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Internal Revenue Service

EXTENSION GRANTED TO AUGUST 16, 2010

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

<u>A</u>	For th	e 2008 ca	lendar year, or tax year beginning OCT 1, 2008 and	ending S	EP 30, 2	2009		
В	Check if applicab	le Please	C Name of organization		D Employer i	dentification	on number	
	Addre	1	MEMPHIS LEADERSHIP FOUNDATION, INC.					
Ē	Name	type	Doing Business As		5	8-171	5927	
	Initial return			Room/suite	E Telephone	number		
	Temi ation	Instruc-	1548 POPLAR AVENUE	-	9	01-72	9-2931	
Ļ	Amen	· ]	City or town, state or country, and ZIP + 4		G Gross receipts	\$	<u>4,191</u>	,118.
L	Applie tion pendi		MEMPHIS, TN 38104	_	H(a) Is this a g	roup return		
		FNan	ne and address of principal officer:HOWARD EDDINGS		for affiliat			X No
			IE AS C ABOVE us X 501(c) ( 3		H(b) Are all affil			
			us X 501(c) (3 ) ◀ (Insert no.) 4947(a)(1) or 527 W.MLFONLINE.ORG	<del></del>	H(c) Group ex		(see instruc	:tions)
		organizatio		I Year	of formation 19			micila TN
	art 1	Summ			or ioniacion 122	O O I IVI OLA	ite or legal do	IIIICIIE TIV
	1		scribe the organization's mission or most significant activities: THE A	MISSIO	N AND PU	JRPOSE	OF TH	E
Activities & Governance			IS LEADERSHIP FOUNDATION IS TO HOLIS				EEDS O	
Frne	2	Check this	s box   If the organization discontinued its operations or dispos	sed of more	than 25% of its	assets.		
Š	3	Number o	f voting members of the governing body (Part VI, line 1a)			3		19
8	4		f independent voting members of the governing body (Part VI, line 1b)			4		18
ties	5		ber of employees (Part V, line 2a)			5		159
ŧ	6		ber of volunteers (estimate if necessary)	7		6		300
Ac	7a	lotal gros	s unrelated business revenue from Part VIII, line 12 (1977) (1977	<u>}</u> ∥		7a		0.
_	Ь	ivet unreia		3/1	Prior Year	7b		
•	8	Contributi	ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	<i>M</i>	2,477,3	41.	3,553	
ũ	9		service revenue (Part VIII, line 2g)		593,1			,952.
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		28,7			,668.
Œ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c					
	12		nue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,099,2	10.	4,167	,153.
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1·3)					
	14	Benefits p	ald to or for members (Part IX, column (A), line 4)					·
es			other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	2,010,1	31.	2,162	<u>,076.</u>
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)	<del></del>				
Εχρ	1		raising expenses (Part IX, column (D), line 25) 78,71	<u> </u>	OF 1 1	42	1 464	740
	1		enses (Part IX, column (A), lines 11a-11d, 11f-24f)		951,1 2,961,2		1,464	<del></del>
			enses. Add lines 13·17 (must equal Part IX, column (A), line 25) ess expenses Subtract line 18 from line 12	-	137,9		3,626	,329.
es es	13	nevenue	ess expenses Subtract line to nonnine 12		Beginning of Ye		End of Ye	
Assets or Balances	20	Total asse	ets (Part X, line 16)	<b>-</b>	2,112,8		2,678	
ASS d Ba	21		ities (Part X, line 26)		360,0			,664.
Pund F	22		s or fund balances. Subtract line 21 from line 20		1,752,7		2,293	<u> </u>
Pa	art II		ture Block		. 1			
		Under penal and complet	ties of penury, I declare that I have examined this return, including accompanying schedules and te Declaration of preparer (other than officer) is 1935 on all information of which preparer has ar	i statements, a ny knowledge	nd to the best of my	knowledge and	l belief, it is true	, солест,
			1/4 ()6///—		. 01	2/1-		
Sig		Sign	ature of officer		0/	<u> 4   10</u>		
Her	e	,			Date	,		
			WARD EDDINGS, PRESIDENT or print name and title	<del></del>				
		•	) Data	Che	ck if	Preparer's ide	entifying numbe	
Paid		Preparer's signature	RICHARD L WEBB, CPA 6.23.	self-		(see instruction	ons)	
·	arer's	Firm's name			EIN -			
nse	Only	yours if self-emptoye	*d). \ \ 700 COLONIAL ROAD, SUITE 220		-114 -			
		address, and ZIP + 4	MEMPHIS, TN 38117-5156		Phone no	<b>▶</b> (901	1)683-	4234
May	the IF		this return with the preparer shown above? (see instructions)				X Yes	☐ No
3320	01 12-1	8-08 LH/	A For Privacy Act and Paperwork Reduction Act Notice, see the sep	parate inst	ructions.		Form 99	90 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

