

**INFORMATION FOR FILING**

**TAXPAYER:** Your Life, Our Mission Hospice Foundation

**RETURN:** SS-6002 and SS-6007

**YEAR ENDED:** December 31, 2016

**TOTAL TAX DUE:** \$80 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 30<sup>th</sup>, 2017



**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: Your Life, Our Mission Hospice Foundation FKA Caris 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: 12/31/16 Has your accounting year changed? Yes  No

**A. Gross Revenue**

|  |    |                           |
|--|----|---------------------------|
| 1. Public Contributions .....                      | \$ | <u>24,521.00</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>24,521.00</u>          |

**B. Expenses**

|   |    |                           |
|---|----|---------------------------|
| 8. Total Program Expenses.....                                | \$ | <u>12,737.50</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>1,515.00</u>           |
| 14. Total Expenses [add line 8 through line 13] .....         | \$ | <u>14,252.50</u>          |
| 15. Excess / Deficit for the year [line 7 minus line 14]..... | \$ | <u>10,268.50</u>          |

**C. Changes in Net Assets or Fund balances**

|   |    |                           |
|---|----|---------------------------|
| 16. Net assets / fund balances at beginning of year.....          | \$ | <u>35,829.53</u>          |
| 17. Other changes in net assets or fund balances .....            | \$ | <u>                  </u> |
| 18. Net assets / fund balances [add line 15 through line 17]..... | \$ | <u>46,098.03</u>          |
| 19. Total Assets.....   | \$ | <u>46,098.03</u>          |
| 20. Total Liabilities .....                                       | \$ | <u>                  </u> |
| 21. Net assets / fund balances [line 19 minus line 20] .....      | \$ | <u>46,098.03</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.

*Norman McRae*

Signature of Authorized Officer

*Norman McRae*

Print Name

Title

*5/15/17*

Date

*Alan Seiven*

Signature of Authorized Officer

*Alan Seivers*

Print Name

*Treasurer*

Title

*5-15-17*

Date

**TAXPAYER'S COPY**



**Division of Charitable Solicitations and Gaming  
Office of Tennessee Secretary of State Tre Hargett**

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

**Application to Renew Registration of a Charitable Organization**

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

**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.

**The amount of the filing fee is as follows:**

| Gross Revenue .....               | Filing Fee |
|-----------------------------------|------------|
| \$0 – \$48,999.99 .....           | \$80.00    |
| \$49,000.00 – \$99,999.99 .....   | \$120.00   |
| \$100,000.00 – \$249,999.99 ..... | \$160.00   |
| \$250,000.00 – \$499,999.99 ..... | \$200.00   |
| \$500,000.00 – above .....        | \$240.00   |

**\* A nonrefundable registration fee must accompany this application.**

1. Name of the organization: Caris Foundation

If name has changed, please indicate: Your Life, Our Mission Hospice Foundation - effective December 2016

FEIN: 26-0481336 Accounting period end date: 12/31 (mm/dd)

Has the accounting period changed since your last registration?  Yes  No

If yes, please explain: \_\_\_\_\_

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

3. Principal Office Address or, if no physical office is maintained, Name and Address of Person Having Custody of Financial Records (P.O. Box not acceptable):

Print Title (Mr., Ms., etc.) Mr. Name: Norman McRae

Address: 10651 Coward Mill Road

City: Knoxville State: TN Zip Code: 37931 County: Knox

Has principal address changed since last registration?  Yes  No

4. Contact Address (if different): Same as Above

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

5. Phone: ( 865 ) 694-4762 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: N/A Website: \_\_\_\_\_

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

Yes  No If yes, list name and address:

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.)

7. Have you amended the organization documents submitted with your last registration?

Yes  No If yes, **attach** a copy of the amendment(s).

8. Tax Exemption Status (Please check one):

A.  Tax-exempt (please include IRS determination letter)

B.  Filed for tax exemption (please include a copy of the IRS forms as submitted)

C.  Not tax-exempt

9. Has the organization's tax-exempt status ever been revoked by the Internal Revenue Service?

Yes  No If yes, please include the date: \_\_\_\_\_(mm/yy)

10. Has the organization registered in any other state(s)?

Yes  No If yes, please list or **attach** a list of other states.

11. 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.

12. **Attach** a list of the name, title, and address of each officer, director, and trustee.

(List principal salaried officer first.)

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

A. Name: Norman McRae Address: 10651 Coward Mill Road

City: Knoxville State: TN Zip Code: 37931 County: Knox

B. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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

A. Name: Norman McRae Address: 10651 Coward Mill Road

City: Knoxville State: TN Zip Code: 37931 County: Knox

B. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

15. Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?

Yes  No If yes, **attach** a detailed explanation.

16. Describe the purpose of the organization:

To raise funds and awareness for hospice care.

17. Does your organization contract with or otherwise engage the services of any outside fundraising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer")?  Yes  No

If yes, **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.

**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.

A. Signature of Authorized Officer: \_\_\_\_\_

Print Title (Mr., Mrs., Ms., etc.): Mr. First: Norman

Mi: C Last: McRae

Position Title: Chairman Date: \_\_\_\_\_

B. Signature of Authorized Officer: \_\_\_\_\_

Print Title (Mr., Mrs., Ms., etc.): Mr. First: \_\_\_\_\_

Mi: \_\_\_\_\_ Last: Seivers

Position Title: Treasurer Date: \_\_\_\_\_

**TAXPAYER'S COPY**

For Office Use Only

**For Office Use Only**

Reg. No. \_\_\_\_\_ Date Received \_\_\_\_\_

Exp. Date \_\_\_\_\_ Fee Paid \_\_\_\_\_

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 16 2008

CARIS FOUNDATION  
C/O CARIS HEALTHCARE LP  
9041 EXECUTIVE PARK DR STE 212  
KNOXVILLE, TN 37923-4609

Employer Identification Number:  
26-0481336  
DLN:  
17053361322037  
Contact Person: SALLY B DAVENPORT ID# 31050  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
June 27, 2007  
Contribution Deductibility:  
Yes  
Advance Ruling Ending Date:  
December 31, 2011  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

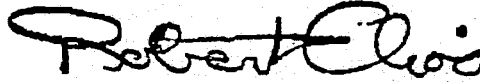
Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

CARIS FOUNDATION

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is written in a cursive style with a large, looping initial "R".

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC  
Statute Extension



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

Question 12

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