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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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 and its instructions is at [www.irs.gov/form990](#)

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE MEMORIAL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

100 BLUEGRASS COMMONS BLVD NO 320

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

HENDERSONVILLE, TN 37075

F Name and address of principal officer

SCOTT PERRY

100 BLUEGRASS COMMONS BLVD NO 320

HENDERSONVILLE, TN 37075

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 ▶

D Employer identification number

62-1202302

E Telephone number

(615) 822-9499

G Gross receipts \$ 15,818,547

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MEMFOUNDATION.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE MEMORIAL FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE THROUGH SUPPORT TO NONPROFIT ORGANIZATIONS. THE FOUNDATION RESPONDS TO DIVERSE COMMUNITY NEEDS, ASSISTING AGENCIES THAT FOCUS ON HEALTH, HUMAN AND SOCIAL SERVICES, EDUCATION, SENIOR CITIZENS, YOUTH AND CHILDREN, COMMUNITY SERVICES, AND SUBSTANCE ABUSE PROGRAMS.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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

SCOTT PERRY, PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ KRAFTCPAS PLLC

Firm's EIN ▶ 62-0713250

Firm's address ▶ 555 GREAT CIRCLE ROAD

Phone no. (615) 242-7351

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**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

THE MEMORIAL FOUNDATION MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE THROUGH SUPPORT TO NONPROFIT ORGANIZATIONS  
THE FOUNDATION RESPONDS TO DIVERSE COMMUNITY NEEDS, ASSISTING AGENCIES THAT FOCUS ON HEALTH, HUMAN AND SOCIAL SERVICES,  
EDUCATION, SENIOR CITIZENS, YOUTH AND CHILDREN, COMMUNITY SERVICES, AND SUBSTANCE ABUSE PROGRAMS

**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

<b>4a</b>	(Code )	(Expenses \$ 8,214,945	including grants of \$ 6,304,688	(Revenue \$ )
	See Additional Data			
















<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	8,214,945		
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</b> 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 	<b>11b</b> Yes	
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> 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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> 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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	16
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	
<b>2a</b>	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 . . . . .	<b>2a</b>	5
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</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)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 18		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed: <u>TN</u>	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. JUDY MILLIKEN 100 BLUEGRASS COMMONS BLVD SUITE HENDERSONVILLE, TN 37075 (615) 822-9499	

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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) WILLIAM P PURYEAR DIRECTOR	0 10	X						0	0	0
(2) FRANK M BUMSTEAD DIRECTOR	0 10	X						0	0	0
(3) VARINA F BUNTIN DIRECTOR	0 10	X						0	0	0
(4) CHARLES W FENTRESS DIRECTOR	0 10	X						0	0	0
(5) BETH LITTLE DIRECTOR	0 10	X						0	0	0
(6) ALICE I HOOKER DIRECTOR	0 10	X						0	0	0
(7) JULIE B WILLIAMS ED D DIRECTOR	0 10	X						0	0	0
(8) DREW R MADDUX SR DIRECTOR	0 10	X						0	0	0
(9) EDDIE PHILLIPS DIRECTOR	0 10	X						0	0	0
(10) DAVID E MCKEE MD DIRECTOR	0 10	X						0	0	0
(11) GEORGE C PAINE II DIRECTOR	0 10	X						0	0	0
(12) J EDWARD PEARSON DIRECTOR	0 10	X						0	0	0
(13) JO SANDERS DIRECTOR	0 10	X						0	0	0
(14) FRANK GORDON DIRECTOR	0 10	X						0	0	0
(15) FRANK GRACE JR DIRECTOR	0 10	X						0	0	0
(16) S FLEMING WILT DIRECTOR	0 10	X						0	0	0
(17) ALFONZO ALEXANDER DIRECTOR	0 10	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) VIRGINIA PUPO-WALKER DIRECTOR	0 10	X						0	0	0
(19) SCOTT PERRY PRESIDENT	40 00			X				266,440	0	52,099
(20) JACKSON ROUTH VICE PRESIDENT - PROGRAMS	40 00			X				139,569	0	28,780
(21) JUDY MILLIKEN VICE PRESIDENT OF FINANCE	40 00			X				92,290	0	32,185
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								498,299	0	113,064

**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 **▶ 2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> 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 ☐

Contributions, Gifts, Grants  
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
<b>b</b> Membership dues . . . . .	<b>1b</b>			
<b>c</b> Fundraising events . . . . .	<b>1c</b>			
<b>d</b> Related organizations . . . . .	<b>1d</b>	840,536		
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	59		
<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . .		840,595		

Program Service Revenue

	Business Code			
<b>2a</b> . . . . .				
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> . . . . .				
<b>f</b> All other program service revenue . . . . .				
<b>g Total.</b> Add lines 2a-2f . . . . .				

