

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 NASHVILLE PREDATORS FOUNDATION

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
 NASHVILLE, TN 37203

D Employer identification number
 62-1751832

E Telephone number
 (615) 770-2303

F Name and address of principal officer:
 REBECCA KING
 501 BROADWAY
 NASHVILLE, TN 37203

G Gross receipts \$ 2,966,094

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NASHVILLEPREDATORS.COM/OFFTHEICE/FOUNDATION

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998 **M** State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 FOUNDATION IS A PUBLIC NON-PROFIT ORGANIZATION ESTABLISHED TO CONDUCT CHARITABLE ACTIVITIES AND RAISE FUNDS FOR CONTRIBUTIONS TO VARIOUS CHARITIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	60
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,001,221	2,383,184
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,956	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	820,390	304,438
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,823,567	2,687,622
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,290,673	2,601,036
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 48,000		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	243,260	219,887
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,533,933	2,820,923
19 Revenue less expenses. Subtract line 18 from line 12	289,634	-133,301

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,565,189	2,585,409
21 Total liabilities (Part X, line 26)	768,607	916,754
22 Net assets or fund balances. Subtract line 21 from line 20	1,796,582	1,668,655

Part II Signature Block

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

Sign Here

 Signature of officer
 Date 2021-05-17

REBECCA KING EXECUTIVE DIRECTOR/VICE PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-05-17	Check <input type="checkbox"/> if self-employed	PTIN P00061190
Firm's name ▶ LBMC PC			Firm's EIN ▶ 62-1199757	
Firm's address ▶ PO BOX 1869 BRENTWOOD, TN 370241869			Phone no. (615) 377-4600	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FOUNDATION IS A PUBLIC NON-PROFIT ORGANIZATION ESTABLISHED TO CONDUCT CHARITABLE ACTIVITIES AND RAISE FUNDS FOR CONTRIBUTIONS TO VARIOUS CHARITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,591,036 including grants of \$ 2,591,036) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 10,000 including grants of \$ 10,000) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,601,036

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		No
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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		No
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		No
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 (see instructions)		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country? 4b If "Yes," enter the name of the foreign country: 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7a 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? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year. 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12. 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: 11a Gross income from members or shareholders. 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 13b 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. 13c Enter the amount of reserves on hand. 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? 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? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KATHY KING 501 BROADWAY NASHVILLE, TN 37203 (615) 770-2094

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, or 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK BURK DIRECTOR	1.00	X						0	0	0
(2) ELLIE WESTMAN CHIN DIRECTOR	1.00	X						0	0	0
(3) ANDREA CONTE DIRECTOR	1.00	X						0	0	0
(4) MARIA DEVARENNE DIRECTOR	1.00	X						0	0	0
(5) PHILIP DOBBS DIRECTOR	1.00	X						0	0	0
(6) SCOTT HAMILTON DIRECTOR	1.00	X						0	0	0
(7) JEFF LIPSCOMB DIRECTOR	1.00	X						0	0	0
(8) ANDY MARSHALL DIRECTOR	1.00	X						0	0	0
(9) RALPH PERREY DIRECTOR	1.00	X						0	0	0
(10) RONALD ROBERTS DIRECTOR	1.00	X						0	0	0
(11) RALPH SCHULZ DIRECTOR	1.00	X						0	0	0
(12) MIKE SMARDAK DIRECTOR	1.00	X						0	0	0
(13) MICHAEL SONTAG DIRECTOR	1.00	X						0	0	0
(14) JULIA WICOFF DIRECTOR	1.00	X						0	0	0
(15) GERRY HELPER CHAIRMAN	2.00			X				0	0	0
(16) SEAN HENRY PRESIDENT	2.00			X				0	0	0
(17) SCOTT HICKMAN SECRETARY	1.00			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHY KING TREASURER	2.00			X				0	0	0
(19) REBECCA KING EXECUTIVE DIRECTOR/VICE PRESIDENT	2.00			X				0	0	0
(20) JACK DILLER CHAIRMAN AMERITUS	1.00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 6 rows (2a-f) and 5 columns (A-D). Includes Business Code column and a total row (9).

Table for Other Revenue with 12 rows (3-12) and 5 columns (A-D). Includes sections for investment income, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,591,036	2,591,036		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	3,000		3,000	
c Accounting	14,100		14,100	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	146,557		98,557	48,000
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	830		830	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD FEES	49,954		49,954	
b BANK CHARGES	5,206		5,206	
c LICENSES AND PERMITS	240		240	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,820,923	2,601,036	171,887	48,000
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,138,779	1	1,882,385
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	134,841	3	395,859
	4 Accounts receivable, net		4	
	5 Loans and other 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		5	
	6 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	256,158	7	241,613
	8 Inventories for sale or use		8	
	9 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
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	55,888
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	35,411	15	9,664
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,565,189	16	2,585,409	
Liabilities	17 Accounts payable and accrued expenses	727,772	17	865,200
	18 Grants payable		18	
	19 Deferred revenue	40,835	19	51,554
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	768,607	26	916,754
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,555,922	27	1,157,650
	28 Net assets with donor restrictions	240,660	28	511,005
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,796,582	32	1,668,655	
33 Total liabilities and net assets/fund balances	2,565,189	33	2,585,409	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,687,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,820,923
3	Revenue less expenses. Subtract line 2 from line 1	3	-133,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,796,582
5	Net unrealized gains (losses) on investments	5	5,375
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,668,655