832002

4e

Form **990** (2008)

rants of \$ 106,353.) (Revenue \$ 3,145,693. (Must equal Part IX, Line 25, column (B))

959,521. including grants of \$

Other program services. (Describe in Schedule O.)

Total program service expenses ►\$

<u> </u>			T.,	·
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ا ا	٠.	
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	_^_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ŀ	v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	ĺ		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			١
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
Ş	Did the organization report an amount in Part X. line 21: 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	9	ļ	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	·		
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			l
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	· '		ا ۔۔
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	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? If "Yes," answer questions 24b-24d and complete Schedule K.			,,
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			,,
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			1,
	contributor, or to a person related to such an individual? If "Ves " complete Schedule I. Part III	27	ł	l X

Form **990** (2008)

Form **990** (2008)

Pa	rt IV Checklist of Required Schedules (continued)			
•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		İ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			İ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		ĺ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		1	1	

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

<u> </u>				
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	1
	(gambling) winnings to prize winners?	1c	X	
2a	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 2a 159	ł	.,	•
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		Ì	,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
ь	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
_	Financial Accounts.	_		v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
_	Tax Shelter Transaction?	5c		х
	Did the organization solicit any contributions that were not tax deductible?	_6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L		
7	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_/0		<u> </u>
C	to file Form 8282?	7с		x
А	If "Yes," Indicate the number of Forms 8282 filed during the year	,,,		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
		Form	990 (	2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  1a Enter the number of voting members of the governing body  be Enter the number of voting members that are independent  2 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?  3 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?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization have members or stockholders?  7a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  9a Does the organization have local chapters, branches, or affiliates?  b if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  10 Was a copy of the Form 990 provided to the organization uses to review the Form 990  10 Was a copy of the Form 990 provided to the organization uses to review the Form 990  10 X  11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization B. Policies	X X X X X X
processes, or changes in Schedule O. See instructions.  1a Enter the number of voting members of the governing body  1b Enter the number of voting members that are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization bace any significant changes to its organization documents since the prior form 990 was filed?  5 Did the organization bace members or stockholders or other persons who may elect one or more members of the governing body?  6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  7 Did the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  8 Deas the organization have local chapters, branches, or affiliates?  b if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  9 Did the process for trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is chedule O the process, if any, the organization uses to review the Form 990  10 X  11 Section B. Policies  12a Dees the organization have a written whistleblower policy?  12b Dees the organization have a writ	X X X X
1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee? 3 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? 4 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? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 6 The governing body? 7 Description of the governing body? 7 Description have local chapters, branches, or affiliates? 7 Diff "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Description in Schedule O the process, if any, the organization uses to review the Form 990 10 X Is there any officer, director or trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O 11 Section B. Policies 12a Does the organization have a written whistleblower policy? 15 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: 15a X 15b X Describe the process	X X X X
b Enter the number of voting members that are independent  2 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a 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?  3 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?  4 Did the organization become aware during the year of a material diversion of the organization's assets?  5 Did the organization have members or stockholders?  7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  8 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization become aware during the year by the following:  9 The governing body?  8 The governing body?  8 Desent the organization have local chapters, branches, or affiliates?  8 If "Yes," does the organization have local chapters, branches, or affiliates?  9 If "Yes," does the organization have local chapters, branches, or affiliates?  10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990  10 X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O  11 Section B, Policies  12a X  15b Are officers, directors or trustees, and key employee required to disclose annually interests that could give	X X X X
2 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?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  6 Does the organization have members or stockholders?  7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with intose of the organization?  8 Did Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization bayes to review the Form 990  10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization was to review the Form 990  10 X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O in the section of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  1 Does the organiza	X X X X
officer, director, trustee, or key employee?  3 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?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  8 Did the organization have members, stockholders, or other persons?  7 Did the organization have members, stockholders, or other persons?  8 Did the organization have body document the meetings held or written actions undertaken during the year by the following:  9 Did the organization onterriporaneously document the meetings held or written actions undertaken during the year by the following:  1 The governing body?  8 Did the organization have local chapters, branches, or affiliates?  1 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  9 Did the organization have written policies and procedures governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 to schedule of the process of the organization uses to review the Form 990 to schedule of the process? If "Yes," provide the names and addresses in Schedule O.  10 X  11 Is there any officer, director or trustees, and key employees required to disclose annually interests that could give rise to conflict?  12a X  2 Does the organization have a written document retention and destruction	X X X X
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to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 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:  a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
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Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
taxable entity during the year?	v
	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	·····
In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	
exempt status with respect to such arrangements? 16b	
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed ▶TN	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for	<u> </u>
public inspection. Indicate how you make these available. Check all that apply.	
Own website Another's website X Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial	
statements available to the public	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
HOWARD EDDINGS - 901.729.2931	
1548 POPLAR AVENUE, MEMPHIS, TN 38104	