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,377,451			2,377,451
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	1,551,283				
<b>b</b> Less rental expenses . . . . .	992,140				
<b>c</b> Rental income or (loss) . . . . .	559,143				
<b>d</b> Net rental income or (loss) . . . . .		559,143			559,143
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	11,049,218				
<b>b</b> Less cost or other basis and sales expenses . . . . .	9,993,923				
<b>c</b> Gain or (loss) . . . . .	1,055,295				
<b>d</b> Net gain or (loss) . . . . .		1,055,295			1,055,295
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .					
<b>12 Total revenue.</b> See Instructions . . . . .		4,832,484	0	0	3,991,889

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,304,688	6,304,688		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	611,363	567,062	44,301	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	130,042	117,261	12,781	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,600	10,485	3,115	
<b>9</b> Other employee benefits.	23,806	19,246	4,560	
<b>10</b> Payroll taxes.	37,842	35,587	2,255	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	19,800	17,820	1,980	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	1,053,102	1,053,102		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,256	23,630	2,626	
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	8,517	7,665	852	
<b>14</b> Information technology.	13,708	12,337	1,371	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	78,488		78,488	
<b>17</b> Travel.				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	17,275	15,548	1,727	
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	6,197	5,577	620	
<b>23</b> Insurance.	20,582	18,524	2,058	
<b>24</b> 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):				
<b>a</b> OTHER EXPENSE	6,686	6,017	669	
<b>b</b> PROPERTY TAXES	440	396	44	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	8,372,392	8,214,945	157,447	0
<b>26</b> 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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		6,741,926	<b>1</b>	11,650,833
	<b>2</b>	Savings and temporary cash investments . . . . .		2,308,594	<b>2</b>	2,304,244
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		94,288	<b>9</b>	63,728
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	14,080,066		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	5,530,802		
				8,837,292	<b>10c</b>	8,549,264
	<b>11</b>	Investments—publicly traded securities . . . . .		76,816,641	<b>11</b>	81,080,604
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		39,240,558	<b>12</b>	39,619,019
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .			<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		134,039,299	<b>16</b>	143,267,692	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		13,155	<b>17</b>	5,985
	<b>18</b>	Grants payable . . . . .		200,000	<b>18</b>	383,000
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		217,372	<b>25</b>	210,201
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		430,527	<b>26</b>	599,186
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		131,707,336	<b>27</b>	140,592,616
	<b>28</b>	Temporarily restricted net assets . . . . .		1,901,436	<b>28</b>	2,075,890
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		133,608,772	<b>33</b>	142,668,506
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		134,039,299	<b>34</b>	143,267,692	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,832,484
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,372,392
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-3,539,908
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	133,608,772
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,599,642
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	142,668,506

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> 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?		No
<b>b</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		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-1202302

**Name:** THE MEMORIAL FOUNDATION

Form 990 (2017)

**Form 990, Part III, Line 4a:**

PROVIDING GRANTS TO OTHER 501(C)(3) ORGANIZATIONS

<b>SCHEDULE A</b> (Form 990 or 990EZ)	<b>Public Charity Status and Public Support</b> 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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2017</b> <b>Open to Public Inspection</b>
	Department of the Treasury Internal Revenue Service <b>Name of the organization</b> THE MEMORIAL FOUNDATION	<b>Employer identification number</b> 62-1202302

**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		
<b>Total</b>						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,232,776	1,248,439	1,121,389	1,200,000	840,536	5,643,140
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	<b>Total.</b> Add lines 1 through 3	1,232,776	1,248,439	1,121,389	1,200,000	840,536	5,643,140
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	<b>Public support.</b> Subtract line 5 from line 4						5,643,140

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	1,232,776	1,248,439	1,121,389	1,200,000	840,536	5,643,140
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,471,157	4,984,000	4,858,462	3,669,509	3,850,246	21,833,374
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	<b>Total support.</b> Add lines 7 through 10						27,476,514
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 20.540 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b> 22.340 %
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	
<b>3</b> 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>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>		
	<b>2a</b>	
<b>b</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>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>	
<b>b</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>		
	<b>3b</b>	

**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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**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

