



YOUR LIFE, OUR MISSION HOSPICE FOUNDATION 2015

Your Life, Our Mission



Your Life, Our Mission Hospice Foundation is a subsidiary of Caris Healthcare, L.P. As such, Caris provides all staffing at no cost to the Foundation. One hundred percent of revenue for the Foundation is used for the not-for-profit purposes of the Foundation. The tax returns for the Foundation are

attached as well as the donor letter to Global Partners in Care, which is part of the National Hospice and Palliative Care Organization.

Revenue	\$29,583
Expenses	
Hospice of Ethiopia Global Partners in Caring	\$15,000
Candace Walker Scholarships Nurse Hospice	\$14,620
Hands of Grace	\$744.50
Bereavement	\$750
Filing/Fees	\$100
Total Expenses	\$31,214.50

INFORMATION FOR FILING

TAXPAYER: Caris Foundation

RETURN: SS-6002 and SS-6007

YEAR ENDED: December 31, 2015

TOTAL TAX DUE: \$100 filing fee with form SS-6007

SIGNATURE: The forms must be signed and dated by two officers

FILING: The forms should be filed by certified return receipt with:

Division of Charitable Solicitations & Gaming
312 Rosa L. Parks Avenue, 8th Floor
Nashville, TN 37243

DUE DATE: June 30th, 2016



State of Tennessee
 312 Rosa L. Parks Avenue, 8th Floor
 Nashville, Tennessee 37243
 615-741-2555 Fax: 615-253-5173

WARNING: False or misleading statements Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

**SUMMARY OF FINANCIAL ACTIVITIES
 OF A CHARITABLE ORGANIZATION**

INSTRUCTIONS: Complete this form with financial information from the most recently completed accounting year. The form must be signed by two (2) authorized officers, one of whom shall be the Chief Fiscal Officer. Please see the sample Summary of Financial Activities for the corresponding lines on page 9 and 10 of the IRS Form 990.

Name of Organization: Carls Foundation
 Address: 10651 Coward Mill Road City: Knoxville State: TN Zip Code: 37931
 Federal ID: 26-0481336 State ID: 05523998 Telephone: 865-694-4762
 Accounting Year End: 12/31/15 Has your accounting year changed? Yes No

A. Gross Revenue

1. Public Contributions	\$	<u>29,583.00</u>
2. Government Grants	\$	<u> </u>
3. Program Service Revenue.....	\$	<u> </u>
4. Special Events and Activities.....	\$	<u> </u>
5. Gross Sales of Inventory	\$	<u> </u>
6. Other Revenue	\$	<u> </u>
7. Total Revenue [Add Line 1 Through Line 6]	\$	<u>29,583.00</u>

B. Expenses

8. Total Program Expenses.....	\$	<u>31,114.50</u>
9. Direct Expenses from Special Events.....	\$	<u> </u>
10. Cost of Goods Sold.....	\$	<u> </u>
11. Management and General Expenses	\$	<u> </u>
12. Fund Raising Expenses.....	\$	<u> </u>
13. Other Expenses.....	\$	<u>100.00</u>
14. Total Expenses [add line 8 through line 13]	\$	<u>31,214.50</u>
15. Excess / Deficit for the year [line 7 minus line 14]	\$	<u>(1,631.50)</u>

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C. Changes in Net Assets or Fund balances

16. Net assets / fund balances at beginning of year.....	\$	<u>37,461.03</u>
17. Other changes in net assets or fund balances	\$	<u> </u>
18. Net assets / fund balances [add line 15 through line 17].....	\$	<u>35,829.53</u>
19. Total Assets.....	\$	<u>35,829.53</u>
20. Total Liabilities	\$	<u> </u>
21. Net assets / fund balances [line 19 minus line 20]	\$	<u>35,829.53</u>

D. Accounting Method Used:

CASH: _____ ACCRUAL: _____ X _____ OTHER: _____

SIGNATURE

I certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my knowledge and belief.

Signature of Authorized Officer

Signature of Authorized Officer

Print Name

Print Name

Title

Title

Date

Date

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State of Tennessee
312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

APPLICATION TO RENEW REGISTRATION
OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may attach additional sheets. **Indicate that an item does not apply by placing N/A by its number.**

For Office Use Only	
Reg. No.	Date Received
Exp. Date	
Fee Paid	

The amount of the filing fee is as follows:

Organization's Gross Revenue	Filing Fee
\$0-\$48,999.99	\$100.00
\$49,000.00-\$99,999.99	\$150.00
\$100,000.00-\$249,999.99	\$200.00
\$250,000.00-\$499,999.99	\$250.00
\$500,000.00-ABOVE	\$300.00

A **NONREFUNDABLE** registration fee must accompany this application.