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and 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 the organization did not co	ompensate an	y of	ficer	, dire	ecto	r, tru	uste	e, or key employee.		
(A)	(C)						(D)	(E)	(F)	
Name and Title Average				Posi				Reportable	Reportable	Estimated
	hours	(C	heck	all	that	арр	ly)	compensation	compensation	amount of
	per week	턇		ļ				from the	from related organizations	other compensation
	Week	l g				pate		organization	(W-2/1099-MISC)	from the
		Stee	asa			bens		(W-2/1099-MISC)	(	organization
		ua! tr	Jonal		as of	2 E				and related
		Indiwdual trustee or director	Institutional trustee	Officer	Keyen	Highest compensated employee	Former			organizations
HOWARD EDDINGS									_	
EXECUTIVE DIRECTOR	40.00			X		X		114,039.	0.	0.
HON. CHRIS CRAFT								_	_	
DIRECTOR	2.00		<u>.</u>	X				0.	0.	0.
FRED DAVIS							l	_	_	
AT LARGE	2.00		<u> </u>	X			<u> </u>	0.	0.	0.
JOE DAVIS						1			_	
DIRECTOR	2.00			X			_	0.	0.	0.
SARAH DORMOIS									_	
DIRECTOR	2.00			X		<u> </u>	L	0.	0.	0.
JOHN FISHER						ł				
DIRECTOR	2.00			X				0.	0.	0.
CAROLE FRATESI									_	
DIRECTOR	2.00		_	X			ļ	0.	0.	0.
JOAN HENRY									0	•
DIRECTOR	2.00		_	X			ļ	0.	0.	0.
BEN LANDESS									•	
DIRECTOR	2.00	<u> </u>		X			ļ	0.	0.	0.
REV. BRYAN LORITTS				l					0	
DIRECTOR	2.00	1		Х				0.	0.	0.
GREG MATHIS						ļ				•
DIRECTOR	2.00			X		<u> </u>	_	_0.	0.	0.
PHIL MISHKE									_	
DIRECTOR	2.00	ļ		Х		<u> </u>	<u> </u>	0.	0.	0.
DEMETRI PATIKAS									•	
SECRETARY	5.00		<u> </u>	X			<u> </u>	0.	0.	0.
GERMAINE PETERSON			İ			l				•
CHAIR & DEVELOPMENT CHAI	2.00			Х	_	<u> </u>	_	0.	0.	0.
DALE ROBINSON	2 22					1			^	^
DIRECTOR	2.00	<u> </u>	<u> </u>	Х	_	<u> </u>	_	0.	0.	0.
BATHSHEBA SAMS	2 2 2 2			١				_	^	^
DIRECTOR	2.00		-	X		├—		0.	0.	0.
GORDON THOMPSON	E 00			,,		1		_	0.	0.
FINANCE CHAIR	5.00	<u> </u>	<u></u>	X	<u></u>	1	<u> </u>	0.		Form <b>990</b> (2008)