# 990 Schedule A, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE A, PART II, SECTION C, 17A</p>	<p>THE MEMORIAL FOUNDATION (THE "FOUNDATION") IS A PUBLICLY SUPPORTED ORGANIZATION WITHIN THE MEANING OF I R C 170(B)(1)(A)(VI) WHILE THE FOUNDATION DID NOT REACH THE 33% PERCENT PUBLIC SUPPORT TEST UNDER TREASURY REGULATIONS 1.170A-9(E)(2) FOR 2017, IT DID SATISFY THE FACTS AND CIRCUMSTANCES TEST UNDER TREASURY REGULATIONS 1.170A-9(E)(3) FOR YEARS 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 AND 2017, THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE WAS, 29.0282%, 21.0607%, 16.7969%, 16.7168%, 19.1934%, 15.7396%, 18.8531%, 22.1730%, 23.0085%, 23.6910%, 25.0989%, 24.3902%, 22.6562%, 22.3416% AND 20.5434% RESPECTIVELY. ALTHOUGH EACH YEAR IT IS BELOW 33% PERCENT, THEY STILL GREATLY EXCEED THE MINIMUM 10 PERCENT OF PUBLIC SUPPORT REQUIRED UNDER THE FACTS AND CIRCUMSTANCES TEST. DESPITE THE LOWER PUBLIC SUPPORT PERCENTAGE, IT IS EXPECTED THAT FOR 2015 AND THE YEARS FOLLOWING, THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE WILL EQUAL OR EXCEED 10 PERCENT AS RESULT OF ADDITIONAL CONTRIBUTIONS. FOR ALL YEARS PRIOR TO 2001, THE FOUNDATION EASILY MET THE 33% PERCENT PUBLIC SUPPORT TEST. THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE HAS DECREASED EACH YEAR BECAUSE A HIGH PERCENTAGE OF ITS SUPPORT CAME FROM INVESTMENT INCOME ON ENDOWMENT FUNDS. THESE ENDOWMENT FUNDS WERE CONTRIBUTED BY NASHVILLE MEMORIAL HOSPITAL, INC., A TENNESSEE NON-PROFIT HOSPITAL THAT IS TAX-EXEMPT UNDER I R C 501(C)(3) ("THE HOSPITAL"). THE HOSPITAL CONTRIBUTED THE FUNDS TO THE FOUNDATION, WITH THE APPROVAL OF THE ATTORNEY GENERAL OF THE STATE OF TENNESSEE, IN CONNECTION WITH ITS DISSOLUTION. THE FOUNDATION WAS NOT FUNDED BY A SMALL GROUP OF INDIVIDUALS, AND, IN FACT, NO DISQUALIFIED PERSONS HAVE CONTRIBUTED TO THE FOUNDATION. THE FOUNDATION RECEIVES CONTRIBUTIONS FROM THE HOSPITAL, AND WILL CONTINUE TO DO SO AS THE HOSPITAL COMPLETES ITS DISSOLUTION PROCESS AND IS ABLE TO TRANSFER FUNDS THAT ARE NO LONGER RESTRICTED FOR LEGAL AND LIABILITY PURPOSES. SINCE FORMATION, THE FOUNDATION HAS BEEN GOVERNED BY A LARGE BLUE-RIBBON BOARD OF TRUSTEES (THE "BOARD"). THE BOARD CURRENTLY CONSISTS OF EIGHTEEN PROMINENT COMMUNITY AND CIVIC LEADERS THAT REPRESENT A BROAD CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE PUBLIC. THESE INDIVIDUALS HAVE DEMONSTRATED EXPERIENCE IN CIVIC AND CHARITABLE CAUSES AND HAVE KNOWLEDGE OF BUSINESS AFFAIRS THAT ARE REQUIRED TO EFFECTUATE THE CHARITABLE PURPOSES OF THE FOUNDATION. THE BOARD MEMBERS ARE NOT COMPENSATED FOR THEIR SERVICES. DURING 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 AND 2017, AT THE DIRECTION AND UNDER THE SUPERVISION OF THE BOARD, THE FOUNDATION PROVIDED \$3,779,790, \$6,635,647, \$7,443,418, \$7,933,005, \$11,255,052, 5,688,457, \$6,542,944, \$8,125,024, \$6,632,511, \$6,772,953, \$6,363,074, \$6,384,618, \$7,851,732, \$5,664,650 AND \$6,304,688 RESPECTIVELY, IN GRANTS AND CHARITABLE CONTRIBUTIONS TO APPROXIMATELY 200 CHARITABLE ORGANIZATIONS LOCATED THROUGHOUT MIDDLE TENNESSEE EACH YEAR. MANY OF</p>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, SECTION C, 17A	F THESE ORGANIZATIONS RELY HEAVILY ON THE FOUNDATION FOR FUNDING BECAUSE THE FOUNDATION D ISPERSES FUNDS TO NUMEROUS COMMUNITY ORGANIZATIONS WITH A WIDE-VARIETY OF CHARITABLE PURPO SES, IT ATTRACTS ATTENTION FROM THE GENERAL PUBLIC, INCREASING NOT ONLY THE PUBLIC'S AWARE NESS OF THE FOUNDATION, BUT ALSO OF THESE RECIPIENT ORGANIZATIONS THIS AWARENESS AND GOOD WILL IN THE COMMUNITY WILL BENEFIT THE FOUNDATION IF IT ESTABLISHES ADDITIONAL FUND- RAISIN G ACTIVITIES IN THE FUTURE BASED ON ALL THE FACTS AND CIRCUMSTANCES DESCRIBED ABOVE, THE FOUNDATION SHOULD CONTINUE TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION UNDER TREASURY REGULATIONS 1 170A-9(E)(3)

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493282012168									
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>								
Name of the organization THE MEMORIAL FOUNDATION				Employer identification number 62-1202302									
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.													
		(a) Donor advised funds		(b) Funds and other accounts									
1		Total number at end of year											
2		Aggregate value of contributions to (during year)											
3		Aggregate value of grants from (during year)											
4		Aggregate value at end of year											
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, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>													
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													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a		Total number of conservation easements											
b		Total acreage restricted by conservation easements											
c		Number of conservation easements on a certified historic structure included in (a)											
d		Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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													
b 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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>													
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat No 52283D		Schedule D (Form 990) 2017											



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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
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?

	Yes	No
3a(i)		
3a(ii)		
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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		734,758		734,758
b Buildings		13,164,048	5,378,750	7,785,298
c Leasehold improvements				
d Equipment		181,260	152,052	29,208
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,549,264

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) OTHER SECURITIES	39,619,019	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	39,619,019	

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.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
SECURITY DEPOSIT PAYABLE	53,327	
ACCRUED INVESTMENT FEES	156,874	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	210,201	

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.

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

**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.

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

**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:** 62-1202302  
**Name:** THE MEMORIAL FOUNDATION

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE WERE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
THE MEMORIAL FOUNDATION

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public  
Inspection

Employer identification number  
62-1202302

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 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. Part II can be duplicated if additional space is needed

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(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)					
(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
PART I, LINE 2	EVERY ORGANIZATION IS REQUIRED TO GIVE THE FOUNDATION A PROGRESS REPORT ON HOW GRANT MONEY WAS SPENT INCOME AND EXPENSE REPORTS FROM THE ORGANIZATIONS ARE CHECKED FOR SOURCES OF INCOME AND EXPENSE ALLOCATION OF THE ORGANIZATIONS ON-SITE VISITS OF 100 PLUS ORGANIZATIONS ARE DONE EACH YEAR BY SCOTT PERRY OR JACKSON ROUTH TO VISIT THE ORGANIZATIONS TO LOOK AT THE PROGRESS OF CAPITAL GRANTS AND WORK BEING DONE WITH GENERAL SUPPORT GRANTS