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c		No
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 62-1751832

Name: NASHVILLE PREDATORS FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PREDATORS FOUNDATION GRANTS - EACH YEAR THE PREDATORS FOUNDATION HAS AN ANNUAL GRANT CYCLE WHERE NASHVILLE AND MIDDLE TENNESSEE NON-PROFITS APPLY FOR GRANTS. THE FOUNDATION WILL AWARD GRANTS FOR SPECIFIC PROJECTS AND ONE-TIME PROGRAMS, BUT NOT FOR GENERAL OPERATING COSTS, STAFF SALARIES, SPONSORSHIP OR FUNDRAISERS OF ANY KIND, CAPITAL CAMPAIGNS OR BUILDING IMPROVEMENT PROJECTS, ENDOWMENTS OR RESERVE FUNDS OR GRANTS TO INDIVIDUALS, PTA'S OR BOOSTER CLUBS. THE GRANTS APPLICATIONS ARE DUE AT THE END OF JANUARY/EARLY FEBURARY, SELECTED AND VOTED ON BY PREDATORS FOUNDATION BOARD MEMBERS IN MARCH AND MONEY IS DISTRIBUTED IN MARCH/APRIL. THE NASHVILLE PREDATORS FOUNDATION STRIVES TO MEET THE EDUCATIONAL, SOCIAL, HEALTH AND CULTURAL NEEDS OF OUR COMMUNITY BY OFFERING UNIQUE RESOURCES AND FINANCIAL SUPPORT TO LOCAL YOUTH-ORIENTED ORGANIZATIONS.

Form 990, Part III, Line 4b:

JACK DILLER EDUCATION AWARD - EACH YEAR THE PREDATORS FOUNDATION AWARDS FOUR HIGH SCHOOL SENIORS THE JACK DILLER EDUCATION AWARD IN THE AMOUNT OF \$2,500 EACH. ALL APPLICANTS MUST RESIDE WITHIN MIDDLE TENNESSEE, EXCEL IN ACADEMICS, ATHLETICS AND VOLUNTEERISM. THE FOUR WINNING STUDENTS ARE RECOGNIZED DURING A PREDATORS HOME GAME. FOR MORE INFORMATION, PLEASE CONTACT THE NASHVILLE PREDATORS FOUNDATION AT (615) 770-2321 OR VISIT THE NASHVILLE PREDATORS WEBSITE AT NASHVILLEPREDATORS.COM/COMMUNITY.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NASHVILLE PREDATORS FOUNDATION

Employer identification number
62-1751832

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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,580,410	1,862,425	1,806,818	2,001,221	2,372,184	9,623,058
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	57,161	366,156	798,598	820,389	315,437	2,357,741
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,637,571	2,228,581	2,605,416	2,821,610	2,687,621	11,980,799
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	253,124	477,291	404,756	479,649	460,060	2,074,880
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	93,146	218,062	315,639	432,269	191,519	1,250,635
c Add lines 7a and 7b.	346,270	695,353	720,395	911,918	651,579	3,325,515
8 Public support. (Subtract line 7c from line 6.)						8,655,284

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	1,637,571	2,228,581	2,605,416	2,821,610	2,687,621	11,980,799
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85	608	1,432	1,956	0	4,081
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	85	608	1,432	1,956		4,081
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,637,656	2,229,189	2,606,848	2,823,566	2,687,621	11,984,880

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	72.220 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	73.620 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.030 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section 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 year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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 must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 62-1751832

Name: NASHVILLE PREDATORS FOUNDATION

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

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization NASHVILLE PREDATORS FOUNDATION

Employer identification number 62-1751832

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
3b Table with Yes/No columns for 3a(i), 3a(ii), and 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,971,469
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,375	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	278,473	
e	Add lines 2a through 2d			2e 283,848
3	Subtract line 2e from line 1			3 2,687,621
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 2,687,621

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	3,099,396
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	278,473	
e	Add lines 2a through 2d			2e 278,473
3	Subtract line 2e from line 1			3 2,820,923
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 2,820,923

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 62-1751832

Name: NASHVILLE PREDATORS FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. THE FOUNDATION HAD NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENT AS OF JUNE 30, 2020. THE FOUNDATION FILES A U.S. FEDERAL INFORMATION TAX RETURN. AS OF JUNE 30, 2020, THE FOUNDATION HAS ACCRUED NO INTEREST AND NO PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE FOUNDATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES INCLUDED ON PAGE 1 278,473. ROUNDING

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ROUNDING

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES INCLUDED ON PAGE 1 278,473.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ROUNDING

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NASHVILLE PREDATORS FOUNDATION

Employer identification number
62-1751832

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>GOLF TOURNAMENT</u> (event type)	<u>MIKE FISHER CLAY SHOOT</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	259,451	93,500	524,118	877,069
2 Less: Contributions	84,673	85,100	124,386	294,159
3 Gross income (line 1 minus line 2)	174,778	8,400	399,732	582,910
4 Cash prizes				
5 Noncash prizes	1,510		3,576	5,086
6 Rent/facility costs				
7 Food and beverages	29,803		200	30,003
8 Entertainment	45,500			45,500
9 Other direct expenses	62,667		135,216	197,883
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				278,472
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				304,438

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NASHVILLE PREDATORS FOUNDATION

