schedule G (Fori	n 990 or 990	)-EZ\ 2020
_ =====	32		,

Schedule G	G (Form 990 or 990-EZ)	JOSHUA	CHAMBERLAIN	SOCIETY	NASHVILLE	46-3067728 <sub>Page</sub>
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (con:	tinued)			
						Schedule G (Form 990 or 990-E
						, L

#### 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

Name of	the organization  JOSHUA CH	AMBERLAIN	SOCIETY NA	SHVILLE				Employer identification number 46-3067728
Part I	General Information on Grants a		200========					
crit	es the organization maintain records eria used to award the grants or assi- scribe in Part IV the organization's pro	stance?						
Part II						anization answered "\	es" on Form 990. Par	t IV. line 21. for any
	recipient that received more than	_						- · · · , · · · · · - · · , · · · · · ·
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>2</b> Ent	ter total number of section 501(c)(3) a	ind government or	ganizations listed in th	e line 1 table		ı		<b>•</b>

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

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

Schedule I (Form 990) 2020

(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	8	29,975.	0.		
Part IV Supplemental Information. Provide the information rec	LI uired in Part I_lin	e 2: Part III. column	(b): and any other a	I	
Tarrit Suppremental information (1)	unod     11   uno 1,   uno	2,1 41111, 0014111	r (b), and any emera	aditional information.	

#### **SCHEDULE M** (Form 990)

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

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization JOSHUA CHAMBERLAIN SOCIETY NASHVILLE Employer identification number 46-3067728

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	35.966.	STOCK MARKE	тV	A T.TT	F.
10	Securities - Publicity traded Securities - Closely held stock	- 21		33,300.	DIOCK HIRE		2110	<u> </u>
	Securities - Closely field stock  Securities - Partnership, LLC, or							
11								
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		-					
	for which the organization completed Form 828	83, Part V, D	Oonee Acknowledg	jement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•				
	exempt purposes for the entire holding period?	?				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	l (Forn	n 990)	2020

032141 11-23-20

Schedule M	(Form 990) 2020	JOSHUA	CHAMBERLAIN	SOCIETY	NASHVILLE	46-3067728	Page 2
Part II	Supplemental	Information I, column (b), todditional information	<b>n.</b> Provide the informat he number of contribut ation.	tion required by tions, the numbe	Part I, lines 30b, 32b, arer of items received, or a	nd 33, and whether the organiza a combination of both. Also com	tion
032142 11-23-2	20					Schedule M (Form	990) 2020

#### **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

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

Schedule O (Form 990 or 990-EZ) 2020