Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

Ā	For t	he 2016 ca	lendar year, or tax year beginning	, 2016, and	d ending			,			
B		if applicable	C Name of organization	<u> </u>			D Employe	r identification number			
\vdash	1	s change	COMER HOUSE OF NASHVILLE LLC			- {	61-1717178				
-	Name		Number and street (or P O box, if mail is not delivered to street address)		Room/suite		E Telephon				
\vdash	Initial re		1602 14mu AVENUE MODMU			ļ) 423-1999			
\vdash			1603 14TH AVENUE NORTH City or town, state or province, country, and ZIP or foreign postal code		L						
\vdash		ed return		m),	27000	ļ	F Group B				
늦			NASHVILLE	TN	37208			· · · · · · · · · · · · · · · · · · ·			
G ,		unting Meth				H Check	1 1	e organization is not i Schedule B			
١.		_	/A	1047/-1/41				Z, or 990-PF)			
_			(check only one) — X 501(c)(3)	4947(a)(1) c	or 527	(1 01111					
		of organiza		Other	0						
L	asset	s (Part II, c	and 7b to line 9 to determine gross receipts. If gross receipts olumn (B) below) are \$500,000 or more, file Form 990 instead	are \$200,000 of Form 990)-EZ	or ir totai	▶ \$	101,808.			
Pa	ırt l		e, Expenses, and Changes in Net Assets or Fu								
		Check if t	he organization used Schedule O to respond to any question	n this Part I				X			
	1	Contribution	ons, gifts, grants, and similar amounts received				1	101,808.			
	2	Program s	ervice revenue including government fees and contracts				2				
	3	Membersh	up dues and assessments		<i>.</i> .		3				
	4	Investmen	t income				4				
	5 a	Gross am	ount from sale of assets other than inventory	5	ia 🕝						
	b	Less cost	or other basis and sales expenses	5	b //	(C)=					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).		<i>[</i> 67		C/8/15 25 C				
	6	-	nd fundraising events			88 11.	50	201			
R	, a	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000)		a / /	JUN O	7 2				
(V)	b	Gross inco	ome from fundraising events (not including \$		of contribu	lons 500	<u> </u>				
RESERVE			raising events reported on line 1) (attach Schedule G if the sui coss income and contributions exceeds \$15,000)	n ,	в Б		D. TE				
2	C	Less dire	ct expenses from gaming and fundraising events	6	i c						
	ļ	Net incom 6b and su	e or (loss) from gaming and fundraising events (add lines 6a a btract line 6c)	and 			6	i I			
SZ	7 a	Gross sale	es of inventory, less returns and allowances	7	'a∤						
		Less cost	of goods sold	7	'b						
E RE	c	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line	7a)							
		Other reve	enue (describe in Schedule O)				8				
Z017	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶ 9	101,808.			
7	10		d similar amounts paid (list in Schedule O)								
	11	Benefits p	aid to or for members				11				
E	12	Salaries, o	other compensation, and employee benefits				12				
XPENSES	13	Profession	nal fees and other payments to independent contractors				13				
N	14	Occupano	y, rent, utilities, and maintenance				14				
E	15	Printing, p	ublications, postage, and shipping				15				
S	16		enses (describe in Schedule O)					101,502.			
	17		enses. Add lines 10 through 16					101,502.			
	18		(deficit) for the year (Subtract line 17 from line 9)					306.			
ASSET'S	19	Net assets	s or fund balances at beginning of year (from line 27, column orded on prior year's return)	(A)) (must agi	ree with er	id-of-year	19				
T S	20	• .	nges in net assets or fund balances (explain in Schedule O)					 			
	21		s or fund balances at end of year Combine lines 18 through 2					306.			
BA	A Fo		rk Reduction Act Notice, see the separate instructions.	~				Form 990-EZ (2016)			