Employer identification number

62-1751832

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COLLEGE SCHOLARSHIPS	4		10,000		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 62-1751832
Name: NASHVILLE PREDATORS FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A SOLDIER'S CHILD FOUNDATION 1197 HAZELWOOD DRIVE SUITE 104 SMYRNA, TN 37167	26-3032468	501(C)(3)	5,000				JOURNEY CAMP IS WHERE CHILDREN OF OUR FALLEN U.S. MILITARY PERSONNEL COME AND BUILD MEANINGFUL LIFE-LONG RELATIONSHIPS, RESULTING IN STEPS TOWARDS INNER HEALING AND RESTORATION THROUGH ADVENTURE AND MENTORSHIP.
ABLE YOUTH INC 2000 MALLORY LANE SUITE 130-452 FRANKLIN, TN 37067	57-1158431	501(C)(3)	10,000				HOSTING A NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION REGIONAL TOURNAMENT IN MIDDLE TENNESSEE IN FEBRUARY 2021.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTORS BRIDGE ENSEMBLE 4610 CHARLOTTE AVE NASHVILLE, TN 37209	62-1734411	501(C)(3)	5,320				ABE REQUESTS FUNDING FOR ACT LIKE A GRRRL, AN AUTOBIOGRAPHICAL WRITING AND PERFORMANCE PROGRAM THAT INSPIRES AND EMPOWERS YOUNG GIRLS TO ARTICULATE VALUES AND BELIEFS AND AUTHOR THEIR OWN LIVES.
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BLVD NASHVILLE, TN 37203	62-0479192	501(C)(3)	5,600				ADVENTURE ACCESS: ADMISSION TICKETS FOR 25 AREA NON-PROFITS & GENERAL DONATION.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(C)(3)	9,600				AGAPE IS REQUESTING FUNDING FOR RENOVATING AND FURNISHING A FAMILY VISITATION ROOM FOR OUR FOSTER AND ADOPTIVE FAMILIES AND BIRTH PARENTS AND THE CHILDREN INVOLVED.
AKIVA SCHOOL 809 PERCY WARNER BLVD NASHVILLE, TN 37205	62-0694534	501(C)(3)	5,000				AKIVA REQUESTS FUNDS TO RE-SURFACE AN ALL-PURPOSE OUTDOOR 43'X44' COURT TO SUPPORT AND ENHANCE THE PHYSICAL EDUCATION AND ATHLETICS WE PROVIDE TO OUR STUDENTS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVE HOSPICE INC 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)(3)	5,000				FAMILY GRIEF RETREAT
AREA 16 SPECIAL OLYMPICS 211 BRIDGE AVENUE MURFREESBORO, TN 37129	23-7348136	501(C)(3)	6,000				AREA 16 WILL HOST A TRACK AND FIELD EVENT IN THE SPRING AND A BOWLING TOURNAMENT IN THE FALL FOR ALL SCHOOL AGED CHILDREN IN RUTHERFORD COUNTY WITH INTELLECTUAL DISABILITIES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARK COMMUNITY RESOURCE CENTER THE 710 HIGHWAY 70 PEGRAM, TN 37143	06-1640635	501(C)(3)	5,000				GRANT WILL BE USED TO ASSIST WITH THE PURCHASE OF SCHOOL SUPPLIES FOR OUR ANNUAL SCHOOL SUPPLY GIVE AWAY PROGRAM.
BACKFIELD IN MOTION INC 920 WOODLAND STREET NASHVILLE, TN 37206	62-1826603	501(C)(3)	5,000				BACKFIELD IN MOTION'S "EXTENDED LEARNING PROGRAM" FOR AT-RISK YOUTH.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEADS OF COURAGE INC 3230 N DODGE BLVD STE J TUCSON, TN 85716	20-2721500	501(C)(3)	7,500				BEADS OF COURAGE PROGRAMS AT MONROE CARELL JR. CHILDRENS HOSPITAL AT VANDERBILT
BEST BUDDIES 1585 MALLORY LANE SUITE 208 BRENTWOOD, TN 37027	52-1614576	501(C)(3)	4,600	6,036	FMV	TICKETS	THE BEST BUDDIES PROM - NO JUDGMENT, RIDICULE, BULLYING OR ISOLATION. EVERYONE IS WELCOME, AND EVERYONE IS EQUAL. ITS A SNAPSHOT OF TRUE FRIENDSHIPS BETWEEN INDIVIDUALS OF ALL ABILITIES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOOK'EM 161 RAINS AVE NASHVILLE, TN 37203	58-2000621	501(C)(3)	7,500				BOOKEM REQUESTS FUNDING TO PURCHASE AND GIVE BOOKS AS HOLIDAY GIFTS IN DECEMBER 2020 TO 1,500 METRO NASHVILLE PUBLIC SCHOOL MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE EXPERIENCING HOMELESSNESS.
BOYS & GIRLS CLUBS OF MAURY COUNTY 210 W 8TH ST COLUMBIA, TN 38401	62-1611131	501(C)(3)	5,600				NASHVILLE PREDATORS TABLETS & TABLET CASES

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BOYS & GIRLS CLUBS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203	62-0540402	501(C)(3)	5,000				WE ARE ASKING FOR AN INVESTMENT TO PURCHASE A GYM DIVIDER NET SO THAT WE CAN MAXIMIZE OUR SPACE TO ALLOW MULTIPLE IN-LINE HOCKEY AND BASKETBALL ACTIVITIES.
BRIGHT HEART FOUNDATION PO BOX 3463 BRENTWOOD, TN 37204	83-0986892	501(C)(3)	5,000				SURVIVE PROGRAM THRIVE PROGRAM PREDS CHD WUBBANUB - PROCEEDS OF SALES GO TO PEDIATRIC CARDIAC DIVISION AT VANDERBILT ALIVE PROGRAM - NEW PROGRAM TO HELP WITH MENTAL HEALTH THERAPY