Additional Data

Software ID:  
Software Version:  
EIN: 62-1202302  
Name: THE MEMORIAL 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
100 BLACK MEN OF MIDDLE TENNESSEE P O BOX 140789 NASHVILLE, TN 37214	58-1984750	501(C)(3)	35,000				TO FURTHER EXEMPT PURPOSES
A SOLDIER'S CHILD PO BOX 11242 MURFREESBORO, TN 37129	26-3032468	501(C)(3)	10,000				TO FURTHER EXEMPT 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
ABE'S GARDEN 115 WOODMONT BLVD NASHVILLE, TN 37205	06-1818302	501(C)(3)	63,000				TO FURTHER EXEMPT PURPOSES
ABLE YOUTH 2000 MALLORY LANE SUITE 130-542 FRANKLIN, TN 37067	57-1158431	501(C)(3)	12,000				TO FURTHER EXEMPT 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
ACHILLES INTERNATIONAL - NASHVILLE CHAPTER 234 BOXMERE PLACE NASHVILLE, TN 37209	13-3318293	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
ADVENTURE SCIENCE CENTER NASHVILLE 800 FORT NEGLEY BLVD NASHVILLE, TN 37203	62-0479192	501(C)(3)	100,000				TO FURTHER EXEMPT 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
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(C)(3)	45,000				TO FURTHER EXEMPT PURPOSES
ALIVE HOSPICE 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)(3)	45,000				TO FURTHER EXEMPT 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
AMERICAN RED CROSS- NASHVILLE AREA CHAPTER 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	53-0196605	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES
ANGEL HEART FARM PO BOX 330274 NASHVILLE, TN 37203	62-1844451	501(C)(3)	15,000				TO FURTHER EXEMPT 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
ASHLEY'S PLACE 315 W SMITH ST GALLATIN, TN 37066	62-1793484	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES
BEGIN ANEW 420 MAIN STREET NASHVILLE, TN 37206	76-0718734	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-0843073	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
BIG BROTHERS BIG SISTERS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE SUITE 130 NASHVILLE, TN 37203	23-7056024	501(C)(3)	50,000				TO FURTHER EXEMPT 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
BOY SCOUTS OF AMERICA MIDDLE TENNESSEE COUNCIL PO BOX 150409 NASHVILLE, TN 37215	62-0477729	501(C)(3)	40,000				TO FURTHER EXEMPT PURPOSES
BOYS & GIRLS CLUBS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-0540402	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BRIDGES FOR THE DEAF AND HARD OF HEARING CO HEARING BRIDGES 935 EDGEHILL AVENUE NASHVILLE, TN 37203	62-0498798	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES
BUILDING LIVES FOUNDATION 2000 MALLORY LANE SUITE 130-166 FRANKLIN, TN 370678231	20-5584526	501(C)(3)	32,000				TO FURTHER EXEMPT PURPOSES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BYRUM-PORTER SENIOR CENTER 9123 HIGHWAY 49 EAST ORLINDA, TN 37141	62-1221323	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
CABLE FOUNDATION 2817 WEST END AVENUE SUITE 202 NASHVILLE, TN 37202	06-1620781	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CASA NASHVILLE 601 WOODLAND STREET NASHVILLE, TN 37206	62-1203459	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
CENTER FOR NONPROFIT MANAGEMENT 37 PEABODY STREET SUITE 201 NASHVILLE, TN 37210	58-2000064	501(C)(3)	66,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILDREN ARE PEOPLE PO BOX 1443 GALLATIN, TN 37066	62-1814354	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
CHRISTIAN COOPERATIVE MINISTRY PO BOX 462 MADISON, TN 37116	58-1502903	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITIES IN SCHOOLS OF TENNESSEE 1207 18TH AVENUE SOUT NASHVILLE, TN 37212	46-1196944	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)(3)	15,000				TO FURTHER EXEMPT 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
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	20-0067354	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES
COTTAGE COVE URBAN MINISTRIES 630 BENTON AVENUE NASHVILLE, TN 37204	31-1485047	501(C)(3)	15,500				TO FURTHER EXEMPT 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
COUNCIL ON AGING OF MIDDLE TENNESSEE 95 WHITE BRIDGE RD SUITE 114 NASHVILLE, TN 37205	62-1867122	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
COUNTRY MUSIC HALL OF FAME AND MUSEUM 222 FIFTH AVENUE SOUTH NASHVILLE, TN 37203	62-0753887	501(C)(3)	20,000				TO FURTHER EXEMPT 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
CREATING AN ENVIRONMENT OF SUCCESS PO BOX 110120 NASHVILLE, TN 37222	62-1528325	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1037 HENDERSONVILLE, TN 370771037	58-1705496	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DECISIONS CHOICES & OPTIONS P O BOX 2302 HENDERSONVILLE, TN 37077	47-1859327	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
DISMAS 1513 16TH AVENUE SOUT NASHVILLE, TN 37212	23-7376100	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EAST NASHVILLE HOPE EXCHANGE PO BOX 68423 NASHVILLE, TN 37206	30-0615389	501(C)(3)	8,000				TO FURTHER EXEMPT PURPOSES
EASTER SEALS TENNESSEE 750 OLD HICKORY BLVD 2-260 BRENTWOOD, TN 37027	62-0504893	501(C)(3)	22,500				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ELIJAH'S HEART 2817 WEST END AVE 126-272 NASHVILLE, TN 37203	27-2819153	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
END SLAVERY TENNESSEE 50 VANTAGE WAY SUITE 255 NASHVILLE, TN 37228	45-4955577	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EQUAL CHANCE FOR EDUCATION 700 BELLE MEADE BLVD NASHVILLE, TN 37205	46-4528066	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
FAITH FAMILY MEDICAL CENTER 326 21ST AVENUE NORTH NASHVILLE, TN 37203	62-1816811	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAMILY & CHILDREN'S SERVICE 1704 HEIMAN STREET NASHVILLE, TN 37208	62-0499284	501(C)(3)	40,000				TO FURTHER EXEMPT PURPOSES
FAMILY & CHILDREN'S SERVICE 1704 HEIMAN STREET NASHVILLE, TN 37208	62-0499284	501(C)(3)	175,000				TO FURTHER EXEMPT 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
FANNIE BATTLE DAY HOME FOR CHILDREN 108 CHAPEL AVENUE NASHVILLE, TN 37206	62-0476290	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
FELLOWSHIP OF CHRISTIAN ATHLETES 449 METROPLEX DRIVE NASHVILLE, TN 37211	44-0610626	501(C)(3)	100,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIFTYFORWARD MADISON STATION 301 MADISON STREET MADISON, TN 37115	62-0566419	501(C)(3)	130,000				TO FURTHER EXEMPT PURPOSES
FIFTYFORWARD MADISON STATION 301 MADISON STREET MADISON, TN 37115	62-0566419	501(C)(3)	200,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST STEPS 1900 GRAYBAR LANE NASHVILLE, TN 37215	62-0674974	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
FRIENDS IN GENERAL 1818 ALBION STREET NASHVILLE, TN 372082918	62-1383977	501(C)(3)	6,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIST CENTER FOR THE VISUAL ARTS 919 BROADWAY NASHVILLE, TN 37203	62-1731492	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
GALLATIN CHILD CARE CENTER 445 HULL CIRCLE GALLATIN, TN 37066	32-0176348	501(C)(3)	11,950				TO FURTHER EXEMPT PURPOSES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GALLATIN DAY CARE CENTER 108 SOUTHPARK CIRCLE GALLATIN, TN 37066	62-6085831	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
GALLATIN SHALOM ZONE 600 SMALL STREET SUITE 107 GALLATIN, TN 37066	62-1800512	501(C)(3)	45,000				TO FURTHER EXEMPT PURPOSES