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Part VII Section A. Officers, Directors, Tru		_			ndi	High	est	Compensated Employ	rees (continued)				ago c
' (A)	(B)		<i>-</i>		C)	g.		(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Es	timate	ed
	hours	(c	hecl	c all	that	app	ly)	compensation	compensatio			nount	of
	per	ફ						from the	from related	- 1		other	tion
	week	Individual trustæe or director				<u>B</u>		organization	organization: (W-2/1099-MIS			pensa om the	
		St St	truste		, R	bens	İ	(W-2/1099-MISC)	,			anızatı	
		Fal	tona		e e	15 ag	[					d relate	
		Indiv	Institutional trustee	Officer	Keyer	Highest compensated emolovee	Forme				orga	anızatı	ons
EARL WILLIAMS		├	-		<del> </del>			<u> </u>	. =				
DIRECTOR	5.00			x		ŀ		0.		0.			0.
JOE WRIGHT													
DIRECTOR	2.00	ŀ		X		Ì		0.		0.			0.
						<u> </u>							
				_	<u> </u>								
			$\vdash$	-	_								
		<u> </u>											
										İ			
							<del>                                     </del>						
		ļ			-		-						
								114,039.		0.			0.
<ul><li>1b Total</li><li>2 Total number of individuals (including those</li></ul>	e in 1a) who re	ceiv	ed n	nore	tha		00,	<del></del>		<u> </u>			<u> </u>
compensation from the organization						•				<b></b>			1
										F		Yes	No
3 Did the organization list any former officer,			, ke	y en	olqn	yee,	or I	highest compensated er	nployee on				Х
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>			nmn	ane:	ation	200	d ot	her compensation from	the organization		3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$15i									the organization		4	İ	Х
5 Did any person listed on line 1a receive or a									ices rendered to				
the organization? If "Yes," complete Sched											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. NONE	mpensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ation f	rom	
(A)					•			(B)			(C	;)	
Name and business	address							Description of s	ervices	C	ompei		
								<del></del>		<del>-</del>	<del></del> .		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are	not required to comple		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,507.	109,507.		<del></del>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		<u> </u>		
7	Other salaries and wages	1,552,627.	1,328,028.	159,746.	64,853.
8	Pension plan contributions (include section 401(k)			T	
	and section 403(b) employer contributions)	80,614.	62,491.	18,123.	
9	Other employee benefits	291,849.	244,020.	47,829.	
10	Payroll taxes	127,479.	109,699.	17,780.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	15,202.	12,261.	2,941.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	25,327.	11,021.	8,501.	5,805. 8,054.
13	Office expenses	102,012.	55,012.	38,946.	8,054.
14	Information technology	40,631.	24,499.	16,132.	
15	Royalties	1.45 0.41	00.401		
16	Occupancy	145,241.	92,481.	52,760.	
17	Travel	71,185.	59,015.	12,170.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12 (50	12 (50		
20	Interest	13,658.	13,658.		
21	Payments to affiliates	76 520	E2 560	22.060	
22	Depreciation, depletion, and amortization	76,528. 22,035.	52,568. 22,035.	23,960.	
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	22,035.	22,035.		
а	DIRECT PROGRAM EXPENSES	926,883.	923,352.	3,531.	
ь	SUMMER CAMPING FEES	14,815.	14,815.	·	······································
С	TRAINING	11,231.	11,231.		
d		-			
e			***		
f	All other expenses				<u>.</u>
25	Total functional expenses. Add lines 1 through 24f	3,626,824.	3,145,693.	402,419.	78,712.
26	Joint Costs. Check here ▶ ☐ if following			-	•
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