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CAMP SYCAMORE CREEK 8099 WHITES CREEK PIKE JOELTON, TN 37080	26-0800800	501(C)(3)	5,000				NATIONAL ARCHERY FOR SCHOOLS PROGRAM (NASP) FOR INNER CITY KIDS.
COOKEVILLE-PUTNAM COUNTY TORNADO RELIEF FUND C/O PUTNAM COUNTY MAYORS OFFICE 300 E SPRING STREET ROOM 8 COOKEVILLE, TN 38501	61-6000795	501(C)(3)	50,000				TORNADO RELIEF EFFORTS FOLLOWING TORNADO ON MARCH 3, 2020

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COTTAGE COVE URBAN MINISTRIES 630 BENTON AVE NASHVILLE, TN 37204	31-1485047	501(C)(3)	57,916				IMPROVE & EXPAND FOOD & EDUCATIONAL MATERIAL DELIVERY TO FAMILIES IMPACTED BY COVID; UPGRADES TO 2 LOCATIONS TO PREPARE FOR A RETURN TO PROVIDING ON-SITE LEARNING OPPORTUNITIES, LIFE SKILLS, ART CLASSES AND DAILY PROGRAMS
CREMONA STRINGS ENSEMBLE TOO AND DEVELOPMENT GROUP INC CSET NP 611 NORTH FIFTH STREET NASHVILLE, TN 37207	45-3966121	501(C)(3)	5,000				CSET NP REQUESTS \$8,500.00 TO DEFRAY COSTS OF INSTRUMENTS, EQUIPMENT, SUPPLIES, ETC. NEEDED FOR STUDENTS FOUR [4] YEARS & OLDER FREE STRING MUSIC EDUCATION AT METRO PARKS & RECREATION FACILITIES.

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CROSSBRIDGE INC 335 MURFREESBORO PIKE NASHVILLE, TN 37210	16-1755991	501(C)(3)	7,000				THE REQUESTED FUNDS ARE FOR OUR KIDPOWER YOUTH PROGRAM. THE PROGRAM SEEKS TO HELP DISADVANTAGED CHILDREN MAKE LIFE-EMPOWERING DECISIONS TO HELP THEM BREAK FREE FROM THE EFFECTS OF GENERATIONAL POVERTY.
CUMBERLAND HEIGHTS FOUNDATION INC P O BOX 90727 8283 RIVER ROAD PIKE NASHVILLE, TN 37209	62-6050684	501(C)(3)	8,480				AN EQUINE THERAPY HORSE AND SUPPLIES FOR ARCH ACADEMY, OUR NEW LONGER-TERM TREATMENT PROGRAM AND SITE FOR ADOLESCENTS WHO ARE SUFFERING FROM SUD (SUBSTANCE USE DISORDER)

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EMPOWER ME DAY CAMP PO BOX 672 LEBANON, TN 37088	62-1785371	501(C)(3)	5,999				EMC REQUESTS A PORTABLE INDOOR/OUTDOOR THEATER SYSTEM TO PROVIDE RECREATIONAL AND EDUCATIONAL OPPORTUNITIES FOR SPECIAL NEEDS CHILDREN DURING OUR SUMMER CAMP, YEAR-ROUND ENRICHMENT ACTIVITIES AND FAMILY AND COMMUNITY INCLUSIVE EVENTS.
FAMILY FOUNDATION FUND PO BOX 2927224 NASHVILLE, TN 37229	62-1515570	501(C)(3)	7,500				SUMMER YOUTH MENTORING PROGRAM AND SON FARM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST STEPS INC 1900 GRAYBAR LANE NASHVILLE, TN 37215	62-0674974	501(C)(3)	5,145				OUR REQUEST IS FOR PLAY EQUIPMENT FOR THE NEW FIRST STEPS INDOOR GYM AND PHYSICAL THERAPY AREA TO FACILITATE ACTIVE LEARNING AMONG YOUNG CHILDREN WITH SPECIAL NEEDS.
FLASHES OF HOPE 36 S FRANKLIN ST CHAGRIN FALLS, TN 44022	04-3648694	501(C)(3)	5,000				FLASHES OF HOPES PHOTO SHOOTS AT MONROE CARRELL JR. CHILDRENS HOSPITAL AT VANDERBILT FOR THE FAMILIES OF CHILDREN WITH PEDIATRIC CANCER.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOLDS OF HONOR FOUNDATION 8551 N 125TH E AVE SUITE 100 OWASSO, OK 74055	75-3240683	501(C)(3)	10,300				GENERAL DONATION
FORD ICE CENTER 5264 HICKORY HOLLOW PARKWAY ANTIOCH, TN 37013	35-2495140		5,000				FIC SCHOLARSHIP FUNDS FOR YOUTH HOCKEY

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FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	41-2242504	501(C)(3)	40,000				SUPPORT THEIR SERVICE LEARNING AND EMPLOYMENT PROGRAM, WHICH TEACHES FRIENDS (TEENS AND ADULTS WITH DISABILITIES) SOCIAL AND WORK SKILLS THROUGH VOLUNTEERING AND WORK OPPORTUNITIES
FRIENDS OF WARNER PARKS 50 VAUGHN ROAD NASHVILLE, TN 37221	62-1333658	501(C)(3)	5,550				2020 P.E.N. PALS (PEOPLE EXPLORING NATURE) PROGRAM - CELEBRATING 32 YEARS OF OUTDOOR DISCOVERY AND ADVENTURE, FOR NASHVILLE'S UNDERSERVED URBAN YOUTH.