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GILDA'S CLUB MIDDLE TENNESSEE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)(3)	40,000				TO FURTHER EXEMPT PURPOSES
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)(3)	35,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GIVINGMATTERSCOM 3833 CLEGHORN AVENUE SUITE 400 NASHVILLE, TN 37215	62-1471789	501(C)(3)	17,500				TO FURTHER EXEMPT PURPOSES
GOODPASTURE CHRISTIAN SCHOOL 619 DUE WEST AVENUE MADISON, TN 37115	62-0725510	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GOODWILL INDUSTRIES OF MIDDLE TENNESSEE 1015 HERMAN STREET NASHVILLE, TN 37208	62-0599413	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES
GORDON JEWISH COMMUNITY CENTER 801 PERCY WARNER BLVD NASHVILLE, TN 37205	62-0475746	501(C)(3)	35,000				TO FURTHER EXEMPT PURPOSES

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GRACE PLACE MINISTRY PO BOX 1771 HENDERSONVILLE, TN 37077	47-2033381	501(C)(3)	40,000				TO FURTHER EXEMPT PURPOSES
GREATER FAITH COMMUNITY ACTION CORPORATION PO BOX 215 SPRINGFIELD, TN 37172	90-0139322	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES

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HABITAT FOR HUMANITY OF GREATER NASHVILLE 414 HARDING PLACE SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
HABITAT FOR HUMANITY OF GREATER NASHVILLE 414 HARDING PLACE SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)(3)	100,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HANDS ON NASHVILLE 37 PEABODY STREET SUITE 206 NASHVILLE, TN 37210	62-1461078	501(C)(3)	42,500				TO FURTHER EXEMPT PURPOSES
HENDERSONVILLE YOUNG LIFE PO BOX 362 HENDERSONVILLE, TN 37077	84-0385934	501(C)(3)	6,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOMEWORK HOTLINE 4805 PARK AVENUE NASHVILLE, TN 37209	62-1446139	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
HOPE CLINIC FOR WOMEN 1810 HAYES STREET NASHVILLE, TN 37203	62-1164825	501(C)(3)	35,000				TO FURTHER EXEMPT PURPOSES



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HUMANITIES TENNESSEE 807 MAIN STREET SUITE B NASHVILLE, TN 37206	62-0933337	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
IMAGINATION LIBRARY OF MIDDLE TENNESSEE CO UNITED WAY OF METROPOLITAN NASH 250 VENTURE CIRCLE NASHVILLE, TN 37228	62-0533104	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES

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INSIGHT COUNSELING CENTERS PO BOX 50242 NASHVILLE, TN 37205	58-1731899	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
INTERFAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE, TN 37203	62-1567615	501(C)(3)	77,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JASON FOUNDATION 18 VOLUNTEER DRIVE HENDERSONVILLE, TN 37075	62-1714715	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)(3)	60,000				TO FURTHER EXEMPT PURPOSES

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KING'S DAUGHTERS CHILD DEVELOPMENT CENTER CO KING'S DAUGHTERS DAY HOME 590 N DUPONT ST MADISON, TN 37115	62-0729602	501(C)(3)	55,000				TO FURTHER EXEMPT PURPOSES
LAND TRUST FOR TENNESSEE PO BOX 41027 NASHVILLE, TN 37204	62-1770549	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES

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LEAD PUBLIC SCHOOLS 2835 BRICK CHURCH PIKE NASHVILLE, TN 37207	20-2526508	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DRIVE NASHVILLE, TN 37204	62-0485733	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES

