2939318400727

	Forn	. 990-T	E	Exempt Orga	nization Bus	ine	ss Income T	ax Returi	ո	OMB No 1545-0047	
		ملمدسد	·	endar year 2019 or other tax ye				D 30 201	20 . l	2019	
			For ca						" (ZU 13	
		rtment of the Treasury nal Revenue Service			virs.gov/Form990T for in				V	Open to Public Inspection for 50 1(c)(3) Organizations Only	
	A [Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(6)(3) Name of organization (Check box if name changed and see instructions.)					D Empl	oyer identification number		
	AL	address changed	COMMUNITY FOUNDATION OF GREATER						loyees trust, see uctions)		
	B F	xempt under section	Print MEMPHIS, INC.						5	8-1723645	
	X	_ 41 17 1							E Unrel	E Unrelated business activity code	
	H	408(e) 220(e)	Туре	1900 UNION		A, 300 II	istractions.		(See)	nstructions)	
	-	1408A 530(a)			ovince, country, and ZIP o	r forein	n nostal code		┪		
	F] 529(a)		MEMPHIS, TN	•		in postar code				
		ook value of all assets		F Group exemption num		<u> </u>			<u> </u>		
	at	end of year	0.		e ► X 501(c) corp	oratio	501(c) trust	401(a	a) trust	Other trust	
	H Er	nter the number of the o		tion's unrelated trades or		1		the only (or first) u	·		
			•	UNRELATED B		OME		complete Parts I-V			
				ce at the end of the previo				·		•	
		isiness, then complete F					, , , , , , , , , , , , , , , , , , , ,				
	_			oration a subsidiary in an	affiliated group or a parer	t-subs	idiary controlled group?	>	Ye	es X No	
				ifying number of the parer			, , , , , , , , , , , , , , , , , , , ,	•		_	
				COMMUNITY FO		GRI	EATER ME Teleph	one number 🕨 🤄	901-	728-4600	
	Pa	rt I Unrelated	Trac	le or Business Inc	ome		(A) Income	(B) Expense	s	(C) Net	
	1 a	Gross receipts or sales	s							· · · · ·	
	b	Less returns and allow	ances		c Balance	1c					
	2	Cost of goods sold (So	chedule	A, line 7)	•	2					
	3	Gross profit Subtract		•		3					
	4a	Capital gain net incom-	e (attac	h Schedule D)		4a					
		• •	•	art II, line 17) (attach Forn	n 4797)	4b					
	c	Capital loss deduction	for trus	ts	,	4c					
	5	•		hip or an S corporation (a	ttach statement)	5			$\overline{}$		
	6	Rent income (Scheduli		. ,	,	6					
	7	Unrelated debt-finance	d incon	ne (Schedule E)		7					
	8	Interest, annuities, roya	alties, ai	nd rents from a controlled	organization (Schedule F)	8					
	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) o	rganization (Schedule G)	9					
	10	Exploited exempt activ	ity inco	me (Schedule I)		10					
	11	Advertising income (Se	chedule	J)		11					
	12	Other income (See ins	truction	s; attach schedule)		12					
	13	Total. Combine lines				13	0.				
	Pa			t Taken Elsewher							
		(Deductions	must b	e directly connected w	th the unrelated busin-	ess ind	coprie)			·	
	14	Compensation of office	cers, dır	ectors, and trustees (Sche	edule K)		•		14		
	15	Salaries and wages							15		
	16	Repairs and maintena	ince						16		
	17	Bad debts							17	<u> </u>	
	18	Interest (attach sched	lule) (se	e instructions)					18		
~ ,	19	Taxes and licenses							19		
22	20	Depreciation (attach F		•			20		 		
$\ddot{\sim}$	21	Less depreciation clai	med on	Schedule A and elsewhere	e on return		213		21b		
04	22	Depletion					RECEIVED	701	22		
	23	Contributions to defer		npensation plans		[18	23		
DCT	24	Employee benefit prog	•			C202	DEC 1 8 2020	OSC-S:	24		
Õ,	25	Excess exempt expen-	•	7		[3]	DEVIC	<u> </u>	25		
Ω	26	Excess readership cos		<i>,</i> .		-	OGDEN, UT	7 \	26		
¥	27	Other deductions (atta				1	OPPEIN, O	<u></u>	27	0.	
₹	28	Total deductions. Ad			. Inna dad in in a control is	l.n.: ^^	from line 40		28	0.	
SCANNED	29			come before net operating					29	<u> </u>	
ટ્ડ	30		rating lo	oss arising in tax years beg	Juming on or after Januar	y 1, 20	10			0.	
-	24	(see instructions)	vahla :-	nama Cubtrast lina 20 fin	m line 20				30	0.	
	31	,		come. Subtract line 30 fro					31	Form 990-T (2019)	