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Pai	TT ス	Balance Sneet							
•					(A) Beginning of year		( <b>B</b> ) End of		
	1	Cash - non-interest-bearing		· · · · · · · · · · · · · · · · · · ·	92,726.	1	308	8.2	258.
	2	Savings and temporary cash investments			738,708.	2	1,30		
	3	Pledges and grants receivable, net		<del>-</del>	293,685.	3			333.
	4	Accounts receivable, net			74,268.	4			33.
	5	Receivables from current and former officers, d	rectors	, trustees, key				_	
		employees, or other related parties. Complete F		1		5			
	6	Receivables from other disqualified persons (as		· · · · · · · · · · · · · · · · · · ·					
		4958(f)(1)) and persons described in section 49	58(c)(3)	(B). Complete					
		Part II of Schedule L				6			
ts	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
Ä	9	Prepaid expenses and deferred charges			10,955.	9	10	5,4	44.
	10a	Land, buildings, and equipment: cost basis	10a	1,601,588.					
	ь	Less: accumulated depreciation. Complete							
		Part VI of Schedule D	10ь	771,606.	902,477.	10c	829	9,9	82.
	11	Investments · publicly traded securities		<u>!</u>		11			
	12	Investments · other securities. See Part IV, line				12			
	13	investments · program-related. See Part IV, line	11			13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11	,	_	0 110 010	15	2 674	` -	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	2,112,819.	16	2,678	3,7	75.
	17	Accounts payable and accrued expenses		-	141,117.	17	200	o,3	0/.
	18	Grants payable		_	<del>.</del>	18			
	19	Deferred revenue		<u>.                                    </u>		19			
ies	20	Tax-exempt bond liabilities		_		20	l .		
	21	Escrow account liability. Complete Part IV of Sc		F"		21			
Liabilities	22	Payables to current and former officers, directo		t i					
Lia		highest compensated employees, and disqualif	led pers	sons. Complete Part II					
_		of Schedule L		· .	184,555.	22	171	. 1	80.
	23	Secured mortgages and notes payable to unrel	ated thi	rd parties	104,333.	23 24	1/.	<i>,</i> , <u> </u>	00.
	24	Unsecured notes and loans payable Other liabilities. Complete Part X of Schedule D			34,365.	25		1 1	77.
	25 26	Total liabilities. Add lines 17 through 25		-	360,037.	26	38'	5 - 6	64.
	20	Organizations that follow SFAS 117, check h	oro D	X and complete	300,037.	20	30.	7,0	<del>• • • • • • • • • • • • • • • • • • • </del>
Ś		lines 27 through 29, and lines 33 and 34.	cic >	and complete					
č	27	Unrestricted net assets			1,525,163.	27	1,430	5, 0	58.
<u>a</u>	28	Temporarily restricted net assets			227,619.	28	862	2,5	53.
Ö	29	Permanently restricted net assets			•	29			
ڃ		Organizations that do not follow SFAS 117, o	heck h	ere ▶ ☐ and					
P		complete lines 30 through 34.							
sts	30	Capital stock or trust principal, or current funds				30			
1886	31	Paid-in or capital surplus, or land, building, or en	quipmei	nt fund		31			
Net Assets or Fund Balance	32	Retained earnings, endowment, accumulated in	come,	or other funds		32			
ž	33	Total net assets or fund balances			1,752,782.	33	2,293	3,1	11.
	34	Total liabilities and net assets/fund balances			2,112,819.	34	2,678	3,7	75 <b>.</b>
Pai	rt XI	Financial Statements and Reporting	1						
								Yes	No
1	Acco	ounting method used to prepare the Form 990:	Ca	ash X Accrual	Other				
2a		e the organization's financial statements compiled			ccountant?		2a	X	X
b	, , ,								<u> </u>
¢	c If "Yes" to lines 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?								
3a 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?									X
	7616	and Omb Oncolar A 100'					3a		