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LITERACY COUNCIL OF MIDDLE TENNESSEE PO BOX 0903 HENDERSONVILLE, TN 37077	58-1559444	501(C)(3)	7,500				TO FURTHER EXEMPT PURPOSES
MADISON TIGERS YOUTH SPORTS PO BOX 10 MADISON, TN 37116	30-0607803	501(C)(3)	7,500				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE 8119 ISABELLA LANE STE 105A BRENTWOOD, TN 37027	62-1833327	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 372063895	62-0477728	501(C)(3)	55,000				TO FURTHER EXEMPT PURPOSES

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MARY'S MAGICAL PLACE PO BOX 196 HENDERSONVILLE, TN 37077	30-0071383	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES
MCNEILLY CENTER FOR CHILDREN 100 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)(3)	75,000				TO FURTHER EXEMPT 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
MEN OF VALOR 1410 DONELSON PIKE SUITE B-1 NASHVILLE, TN 37217	62-1836815	501(C)(3)	70,000				TO FURTHER EXEMPT PURPOSES
MENDING HEARTS PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)(3)	40,000				TO FURTHER EXEMPT 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
MENTAL HEALTH AMERICA OF MIDDLE TENNESSEE 446 METROPLEX DRIVE SUITE A-224 NASHVILLE, TN 37211	62-0637710	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
MONROE CARELL JR CHILDREN'S HOSPITAL AT VANDERBILT 2200 CHILDRENS WAY NASHVILLE, TN 37232	35-2528741	501(C)(3)	140,000				TO FURTHER EXEMPT 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
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
MORNING STAR SANCTUARY PO BOX 568 MADISON, TN 371160568	27-0039292	501(C)(3)	50,000				TO FURTHER EXEMPT 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
MUSIC FOR SENIORS 161 RAINS AVENUE NASHVILLE, TN 37203	35-2438992	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES
NASBA CENTER FOR THE PUBLIC TRUST 150 4TH AVENUE NORTH SUITE 700 NASHVILLE, TN 37219	20-1746267	501(C)(3)	20,000				TO FURTHER EXEMPT 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
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVENUE SUITE 305 NASHVILLE, TN 37209	58-1488230	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE BALLET 3630 REDMON STREET NASHVILLE, TN 37209	58-1440788	501(C)(3)	15,000				TO FURTHER EXEMPT 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
NASHVILLE BALLET 3630 REDMON STREET NASHVILLE, TN 37209	58-1440788	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE CHAMBER PUBLIC BENEFIT FOUNDATION 211 COMMERCE STREET SUITE 100 NASHVILLE, TN 37201	62-1413808	501(C)(3)	45,000				TO FURTHER EXEMPT 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
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVENUE NASHVILLE, TN 37210	62-1484097	501(C)(3)	45,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE CHILDREN'S THEATRE 25 MIDDLETON STREET NASHVILLE, TN 37210	62-0637709	501(C)(3)	35,000				TO FURTHER EXEMPT 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
NASHVILLE CONFLICT RESOLUTION CENTER 4732 W LONGDALE DRIVE NASHVILLE, TN 37211	62-1828238	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE FOOD PROJECT 3605 HILLSBORO ROAD NASHVILLE, TN 37215	45-2905951	501(C)(3)	40,000				TO FURTHER EXEMPT 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
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT 417 WELSHWOOD DRIVE SUITE 100 NASHVILLE, TN 37211	02-0674431	501(C)(3)	35,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE OPERA 3622 REDMON STREET NASHVILLE, TN 372094827	62-1119830	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER PO BOX 280507 NASHVILLE, TN 37228	62-0794650	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVENUE SOUTH SUITE 202 NASHVILLE, TN 37212	48-1266314	501(C)(3)	12,000				TO FURTHER EXEMPT 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
NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVENUE SOUTH SUITE 202 NASHVILLE, TN 37212	48-1266314	501(C)(3)	75,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 37209	62-1681766	501(C)(3)	58,000				TO FURTHER EXEMPT 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
NASHVILLE PUBLIC TELEVISION 161 RAINS AVENUE NASHVILLE, TN 37203	62-1740928	501(C)(3)	65,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE REPERTORY THEATRE 161 RAINS AVENUE NASHVILLE, TN 37203	62-1811578	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NASHVILLE SYMPHONY ASSOCIATION 1 SYMPHONY PLACE NASHVILLE, TN 37201	62-0550979	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
NASHVILLE YOUTH FOR CHRIST PO BOX 330027 NASHVILLE, TN 37203	62-0984130	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL MUSEUM OF AFRICAN AMERICAN MUSIC 618 CHURCH STREET SUITE 130 NASHVILLE, TN 37219	62-1867910	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)(3)	25,000				TO FURTHER EXEMPT 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
OASIS CENTER 1704 CHARLOTTE PIKE SUITE 200 NASHVILLE, TN 37203	62-0968273	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUT NASHVILLE, TN 37203	62-1638832	501(C)(3)	100,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OUR KIDS 1804 HAYES STREET NASHVILLE, TN 37203	58-1830327	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
PARK CENTER 801 12TH AVENUE SOUT NASHVILLE, TN 37203	62-1336640	501(C)(3)	30,000				TO FURTHER EXEMPT 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
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	58-1475675	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	58-1475675	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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POPE JOHN PAUL II HIGH SCHOOL 117 CALDWELL DRIVE HENDERSONVILLE, TN 37075	53-0196617	501(C)(3)	23,000				TO FURTHER EXEMPT PURPOSES
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DR SUITE 121 NASHVILLE, TN 37220	58-1567835	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROJECT CONNECT PO BOX 295 MADISON, TN 37116	27-4003340	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
PROJECT RETURN 806 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)(3)	60,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROJECT TRANSFORMATION TENNESSEE 1008 19TH AVENUE SOUTH NASHVILLE, TN 37212	45-3265261	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
RECOVERY COURT OF SUMNER COUNTY INC CO SUMNER COUNTY DRUG COURT 117 W SMITH STREET GALLATIN, TN 37066	27-1787971	501(C)(3)	7,500				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 372280356	62-1631055	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES
ROCK THE STREET WALL STREET 3523 TRIMBLE ROAD NASHVILLE, TN 37215	36-4746332	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROCKETOWN OF MIDDLE TENNESSEE 601 FOURTH AVENUE SOUTH NASHVILLE, TN 37210	62-1571573	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
ROOFTOP NASHVILLE 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROOM IN THE INN PO BOX 25309 NASHVILLE, TN 37202	62-0811413	501(C)(3)	40,000				TO FURTHER EXEMPT PURPOSES
SADDLE UP 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	58-1930303	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAINT THOMAS HEALTH FOUNDATION 4220 HARDING ROAD NASHVILLE, TN 37205	58-1663055	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
SALAMA URBAN MINISTRIES 1205 8TH AVENUE SOUT NASHVILLE, TN 372035003	58-2198012	501(C)(3)	35,000				TO FURTHER EXEMPT PURPOSES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALVATION ARMY-NASHVILLE AREA COMMAND 631 DICKERSON ROAD NASHVILLE, TN 372078625	58-0660607	501(C)(3)	60,000				TO FURTHER EXEMPT PURPOSES
SALVUS CENTER 556 HARTSVILLE PIKE GALLATIN, TN 37066	20-2278505	501(C)(3)	40,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES
SENIOR RIDE NASHVILLE INC 298 FOSTER STREET NASHVILLE, TN 37207	81-4119450	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)(3)	50,000				TO FURTHER EXEMPT PURPOSES
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)(3)	100,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SILOAM HEALTH 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	75,000				TO FURTHER EXEMPT PURPOSES
SKYLINE AUXILIARY 3441 DICKERSON PIKE NASHVILLE, TN 37207	62-1574998	501(C)(3)	7,000				TO FURTHER EXEMPT PURPOSES