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					_			
			COMMUNITY FOUNDATION		, INC.		58-1	723645 Page 2
	(Par		Total Unrelated Business Taxable					
	ŽÝ		of unrelated business taxable income computed fro	om all unrelated trades or businesses (s	ee instructions)		32	0.
	83		nts paid for disallowed fringes		. \		33	
	34	Charit	able contributions (see instructions for limitation r	ules)	1 1		34	<u> </u>
	35		nrelated business taxable income before pre-2018					
	36		tion for net operating loss arising in tax years begi		- U / I		36	
	37		if unrelated business taxable income before specif		36 / /	17	37	
	38	Specif	ic deduction (Generally \$1,000, but see line 38 ins	tructions for exceptions)	\mathcal{O}	4	38	1,000.
	39	Unrela	ted business taxable income. Subtract line 38 fr	om line 37. If line 38 is greater than line	e 37,			_
1	<u> </u>		he smaller of zero or line 37				39	<u> </u>
	IP.ar		Tax Computation				1	
,	4 0	_	zations Taxable as Corporations. Multiply line 3			,	► 40	0.
	41	$\overline{}$	Taxable at Trust Rates. See instructions for tax of	·	t on line 39 from:			
			ax rate schedule or Schedule D (Form 10	041)			▶ 41 —	
	42	•	tax. See instructions			J	42	
	43		itive minimum tax (trusts only)				43	
	44		Noncompliant Facility Income. See instructions				44	
١,			Add lines 42, 43, and 44 to line 40 or 41, whicheve	er applies			45	0.
1)			Tax and Payments				<u> </u>	
, ,	_A6a		n tax credit (corporations attach Form 1118; trusts	s attach Form 1116)	46a		 ■ ■ 	
	b		credits (see instructions)		46b			
	C		Il business credit. Attach Form 3800	0007)	46c			
			for prior year minimum tax (attach Form 8801 or 8	8827)	460			
			redits. Add lines 46a through 46d		•		46ē	0.
	47		ct line 46e from line 45	0044 🔲 5 - 0007 🔲 5			47	
	48			rm 8611 Form 8697 Form	8866 Other	(attach schedule	· -	0.
	49		ax. Add lines 47 and 48 (see instructions)	005 D D 4 H 4 4 4 4 4 4 4 5 6			49	<u>0.</u>
	50		et 965 tax liability paid from Form 965-A or Form	965-B, Part II, column (k), line 3	5¶a		50	
		-	nts: A 2018 overpayment credited to 2019		51a 51b			
			stimated tax payments		51c		┈╢══╢	
			posited with Form 8868		51d	.	⊣ ∎∎I	
		_	organizations: Tax paid or withheld at source (se	e msu ucuons)	51e		 	
			i withholding (see instructions) for small employer health insurance premiums (at	tach Form 9041)	511			
				2439				
	y		orm 4136 Other		▶ ∫ 51g		l l	
	52	_	ayments. Add lines 51a through 51g		7	***	52	
	53		ted tax penalty (see instructions). Check if Form 2	220 is attached.	,		58	
	54		e. If line 52 is less than the total of lines 49, 50, ar	· —			► 54	
1.	55		yment. If line 52 is larger than the total of lines 4	· ·			▶ 55	
J.		•	ne amount of line 55 you want: Credited to 2020 e		Re	funded	▶ 56	
			Statements Regarding Certain Ac				\overline{I}	
	57	At any	time during the 2019 calendar year, did the organi	ization have an interest in or a signature	or other authority			Yes No
		over a	financial account (bank, securities, or other) in a fo	oreign country? If "Yes," the organizatio	n may have to file			
		FinCEN	Form 114, Report of Foreign Bank and Financial A	Accounts. If "Yes," enter the name of the	foreign country			
		here	>					X_
	58	During	the tax year, did the organization receive a distribi	ution from, or was it the grantor of, or t	ransferor to, a forei	gn trust?		X
		If "Yes,	see instructions for other forms the organization	may have to file.				
	59		ne amount of tax-exempt interest received or accru					
	O:		nder penalties of perjury, I declare that I have examined this prect, and complete, Declaration of preparer (other than tax)	return, including accompanying schedules and payer) is based on all information of which prep	statements, and to the arer has any knowledge	best of my knove	wledge and belief, i	is true,
	Sign	- 1	AL III SHK	.11 0. 2.20			May the IRS discu	iss this return with
	Here		/ VY (// Kally)	TREAST	JRER		the preparer show	
			Signature ovorticer	Date Title			instructions)?	Yes No
			Print/Type preparer's name Pr	reparer's signature	Date	Check	ıf PTIN	
	Paid	j				self- employe		0.000
	Prep	oarer			L1/13/20			297217
	Use	Only	Firm's name ► DIXON HUGHES G			Firm's EIN	<u>► 56-0</u>	747981
				GROVE RD, STE 40	U		/001\20	1 2000
		_	Firm's address MEMPHIS, TN	38120		Phone no.	<u>(901)76</u>	
	923711 (01-27-20					For	m 990-T (2019)