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Form	990-EZ (2016) COMER HOUSE OF	NASHVILLE LLC	· · · · · · · · · · · · · · · · · · ·		61-	171	7178 Page 2
Par	Balance Sheets (see the instr	ructions for Part II)	an in this Dark II				
	Check if the organization used Sched	ule O to respond to any questi	on in this Part II T	(A) Beginn		· · · ·	(B) End of year
22	Cash, savings, and investments		-	(A) beginn		22	
23	Land and buildings		L		<u>0.</u>	23	0.
24	Other assets (describe in Schedule O)		1		<u> </u>		0.
25	Total assets		<u> </u>		0.	24	0.
26	Total liabilities (describe in Schedule O).		l.			25	
27	Net assets or fund balances (line 27 of c				0.	26	0.
						27	306.
Par	Statement of Program Service A	ccomplishments (see the ins	structions for Part III)				Expenses
\A/bat	Check if the organization used Sche	edule O to respond to any que	stion in this Part III.	· · · · · · ·		(Requ	ured for section 501
Desc	is the organization's primary exempt purpose? See	Organization's Primary Exem	pt Purpose	enuces es		(C)(J)	and 501(c)(4) izations, optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	panner, describe the services	provided, the number	of persons			ners)
	fited, and other relevant information for eac	h program title.					
28	HOUSING, BASIC LIFE SKILL.	MEDICATION & TRANSPO	<u> PRTATION TO DR</u>	<u>APPOINT</u>	MENTS.		
	(Grants \$ 0.) If thi	s amount includes foreign gra	nts, check here		, •	28 a	0.
29							
						1	
						ĺ	
	(Grants \$) If the	s amount includes foreign gra	nts, check here		. •	29 a	
30							
	(Grants \$) if the	s amount includes foreign gra	nts, check here		. -	30 a	
31	Other program services (describe in Sched	fule O)					
		s amount includes foreign gra				31 a	
32	Total program service expenses (add lin	es 28a through 31a)			>	32	0.
Par	tilV List of Officers, Directors,	Trustees, and Key Emi	lovees (list each one	even if not con	pensated —	see th	e instructions for Part IV)
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV				' 📙
		(b) Average hours per	(c) Reportable compensati (Forms W-2/1099-MISC)	4.00.11	ealth benefits, ons to employ		(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	Denone pi	ans, and deferi mpensation	red	other compensation
CUA	DON NEWCOM		-	- - "	III DOTISATION		
	RON NEWSOM	6 00		_		_	^
	SIDENT COMPONENTS	6.00		0.		0.	0.
	RGIE WOMACK	2 00		_		<u>,</u>	•
	E PRESIDENT	3.00		0.		0.	0.
	ONNE JINKS			_		ا ر	^
	ARD MEMBER	3.00		0.		0.	0.
	THA COMER	70.00	5.05	_ ا			•
	RETARY	72.00	6,25	<u> </u>		0.	0.
	RICE PINSON	1 00		_		_	0
BOA	ARD MEMBER	1.00		0.		0.	0.
						1	
			 				
			1				
							
			1				
						1	
			<u> </u>				
			 				
						- 1	
	······		<u></u>				
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	· <u></u>		<u> </u>				
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	····	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		Х
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35 c		X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.	Se C		Sign.
b Did the organization file Form 1120-POL for this year?	37 b	P 286/2 Co	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	Andreas .	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	Speciel Species	4.00	1
39 Section 501(c)(7) organizations Enter		15.475	* **
a Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · 39a	7.0	4	4-
b Gross receipts, included on line 9, for public use of club facilities			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
section 4911 ► , section 4912 ► , section 4955 ►			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	-	-24-36-6	
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40	2000	X
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
42a The organization's books are in care of JOE COMER Located at 1319 VALLEY TRAIL B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	-199 Yes	No X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country:	42 c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
and enter the amount of tax-exempt interest received or accrued during the tax year	44 a		************ X
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X X X X
and enter the amount of tax-exempt interest received or accrued during the tax year	44 a 44 b 44 c		X X
and enter the amount of tax-exempt interest received or accrued during the tax year	44 a		X X X
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a 44 b 44 c		X X X X
and enter the amount of tax-exempt interest received or accrued during the tax year	44 a 44 b 44 c		X X X X