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GIRLS WRITE NASHVILLE 220 CUMBERLAND BEND NASHVILLE, TN 37228	82-2407726	501(C)(3)	5,000				GIRLS WRITE NASHVILLE SATELLITE GUILD AFTER-SCHOOL PROGRAMS. HALF WOULD FUND A PROGRAM AT MCMURRAY MIDDLE PREP AND HALF WOULD FUND AN ADDITIONAL PROGRAM AT WRIGHT MIDDLE PREP.
HARVEST HANDS COMMUNITY DEVELOPMENT CORPORATION 155B OLD HERMITAGE AVE NASHVILLE, TN 37210	26-0614081	501(C)(3)	45,050				SUPPORT OPERATING EXPENSES FOR COMMUNITY CENTER AND COFFEE SHOP, WAGES FOR STUDENTS EMPLOYED BY THE COFFEE SHOP, AND PURCHASE LAPTOPS FOR 15 HIGH SCHOOLERS STUDYING REMOTELY

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HENDERSONVILLE IN-LINE HOCKEY ASSOC 170 D EAST MAIN ST 222 HENDERSONVILLE, TN 37075	62-1611929	501(C)(3)	10,000				WE'RE STILL RECOVERING FROM THE FLOODED/DESTROYED RINKS LAST SPRING. WE'RE ~\$20K IN THE HOLE FROM THE REPAIRS. WE MANAGED TO SAVE THE SEASON BUT ARE FAR FROM BACK TO NORMAL.
HOME STREET HOME MINISTRIES 114 HIGHLAND VILLAS DRIVE NASHVILLE, TN 37211	47-5429068	501(C)(3)	20,000				GENERAL PROGRAMMING DONATION

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HOMEWORK HOTLINE 4805 PARK AVENUE NASHVILLE, TN 37209	62-1446139	501(C)(3)	5,000				HOMEWORK HOTLINE: FREE TUTORING FOR K-12 TN STUDENTS
HOSPICE OF THE HIGHLAND RIM FOUNDATION INC 110 E LAUDERDALE ST TULLAHOMA, TN 37388	62-1874162	501(C)(3)	6,500				EMERGENCY GRANT PROGRAM FOR FAMILIES WHO HAVE CHILDREN ON HOSPICE. GRANTS FOR FOOD, UTILITIES AND SPECIAL NEEDS TO LESSEN THE FINANCIAL STRESS WHILE A CHILD IS ON HOSPICE SERVICE.

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INTERFAITH DENTAL CLINIC 600 HILL AVENUE STE 101 NASHVILLE, TN 37210	62-1567615	501(C)(3)	5,216				PROTECT YOUR FANGS! WILL PROVIDE 150 DENTALLY UNINSURED CHILDREN/YOUTH WITH EMERGENCY, PREVENTIVE AND RESTORATIVE ORAL HEALTHCARE AND GIVE THEM A PATHWAY TO ENROLL IN TENNESSEES TENNCARE PROGRAM IF THEY'RE ELIGIBLE.
JUNIOR ACHIEVEMENT OF MIDDLE TN 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)(3)	5,000				SUPPORT FOR A TITLE I SCHOOL TO ATTEND A DAY AT JA FINANCE PARK.

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JUST KEEP LIVIN' FOUNDATION 1107 GLENDON AVENUE LOS ANGELES, CA 90024	20-3921057	501(C)(3)	10,000				WE ARE LOOKING FOR FUNDING FOR A JUST KEEP LIVIN AFTERSCHOOL FITNESS AND WELLNESS PROGRAM AT A TITLE 1 HIGH SCHOOL IN NASHVILLE.
KABOOM 4301 CONNECTICUT AVE NW WASHINGTON, DC 20089	52-1970904	501(C)(3)	71,000				PLAYGROUND BUILD

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LETS PLAY 107 ELLINGTON PLACE MADISON, TN 37115	47-1061127	501(C)(3)	5,000				2020 L.E.T.S. PLAY SUMMER CAMPS
LEARNING MATTERS INC PO BOX 150175 NASHVILLE, TN 37215	56-2584397	501(C)(3)	5,000				CURRICULUM TO PROVIDE READING INTERVENTION FOR STUDENTS WITH DYSLEXIA

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LIGHTHOUSE CHRISTIAN SCHOOL 5100 BLUE HOLE RD ANTIOCH, TN 37013	62-1069504	501(C)(3)	12,035				ELEMENTARY STUDENT'S ACCELERATED READER AND ART PROGRAM
MAKE A WISH MIDDLE TN 8119 ISABELLA LANE SUITE 105A BRENTWOOD, TN 37027	62-1833327	501(C)(3)	31,807				GENERAL DONATION FOR WISH PROGRAM

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MANNA CAFE MINISTRIES 1960-J MADISON ST 312 CLARKSVILLE, TN 37043	27-1699146	501(C)(3)	5,000				OPERATION POMEGRANATE JUNIOR IS A HEALTH- AND NUTRITION-BASED PROGRAM OFFERING CHILDREN AND THEIR LOW-INCOME FAMILIES FRESH PRODUCE AT A MONTHLY COMMUNITY MEAL, ALONG WITH HANDS-ON TRAINING IN WHOLESOME FOOD PREPARATION.
MCNEILLY CENTER FOR CHILDREN 100 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)(3)	7,500				TO CREATE THE PREDs "POWER PLAY" AREA SPECIFICALLY DESIGNED FOR TODDLERS AND YOUNG PRESCHOOL CHILDREN AT MCNEILLY CENTER FOR CHILDREN'S MAIN SITE.