Form 990-T (2019) MEMPHIS, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/	A.	 -			
1 Inventory at beginning of year	1		6 Inventory at end of year 6					
2 Purchases	2		7 Cost of goods sold.	7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		from line 5. Enter her	e and in f	Part I,			
4a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes					
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions) 1. Description of property	(From Real	Property and	Personal Property	Lease	d With Real Prope	erty) 		
<u>(1)</u> <u>(2)</u>								
(3)								
(4)								
(4)	2. Rent receive	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of	` ' of rent for p	and personal property (if the percent personal property exceeds 50% or if at its based on profit or income)	tage	3(a) Deductions directly cocolumns 2(a) and	onnected with the income in 2(b) (attach schedule)		
(1)								
(2)								
(3)						·		
Total	0.	Total						
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)	· · · · ·				
			2. Gross income from		Deductions directly conne to debt-financed			
1. Description of debt-fi	or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)								
(2)								
(3)								
(4)					_			
 Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule) 	of or a debt-finar	adjusted basis llocable to nced property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%]				
(2)			%	<u> </u>				
(3)			%	<u> I</u>				
(4)			%%					
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			•	·L	0.	0.		
Total dividends-received deductions in	icluded in column	8			<u> </u>	0.		
						Form 990-T (2019)		

	S, INC	<u>.</u> •						<u>58-17</u>	23645	Page	
Schedule F - Interest, A	nnuitie	s, Royalt	ies, and Ren	ts From Co	ntrolle	d Organiza	tions	see ins	structions	5)	
			Exemp	ot Controlled O	rganizatio	ons					
Name of controlled organization	Name of controlled organization			3 Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization s gross income		6. Deductions directly connected with income in column 5	
(1)			-								
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations		•								
7. Taxable Income		nrelated incom ee instructions		otal of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ s income	nization's	11. Dec with	ductions directly connected income in column 10	
(1)						•• •					
(2)					i						
(3)					Ì				-		
(4)											
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
Totals					<u>▶</u>			0.		0.	
Schedule G - Investmer (see instru		ne of a S	ection 501(c)(7), (9), or (17) Org	anization		,			
1. Descri	iption of incor	me		2. Amount of	ıncome	3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)				 Total deductions and set-asides (col 3 plus col 4) 	
(1)											
(2)											
(3)											
(4)										<u> </u>	
- ·				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals				▶	0.					0.	
Schedule I - Exploited E (see instruc		Activity	Income, Oth	er Than Adv	ertisin	g Income					
			3. Expenses	4 Net incom						7. Excess exempt	
Description of exploited activity	2. G unrelated income trade or b	business e from	directly connected with production of unrelated business income	from unrelated business (co minus colum gain, compute through	lumn 2 n 3) If a e cols 5	 Gross inco from activity t is not unrelat business inco 	hat ed	6. Exp attribut colur	able to	expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)		1									
(4)			·								
	Enter here page 1, line 10, c	Part I, col (A)	Enter here and on page 1, Part I, line 10, col (B)		_					Enter here and on page 1, Part II, line 25	
Totals	a Inco-	0.	0	•						0.	
Schedule J - Advertisin Part I Income From P			structions)	neolidatad	Racio						
Part I Income From P	eriodic	ais Repo		nsolidated	Dasis						
1. Name of periodical		2 Gross advertising income	3 Direct advertising cos	or (loss) (co		5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								ļ			
(2)								ļ			
(3)											
(4)											
Totals (carry to Part II, line (5))	>) <u>.</u>	0.		<u> </u>	-	l		0 . Form 990-T (2019	

Total. Enter here and on page 1, Part II, line 14

Form 990-1 (2019) MEMPHIS,	TINC .	-d C	eta Basia			1/2509	raye
Part II Income From Perio			ate basis (For ea	ch periodical lis	ited in Pa	irt II, fill in	
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-	
(2)						-	
(3)							
(4)				-			
Totals from Part I	0.	0.		-			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	- - 				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensation	on of Officers, C	Directors, and	Trustees (see in	structions)			
1. Name			2. Title	time de	rcent of evoted to iness		pensation attributable nrelated business
(1)					%		
(2)					%		
(3)					%		
(4)					%		

Form **990-T** (2019)

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