orm 990-E	2 (2016) COMER HOUSE OF NAS	HVILLE LLC		61-1/1	. / 1 / 8		age 4
	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete S				46	Yes	No X
Part VI	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.		estions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any qu	estion in this Part VI				. П
	ne organization engage in lobbying activitie					Yes	No
-	elete Schedule C, Part II					 	X
	organization a school as described in sec						X
	ne organization make any transfers to an e s,' was the related organization a section t	-			<u></u>	ļ	X
50 Comp	blete this table for the organization's five hopees) who each received more than \$100	ighest compensated em	ployees (other than officer	s, directors, trustees and	l key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
	NEWSOM						_
PRESIDE		6.00	0.	0.			0.
	WOMACK	.					•
	RESIDENT	3.00	0.	0.			0.
DEVONNE BOARD N	E JINKS	3.00	0.	0.			0.
ARETHA		3.00	· · · · · · · · · · · · · · · · · · ·	·			<u> </u>
SECRETA		72.00	6,250.	0.			0.
	E PINSON		1,				
BOARD N	MEMBER	1.00	0.	0.	ł		0.
51 Comp	number of other employees paid over \$10 plete this table for the organization's five heensation from the organization. If there is	ighest compensated ind	ependent contractors who	each received more tha	n \$100,000	of	
	(a) Name and business address of each independent co	ontractor	(b) Type	of service	(c) Com	pensatio	n
NONE		· 	_				
· · · · · · ·					 		
			-				
			_				
			-				
			-1				
d Total	number of other independent contractors	each receiving over \$10	00 000	_			
52 Did th	he organization complete Schedule A? No bleted Schedule A	te: All section 501(c)(3)	organizations must attach	а	. ► XYe	s	No
	s of perjury, I declare that I have examined this return, in nd complete Declaration of proparer (other than officer)						
	box (cu	, is based on all intermedien of t	mich preparer has any knowledge	5-1/-1	>		
Sign Here	Signature of officer JOE COMER	***************************************		Date			
	Type or print name and title			<u> </u>		 	
	Print/Type preparer's name Emma Vance	Preparer's signature	Date 05/10/1	Check A rf	PTIN P0042424	12	
Paid Proparor	Firm's name VANCE TAX SERV	TCE	M//CX103/10/.	L / SSI-SHIPIOYOU	-0042424	14	
Preparer Use Only	Firm's address ► 703 VANDERHORS			Firm's EIN ►	62-177	6537	
	Nashville	<u></u>	TN 37207		15) 228-		
May the IR	S discuss this return with the preparer sho	own above? See instruc			. ► \ Ye		No
• • •	p p p p p p p				Form 9	<u> </u>	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

Name of the organization

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number

COMER HOUSE OF NASHVILLE LLC 61-1717178 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 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 10 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iil) Type of organization (described on lines 1-10 above (see instructions)) (Iv) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (C) (D) (E) Marie Carlo de 12.19

61-1717178

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

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

Sec	tion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without 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		1		J		
Sec	tion B. Total Support		···		·		
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc. (see ınstru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	top here	<u></u>	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pulpublic support percentage for 2016	blic Support P	ercentage				
14	Public support percentage for 2016 Public support percentage from 20						<u>%</u> %
15 16a	33-1/3% support test-2016. If th	ne organization did	not check the box	on line 13, and lin	e 14 is 33-1/3% o	more, check this t	90X -
b	and stop here. The organization of 33-1/3% support test—2015. If the and stop here. The organization of	e organization did	not check a box or	n line 13 or 16a, ar	id line 15 is 33-1/3	% or more, check	his box
17a	10%-facts-and-circumstances te or more, and if the organization method the organization meets the 'facts-a	est—2016. If the one eets the 'facts-and and-circumstances'	ganızation did not -cırcumstances' te ' test The organız	check a box on line st, check this box a ation qualifies as a	e 13, 16a, or 16b, and stop here . Exp publicly supported	and line 14 is 10% plain in Part VI how forganization	▶ 📋
b	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-	est—2015. If the oreets the 'facts-and circumstances' tes	ganization did not -circumstances' te t. The organization	check a box on line st, check this box a n qualifies as a pub	e 13, 16a, 16b, or and stop here . Exp dicly supported or	17a, and line 15 is plain in Part VI how panization	10% the ▶ □
18	Private foundation. If the organiz						