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MEDIATION CENTER THE 1 PUBLIC SQUARE SUITE 10 COLUMBIA, TN 38401	62-1616137	501(C)(3)	5,000				"TEEN COURT" OF MAURY COUNTY; PILOT PROJECT BASED AT MOUNT PLEASANT, HIGH SCHOOL.
MENTAL HEALTH AMERICA OF MIDDLE TENNESSEE 446 METROPLEX DRIVE SUITE A224 NASHVILLE, TN 37211	62-0637710	501(C)(3)	6,000				GENERAL PURPOSES

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METRO NASHVILLE SCHOOLS 2601 BRANSFORD AVE NASHILLE, TN 37204	62-0717138	501(C)(3)		7,263	FMV	PURCHASED COMPUTERS & DONATED	PURCHASE OF COMPUTERS FOR REMOTELY LEARNING DURING COVID-19
MONROE CARELL JR CHILDREN'S HOSPITAL AT VANDERBILT 3322 WEST END AVE SUITE 900 NASHVILLE, TN 37203	35-2528741	501(C)(3)	248,454	25,500	FMV	PORT ACCESS SHIRTS FOR KIDS	GENERAL PURPOSES

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MOTHER TO MOTHER INC 5133 HARDING PIKE B10 C313 NASHVILLE, TN 37205	20-1028812	501(C)(3)	17,000				PROJECT CAR SEAT 2020 - CAR SEATS FOR LOW-INCOME FAMILIES
MUSICIANS ON CALL INC 1300 DIVISION STREET STE 301 NASHVILLE, TN 37203	13-4067116	501(C)(3)	5,000				CHILDREN'S BEDSIDE PERFORMANCE PROGRAM

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MY FRIEND'S HOUSE FAMILY AND CHILDREN'S SERVICES 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)(3)	70,000				PARTIALLY FUND THE BUILDING OF A NEW HOME FOR THE PROGRAM'S TEEN RESIDENTS AND THE RUNNING OF THEIR EMPOWERMENT EDUCATIONAL SERIES, A WEEKLY CONFIDENCE AND LIFE SKILLS COURSE FOR TEEN BOYS
NASHVILLE ELITE HOCKEY CLUB (DBA NASHVILLE JR PREDATORS) 625 BAKERS BRIDGE AVE SUITE 105 BOX 11 FRANKLIN, TN 37067	81-2779781	501(C)(3)	5,000				NASHVILLE JR. PREDATORS SCHOLARSHIP FUND - TIER I

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NASHVILLE INNER CITY MINISTRY 1000 APEX STREET NASHVILLE, TN 37206	62-1274899	501(C)(3)	20,450				GENERAL PURPOSES
NASHVILLE LGBT CHAMBER FOUNDATION 41 PEABODY STREET NASHVILLE, TN 37210	30-0856323	501(C)(3)	6,500				GENERAL PURPOSES

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NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH ST NASHVILLE, TN 37219	62-1681766	501(C)(3)	9,000				STUDIO NPL: YOUTH WORKFORCE DEVELOPMENT AT THE NASHVILLE PUBLIC LIBRARY
NASHVILLE YOUTH HOCKEY LEAGUE (NYHL) PMB 286 2817 WEST END AVE SUITE 126 126 NASHVILLE, TN 37203	23-1347596	501(C)(3)	5,500				ON-SITE EQUIPMENT STORAGE FACILITY.

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NASHVILLEHEALTH 8 CITY BLVD STE 203 NASHVILLE, TN 37209	81-3063375	501(C)(3)	5,612				METRO NASHVILLE PUBLIC SCHOOLS WELLNESS WEEK 2021: A DISTRICT-WIDE EVENT SUPPORTED BY NASHVILLEHEALTH, AIMED AT INCREASING STUDENT, STAFF AND COMMUNITY AWARENESS OF THE IMPORTANCE OF LIVING HEALTHY LIFESTYLES
NATIONAL WHEELCATS INC (NASHVILLE SLED PREDS) 7087 RUSSELLVILLE RD GUTHRIE, KY 42234	52-1634159	501(C)(3)	6,500				WE ARE ARE REQUESTING FUNDING TO PAY FOR ICE RENTAL FOR THE 4TH ANNUAL SMASHVILLE JR SLED HOCKEY INVITATIONAL. THE TOURNAMENT WILL TAKE PLACE AT FORD ICE CENTER.