1. Name of the organization: Caris Foundation

If name has changed, please indicate: _____

FEIN: 26-0481336 Accounting period end date: 12 / 31 / 15
Month Day Year

Has the accounting period changed since your last registration? Yes ___ No If yes, please indicate: _____

2. Do you solicit contributions under any other name(s)? Yes ___ No
If yes, list names used and attach any documents authorizing such use. _____

3A. Principal Office Address or, if no office is maintained, Name and Address of Person Having Custody of Financial Records:

Name: Norman McRae Address: 10651 Coward Mill Road

City: Knoxville State: TN Zip Code: 37931

Has principal address changed since last registration? Yes ___ No

3B. Mailing/Contact Address:

Contact Name/Title: Norman McRae

Organization Name: Caris Foundation

Address: 10651 Coward Mill Road

City: Knoxville State: TN Zip Code: 37931

Has principal address changed since last registration? Yes ___ No

4. Telephone Number: (865) 694-4762 Fax Number: () N/A Email Address: N/A

Has information in number 4 changed since last registration? Yes ___ No

Telephone Number: () Fax Number: () Email Address: _____

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5. Have you added any Chapters, Branches or Affiliates in Tennessee since your last registration?

If yes, list name and address: N/A

Are you registering and reporting the financial activities of these organizations? Yes ___ No

(Note: a chapter, branch or affiliate that solicits or receives contributions from any source other than the parent organization or a governmental agency must register independently and pay its own filing fee)

6. Have you amended the organization documents submitted with your last registration? Yes ___ No

If yes, attach a copy of the amendment(s)

7. Has the organization obtained tax exemption or has the tax exempt status been revoked by the Internal Revenue Service since your last registration? Yes ___ No If granted tax exemption, attach determination letter.

8. Has the organization registered in any other state? Yes ___ No If yes, attach a list of other states.

9. Have you been enjoined by any court from soliciting contributions since your last registration? Yes ___ No If yes, attach a copy of the court order.

10. Attach a list of the name, title and address of each officer, director and trustee. (List principal salaried officer first)

see attachment

11. List the name and address of individual(s) who have final responsibility for the custody of contributions:

Name: Norman McRae Address: 10651 Coward Mill Road City: Knoxville State: TN Zip Code: 37931

12. List the name and address of individual(s) who have responsibility for the final distribution of contributions:

Name: Norman McRae Address: 10651 Coward Mill Road City: Knoxville State: TN Zip Code: 37931

13. Has any officer, director, manager, operator or principal of the organization been the subject of an injunction, judgment or administrative order or been convicted of a felony? Yes ___ No If yes, attach a detailed explanation.

14. Describe the purpose of the organization: To raise funds and awareness for hospice care.

15. If your organization contracts with or otherwise engages the services of any outside fund-raising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), attach a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used to perform work on behalf of the organization. Additionally, submit a true copy of any contract with the listed entity. N/A

This document must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer. I certify that the statements in this registration statement and all supplemental forms, documents and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____ Signature of Authorized Officer: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

TAXPAYER'S COPY



Confirmation

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Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** CARIS FOUNDATION
- **EIN:** 260481336
- **Tax Year:** 2015
- **Tax Year Start Date:** 01-01-2015
- **Tax Year End Date:** 12-31-2015
- **Submission ID:** 10065520161180156787
- **Filing Status Date:** 04-27-2016
- **Filing Status:** Accepted

[MANAGE FORM 990-N SUBMISSIONS](#)

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Caris Foundation
Attachment to Application to Renew Registration of a Charitable Organization
State of Tennessee Department of State

Question 10

The following is a list of the name, title, and address for all officers, trustees, and directors of the organization:

Norman McRae
Chairman
10651 Coward Mill Road
Knoxville, TN 37931
Compensation: \$0

Alan Seivers
Treasurer
10651 Coward Mill Road
Knoxville, TN 37931
Compensation: \$0

Linda Judge-McRae
Director
10651 Coward Mill Road
Knoxville, TN 37931
Compensation: \$0

Paul Saylor
Director
10651 Coward Mill Road
Knoxville, TN 37931
Compensation: \$0

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