Partill 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 I f the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any 'unusual grants'))				Ì	
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose						
3	that are not an unrelated trade						
	or business under section 513 .						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line		73. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	F. 1	-1-1-1-4-1-4-1-4-1-1-1-1-1-1-1-1-1-1-1-		
	7c from line 6)			Tear .			
Sec	tion B. Total Support	T			,		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses	Ì					
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net Income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income Do not include gain or loss from the sale of]		ļ			
	čapital assets (Explain in Part VI)			}		ļ	
13	Total support. (Add lines 9,		-				
	10c, 11, and 12.)		<u> </u>		ļ	<u> </u>	
14	First five years. If the Form 990 i organization, check this box and s	s for the organizati i top here	on's tirst, second,	third, fourth, or fifth	า tax year as a sec 	tion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
	Public support percentage for 201						0.00 %
	Public support percentage from 20					16	0.00 %
Sec	tion D. Computation of Inv						
17	Incontract access seconders for	r 2016 (line 10c. co	lumn (f) divided by	/ line 13, column (f	"))	17	0.00 %
	Investment income percentage for						
18	Investment income percentage fro	om 2015 Schedule	A, Part III, line 17				0.00 %
18	Investment income percentage fro 33-1/3% support tests—2016. If t	om 2015 Schedule . the organization did	A, Part III, line 17 I not check the bo	x on line 14, and li	ne 15 is more than	33-1/3%, and line	17
18 19a	Investment income percentage from 33-1/3% support tests—2016. If it is not more than 33-1/3%, check the support tests—2016 is not more than 33-1/3%, check the support tests—2016 is not more than 33-1/3%.	om 2015 Schedule in the organization did his box and stop h	A, Part III, line 17 I not check the bo ere. The organiza	x on line 14, and li	ne 15 is more than publicly supported	33-1/3%, and line organization	17 ▶ □
18 19a b	Investment income percentage fro 33-1/3% support tests—2016. If t	om 2015 Schedule the organization did his box and stop his box and stop his did not and the organization did check this box and	A, Part III, line 17 I not check the bo- ere. The organiza I not check a box o stop here. The o	x on line 14, and li tion qualifies as a l on line 14 or line 1 rganization qualifie	ne 15 is more than publicly supported 9a, and line 16 is r es as a publicly sup	33-1/3%, and line organization nore than 33-1/3%, ported organization	17 ► [] and

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Pā	TIVE Supporting Organizations (continued)			
44	Line the companyation accorded a reference to the following according to the following according to	(months)	Yes	No
	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?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
		1 1101		
<u> </u>	ction 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? 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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	* 2		¥.,
Sec	ction 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)? 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)	1	-	
Sec	ction 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	Ž.	
Sec	ction 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).		
	The organization satisfied the Activities Test. Complete line 2 below	,.		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
		-41		
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	cuonsj		
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
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> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt va Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 2 must co	0, 1970 (explain in Part Vi emplete Sections A throug) See h E.
Sec	tion 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		
Sec	tion 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).			
8	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
-	Total (add lines 1a, 1b, and 1c)	1 d		
•	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		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Z	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Typ		on

Par	🗗 🔊 Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	ions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ns,		
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted 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 Part VI) See instructions	tion is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions	K. Alexander		
3	Excess distributions carryover, if any, to 2016:			
а				
b	上述上下的學典性也能形式。			77.75
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount	District States	A Section 1	
i	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		HENCH ARPLICATE	
4	Distributions for 2016 from Section D.	BENESCE BROOK		
	line 7 \$			
а	Applied to underdistributions of prior years	and the second		
	Applied to 2016 distributable amount		57	
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			NESS TO SEASO
8	Breakdown of line 7	Physical Vision in the Section		
				4-70-35-5-20-24
	Excess from 2013	10000 - 1000 - 1000 M		VE/25 1/2010
	Excess from 2014	NEW MARKET		
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	Excess from 2016	1334112 1272 14C		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

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.)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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Department of the Treasury Internal Revenue Service Name of the organization

COMER HOUSE OF NASHVILLE LLC

Employer identification number

61-1717178