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NEXT DOOR THE PO BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)(3)	5,000				RENOVATING CHILDRENS THERAPY ROOM AT FREEDOM RECOVERY COMMUNITY.
OASIS CENTER INC 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203	62-0968273	501(C)(3)	7,500				GENERAL PURPOSES

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OPERATION STAND DOWN TENNESSEE 1125 12TH AVE S NASHVILLE, TN 37203	62-1638832	501(C)(3)	60,000				HELP FUND THE VETERAN FELLOWSHIP PROGRAM, A VETERAN CAREER ASSISTANCE COMBINING EDUCATION WITH EXPERENTIAL EMPLOYMENT.
PEER PLACE 235 INDIAN LAKE RD HENDERSONVILLE, TN 37075	82-2829662	501(C)(3)	5,062				THIS PROJECT WILL FUND THE PURCHASE OF 12 IPAD MINIS AND CASES FOR EDUCATIONAL USE BY STUDENTS WITH DEVELOPMENTAL DISABILITIES ENROLLED AT PEER PLACE.

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PENCIL 7199 COCKRILL BEND BLVD NASHVILLE TN 37209 NASHVILLE, TN 37209	58-1475675	501(C)(3)	5,000				TOGETHER4TEACHERS A BACK TO SCHOOL APPRECIATION EVENT FOR ALL METRO NASHVILLE PUBLIC SCHOOL TEACHERS, POWERED BY OUR LP PENCIL BOX.
PETERSON FOUNDATION FOR PARKINSON'S 4205 HILLSBORO PIKE SUITE 310 NASHVILLE, TN 37215	26-4144151	501(C)(3)	10,543				GENERAL PURPOSES

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PROJECT TRANSFORMATION TENNESSEE INC 1008 19TH AVE S NASHVILLE, TN 37212	45-3265261	501(C)(3)	5,000				GNASH LEARNING LAB
PROVERBS 1210 ANIMAL RESCUE PO BOX 210830 NASHVILLE, TN 37221	06-1792932	501(C)(3)	12,289	3,592	FMV	VALUE OF ITEMS PURCHASED FOR THE CENTER	COMMUNITY SPAY AND NEUTER PROGRAM, SUPPLIES FOR ANIMAL ADOPTION AND GENERAL PURPOSES.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEST CENTER FOR ART & COMMUNITY DEVELOPMENT THE 202 EAST RAILROAD STREET DICKSON, TN 37055	46-1892357	501(C)(3)	6,000				THE QUEST CENTER IS REQUESTING FUNDS TO PURCHASE A MOBILE RECORDING SYSTEM THAT WILL SERVE STUDENTS LIVING IN RURAL, LOWER-INCOME COMMUNITIES, BOTH AS A RECORDING FACILITY AND TEACHING LAB.
READ TO SUCCEED INC PO BOX 12161 MURFREESBORO, TN 37129	20-0175948	501(C)(3)	6,396				GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKETOWN OF MIDDLE TN 601 4TH AVE SOUTH NASHVILLE, TN 37210	62-1571573	501(C)(3)	22,200				GENERAL PURPOSES.
ROOM IN THE INN 705 DREXEL STREET NASHVILLE, TN 37203	62-0811413	501(C)(3)	20,000				GENERAL PURPOSES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HAVEN FAMILY SHELTER 1234 THIRD AVENUE SOUTH NASHVILLE, TN 37210	62-1807653	501(C)(3)	5,000				THE REQUESTED FUNDING WOULD BE UTILIZED TO SUPPORT TWO-GENERATIONAL OPPORTUNITIES FOR ENRICHMENT FOR 100 PARENTS AND CHILDREN THROUGH THE CHILDREN'S PROGRAM IN 2020.
SCOTT HAMILTON SKATING CLUB 5264 HICKORY HOLLOW PARKWAY ANTIOCH, TN 37013	43-2075698	501(C)(3)	5,000				SKATING OPPORTUNITIES FOR KIDS WHO CAN'T AFFORD IT &/OR HAVE SPECIAL NEEDS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)(3)	23,002				GENERAL PURPOSES.
SHOWER UP 6019 THRUSH COURT SPRING HILL, TN 37174	81-3713374	501(C)(3)	36,360				PURCHASE OF A NEW TRUCK TO TOW LARGER MOBILE SHOWER TRUCKS (THAT PROVIDE SHOWER SERVICES AND ACCESS TO PERSONAL CARE FOR THOSE IN NEED).

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLES4SOULSORG 319 MARTINGALE DR OLD HICKORY, TN 37138	20-4023482	501(C)(3)	17,000				OUR GOAL IS TO PROVIDE NEW ATHLETIC SHOES TO EACH CHILD IN THE US EXPERIENCING HOMELESSNESS. WE ARE LAUNCHING THIS INITIATIVE IN NASHVILLE WITH A PILOT PROGRAM (3000 HOMELESS STUDENTS).
SOLO PARENT SOCIETY P O BOX 994 FRANKLIN, TN 37065	82-1112575	501(C)(3)	10,000				THE US MILITARY HAS ASKED US TO CUSTOMIZE OUR PROGRAM FOR USE IN THE MILITARY - THE ENHANCED PROGRAM IS CALLED SOLOSTRONG LAUNCHING IN 2020