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SONGS FOR SOUND 2720 EUGENIA AVENUE NASHVILLE, TN 37221	27-4519248	501(C)(3)	32,500				TO FURTHER EXEMPT PURPOSES
ST LUKE'S COMMUNITY HOUSE 5601 NEW YORK AVENUE NASHVILLE, TN 37209	62-0484183	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STARS NASHVILLE 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)(3)	100,000				TO FURTHER EXEMPT PURPOSES
STOKES BROWN PUBLIC LIBRARY 405 WHITE STREET SPRINGFIELD, TN 37172	62-0755665	501(C)(3)	7,500				TO FURTHER EXEMPT PURPOSES

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SUMNER COUNTY CASA 182 WEST FRANKLIN STREET GALLATIN, TN 37066	62-1465336	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
SUMNER COUNTY HISTORICAL SOCIETY PO BOX 1871 GALLATIN, TN 37066	58-1695401	501(C)(3)	9,000				TO FURTHER EXEMPT PURPOSES

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SUMNER TEEN CENTER 976 GRASSLAND PLACE GALLATIN, TN 37066	46-0784352	501(C)(3)	6,000				TO FURTHER EXEMPT PURPOSES
TEACH FOR AMERICA- GREATER NASHVILLE 220 ATHENS WAY SUITE 300 NASHVILLE, TN 37228	13-3541913	501(C)(3)	75,000				TO FURTHER EXEMPT PURPOSES



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TENNESSEE ENVIRONMENTAL COUNCIL ONE VANTAGE WAY SUITE E-250 NASHVILLE, TN 37228	62-0951294	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
TENNESSEE HISTORICAL SOCIETY 305 SIXTH AVE NORTH WAR MEMORIAL BUILDING NASHVILLE, TN 37243	62-1053507	501(C)(3)	6,000				TO FURTHER EXEMPT PURPOSES

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TENNESSEE JUSTICE CENTER 211 7TH AVE N STE 100 NASHVILLE, TN 37219	62-1630417	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
TENNESSEE JUSTICE FOR OUR NEIGHBORS 2195 NOLENSVILLE ROAD NASHVILLE, TN 37211	46-0872616	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TENNESSEE KIDNEY FOUNDATION 37 PEABODY STREET SUITE 206 NASHVILLE, TN 37210	27-0812507	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES
TENNESSEE MEDICAL FOUNDATION 5141 VIRGINIA WAY SUITE 110 BRENTWOOD, TN 37027	62-0541813	501(C)(3)	25,000				TO FURTHER EXEMPT PURPOSES