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS TENNESSEE 461 CRAIGHEAD ST NASHVILLE, TN 37204	23-7348136	501(C)(3)	12,600				INCLUSIVE YOUTH/ATHLETE LEADERSHIP CONFERENCE. WE WILL BE HOSTING A CONFERENCE THAT INCLUDES SPECIAL OLYMPICS ATHLETES YOUTH AND THEIR PEERS TO PROMOTE INCLUSION IN THEIR SCHOOLS AND COMMUNITIES.
ST LUKE'S COMMUNITY HOUSE 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)(3)	7,500				ST. LUKES COMMUNITY HOUSE PRESCHOOL SENSORY AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STARS 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)(3)	8,000				KIDS ON THE BLOCK LITERACY PROGRAM
SUSAN GRAY SCHOOL 110 MAGNOLIA CIRCLE NASHVILLE, TN 37203	62-0476822	501(C)(3)	5,000				SGS INDOOR PLAYSPACE REMODEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWEET LIBERTY LLC COFFEES FOR CARE WORKERS 2002A BLAIR BLVD NASHVILLE, TN 37212	20-8540224		10,000				GENERAL PURPOSES
TEACH FOR AMERICA 220 ATHENS WAY SUITE 300 NASHVILLE, TN 37228	13-3541913	501(C)(3)	6,000				SUMMER ACADEMIES, A 4-WEEK SUMMER SCHOOL PROGRAM FOR K-8 STUDENTS, EXPANDS SUMMER LEARNING OPPORTUNITIES FOR NASHVILLES HIGH-NEEDS STUDENTS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE GOLF FOUNDATION 400 FRANKLIN ROAD FRANKLIN, TN 37069	58-1893478	501(C)(3)	10,000				MIKE KAPLAN THE FIRST TEE SCHOLARSHIP PROGRAM
THE LEUKEMIA & LYMPHOMA SOCIETY 404 BNA DRIVE BUILDING 200 SUITE 102 NASHVILLE, TN 37217	13-5644916	501(C)(3)	10,000				GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SMYRNA ROTARY CLUB CHARITABLE FOUNDATION PO BOX 353 SMYRNA, TN 37167	78-0272617	501(C)(3)	9,101				SMYRNA ROTARY ALL-INCLUSIVE PLAYGROUND
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	58-2050089	501(C)(3)	40,000				SUPPORT FOR READY-SET-SUCCEED (RSS), A NEW JOB READINESS PROGRAM FOR WOMEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULLAHOMA SOUTH JACKSON CIVIC ASSOCIATION P O BOX 326 404 SOUTH JACKSON STREET TULLAHOMA, TN 37388	58-1309734	501(C)(3)	6,000				TO HELP PURCHASE WIRELESS HEADSET MICROPHONES, SPEAKERS, MONITORS, AND A SOUND BOARD FOR USE WITH OUR THEATER PRODUCTIONS THAT INCLUDE BOTH CHILDREN AND MENTORING ADULTS.
TURNIP GREEN CREATIVE REUSE 407 HOUSTON ST NASHVILLE, TN 37203	45-4123101	501(C)(3)	5,000				FAMILY ENGAGEMENT EVENTS AT TURNIP GREEN CREATIVE REUSE AFTER SCHOOL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228	62-0533104	501(C)(3)	100,000				COVID-19 RELIEF FUND
WOMEN ARE SAFE INC 131 WEST END AVENUE CENTERVILLE, TN 37033	58-1797065	501(C)(3)	5,000				BACK TO SCHOOL SUPPLY GIVEAWAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF NASHVILLE & MIDDLE TN 1608 WOODMONT BLVD NASHVILLE, TN 37125	62-0475702	501(C)(3)	100,250				SUPPORT FOR AMEND INITIATIVE
STREET THEATRE COMPANY 1120 ELM HILL PK NASHVILLE, TN 37210	01-0868312	501(C)(3)	5,000				SCHOLARSHIPS FOR CLASSACT DRAMATICS, A YOUTH PERFORMING ARTS EDUCATION PROGRAM THAT PROVIDES CLASSES, CAMPS, WORKSHOPS AND FULL PRODUCTIONS FOR PERFORMERS AGES 6-18.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF NASHVILLE 2144 FAIRFAX AVE NASHVILLE, TN 37212	62-1310717	501(C)(3)	7,100				NASHVILLE RONALD MCDONALD HOUSE GAME ROOM TRANSFORMATION.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

NASHVILLE PREDATORS FOUNDATION

Employer identification number

62-1751832

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION HAS ONE COMMITTEE WHICH IS THE GRANT COMMITTEE. THAT COMMITTEE ONLY MAKES RECOMMENDATIONS TO THE FULL BOARD AS TO WHICH GRANTS TO APPROVE. THEY DO NOT MAKE DECISIONS ON BEHALF OF THE BOARD. THE DECISION OF THE BOARD CONCERNING THE MAKING OF GRANTS ARE DOCUMENTED IN THE BOARD MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TREASURER AND EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, AS PART OF THEIR ANNUAL AUDIT, ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A RELATED PARTY QUESTIONNAIRE. ALL RESPONSES ARE REVIEWED BY MANAGEMENT AND THE AUDITORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NASHVILLE PREDATORS FOUNDATION

Employer identification number

62-1751832

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP 501 BROADWAY NASHVILLE, TN 37203 62-1696563	NATIONAL HOCKEY LEAGUE TEAM	TN	N/A									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	P	120,000	FMV
(2) NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	E	270,742	FMV
(3) NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	C	44,145	FMV
(4) NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	M	0	FMV
(5) NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	N	0	FMV
(6) NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	O	0	FMV

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 62-1751832

Name: NASHVILLE PREDATORS FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	P	120,000	FMV
NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	E	270,742	FMV
NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	C	44,145	FMV
NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	M	0	FMV
NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	N	0	FMV
NASHVILLE HOCKEY CLUB LIMITED PARTNERSHIP	O	0	FMV