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TENNESSEE PERFORMING ARTS CENTER PO BOX 190660 NASHVILLE, TN 372190660	58-1320590	501(C)(3)	20,000				TO FURTHER EXEMPT PURPOSES
TENNESSEE SENIOR OLYMPICS PO BOX 681 MT JULIET, TN 37121	58-2049992	501(C)(3)	7,500				TO FURTHER EXEMPT 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 BIG PAYBACK MIDDLE TENNESSEE CO THE COMMUNITY FOUNDATION OF MIDDLE TEN 3833 CLEGHORN AVENUE SUITE 400 NASHVILLE, TN 37215	62-1471789	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
THE BRIDGE MINISTRY PO BOX 463 GOODLETTSVILLE, TN 37070	01-0849577	501(C)(3)	15,000				TO FURTHER EXEMPT 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 CONSERVANCY FOR THE PARTHENON AND CENTENNIAL PARK PO BOX 196340 NASHVILLE, TN 37219	58-1609026	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
THE CONTRIBUTOR PO BOX 332023 NASHVILLE, TN 37203	37-1551739	501(C)(3)	10,000				TO FURTHER EXEMPT 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 EDISON SCHOOL 2100 B NASHVILLE PIKE GALLATIN, TN 37066	45-5453981	501(C)(3)	31,000				TO FURTHER EXEMPT PURPOSES
THE HARPETH HALL SCHOOL 3801 HOBBS RD NASHVILLE, TN 37215	62-0501916	501(C)(3)	25,000				TO FURTHER EXEMPT 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 NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET SUITE 100 NASHVILLE, TN 37204	90-0751722	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
THE NEXT DOOR PO BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)(3)	100,000				TO FURTHER EXEMPT 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
THISTLE FARMS 5122 CHARLOTTE AVENUE NASHVILLE, TN 37209	58-2050089	501(C)(3)	40,000				TO FURTHER EXEMPT PURPOSES
UNITED CEREBRAL PALSY OF MIDDLE TENNESSEE 1200 9TH AVENUE NORTH SUITE 110 NASHVILLE, TN 37208	58-1663741	501(C)(3)	10,000				TO FURTHER EXEMPT 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
UNIVERSITY SCHOOL OF NASHVILLE 2000 EDGEHILL AVENUE NASHVILLE, TN 37212	23-7424429	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
VALOR COLLEGIATE ACADEMIES 4527 NOLENSVILLE PIKE NASHVILLE, TN 37211	46-1413472	501(C)(3)	10,000				TO FURTHER EXEMPT 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
VETERAN'S PATH PO BOX 2276 MT JULIET, TN 371212276	47-4428490	501(C)(3)	10,000				TO FURTHER EXEMPT PURPOSES
WAYNE REED CHRISTIAN CHILDCARE CENTER 11B LINDSLEY AVENUE NASHVILLE, TN 37210	62-1625142	501(C)(3)	25,000				TO FURTHER EXEMPT 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
WELCOME HOME MINISTRIES PO BOX 100183 NASHVILLE, TN 37224	62-1515995	501(C)(3)	45,000				TO FURTHER EXEMPT PURPOSES
YMCA OF MIDDLE TENNESSEE 1000 CHURCH STREET NASHVILLE, TN 37203	62-0476243	501(C)(3)	75,000				TO FURTHER EXEMPT 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
YOUNG LIFE CAPERNAUM 5543 EDMONSON PIKE 58 NASHVILLE, TN 37211	84-0348593	501(C)(3)	15,000				TO FURTHER EXEMPT PURPOSES
YOUTH ENCOURAGEMENT SERVICES 521 MCIVER STREET NASHVILLE, TN 37211	62-0570681	501(C)(3)	35,000				TO FURTHER EXEMPT 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
YOUTH LIFE FOUNDATION OF TENNESSEE 4402 TENNESSEE AVENUE NASHVILLE, TN 37209	62-1848192	501(C)(3)	30,000				TO FURTHER EXEMPT PURPOSES
YOUTH VILLAGES 3310 PERIMETER HILL DRIVE NASHVILLE, TN 37211	58-1716970	501(C)(3)	40,000				TO FURTHER EXEMPT 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
YWCA NASHVILLE AND MIDDLE TENNESSEE 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)(3)	80,000				TO FURTHER EXEMPT PURPOSES

Schedule J (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> ▶ <b>Attach to Form 990.</b> ▶ <b>Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	OMB No 1545-0047
		<b>2017</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization THE MEMORIAL FOUNDATION	Employer identification number 62-1202302

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	



For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
THE MEMORIAL FOUNDATION**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

62-1202302

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO ITS FILING AND THE FILED FORM 990 IS MADE AVAILABLE TO EACH MEMBER FOR REVIEW IF BOARD MEMBERS HAVE QUESTIONS, THEY ARE BROUGHT TO THE ATTENTION OF THE FINANCE AND INVESTMENT COMMITTEE AT THE NEXT SCHEDULED BOARD MEETING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND A CONFLICT OF INTEREST FORM IS SIGNED AT EACH COMMITTEE MEETING IF IT APPLIES TO ANY GRANTS THAT ARE BEING CONSIDERED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE REVIEWS THE CEO'S PERFORMANCE AND THEN THE CEO WILL RECEIVE THE SAME PERCENT OF COMPENSATION INCREASE AS THE ORGANIZATION'S EMPLOYEES. THE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED AFTER A PERFORMANCE REVIEW BY THE CEO.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE #2C	THE ORGANIZATION'S REVIEW PROCESS OR SELECTION PROCESS OF AUDITED FINANCIAL STATEMENTS DID NOT CHANGE FROM PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
THE MEMORIAL FOUNDATION

Employer identification number  
62-1202302

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
(1)NASHVILLE MEMORIAL HOSPITAL 100 BLUEGRASS COMMONS BLVD SUITE 32  HENDERSONVILLE, TN 37075 62-0725924	ADMINISTRATION OF INSURANCE AND RETIREMENT PLANS AFTER SALE OF HOSPITAL	TN	501(C)(3)	170(B)(1)(A)(III)			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	

**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**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> 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) RECEIVED GRANT CONTRIBUTION FROM THE NASHVILLE MEMORIAL HOSPITAL	C	840,536	CASH

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.

[illegible]

**Part VII**   **Supplemental Information**

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