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b If "Yes," did the organization undergo the required audit or audits?

### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
To be completed by all section 501(c)(3) organizations and section 4947(a)(

Department of the Treasury Internal Revenue Service To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008 Open to Public Inspection

Name of	the organizati	on						1	Employer id	lentificati	on nu	mber
	_	MEMPHIS	LEADERSHIP	FOUND	ATION	, INC	•		58	-1715	927	
Part I	Reason		ity Status (All organiz					tructions	)			
The organ	ization is not a	private foundation I	because it is: (Please ch	eck only o	ne organiz	ation.)		_				
1			s, or association of chur				(b)(1)(A)(i)					
2 🗔			0(b)(1)(A)(ii). (Attach Sc									
3 🗔			tal service organization			170(b)(1)	( <b>A)(iii).</b> (Att	ach Sch	edule H.)			
4			operated in conjunction							e hospital	's nam	ie,
·	city, and stat		,		•							
5 🔲			benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental u	nit described	d in		
• _	•	(b)(1)(A)(iv). (Comple		•	•	•	•					
6			ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 🗓			eives a substantial part					r from th	e general pu	ublic desc	nbed ı	ก
محودا ه	-	<b>b)(1)(A)(vi).</b> (Comple										
8 🗌			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀			eives: (1) more than 33			rom contri	butions, m	nembersl	nip fees, and	d gross re	ceipts	from
•			nctions - subject to certa									
			axable income (less sect									
		<b>509(a)(2).</b> (Complete			,		•	•	•			
10			perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	l). (see ir	structions)			
11			perated exclusively for the							urposes	of one	or
			ations described in secti									
			organization and compl									
	а П Туре	- · · · · · · · · · · · · · · · · · · ·	<b>-</b> -		e III - Func		tegrated		d 🗔	Type III - 0	Other	
e 🗀			at the organization is not	controlled	directly of	r indirectly	by one or	more di	squalified po	ersons otl	ner tha	ın
			han one or more publicly									
f			ten determination from									
		rganization, check th										
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pe	ersons?			
_	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	n (II) and	(III) below,		Yes	No
			upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	)						11g(ii)		ļ
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the organizations	the organ	ızatıon sup	oports.						
								,				
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi)	Is the	(vii) Ar	nount o	f
	anization	(,	organization (described on lines 1-9	in col (i) lis	sted in your	organizat	ion in col	l (i) organ	tion in col	sup	port	
-			above or IRC section		document?			U	\$ 7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
							}					
	···				<u></u>							
				<u> </u>						-		
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				1								
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				ļ	ļ	ļ	ļ					
Total				<u> </u>	<u> </u>		1		1 1	000 5		0000
I LIA East	Drivoov Act at	od Dananuark Radu	ction Act Notice see t	na Instruc	tions for	-orm 990		Sched	ule A (Form	MMU OF 99	4U-1-/1	といいと

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2007. 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 stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section A. Public Support								
Calendar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1 Gifts, grants, contributions, and	•	, ,						
membership fees received. (Do not								
include any "unusual grants.")				ļ				
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that are not an unrelated trade or business under section 513								
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					_			
5 The value of services or facilities								
furnished by a governmental unit to the organization without charge								
6 Total. Add lines 1 · 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6)								
Section B. Total Support					•			
Calendar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9 Amounts from line 6	, ,	, , , =	, ,	.,		17		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties							
<b>b</b> Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b						•		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13 Total support (Add lines 9, 10c, 11, and 12)								
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organiz	ation,		
check this box and stop here								
Section C. Computation of Public	Support Pe	rcentage						
15 Public support percentage for 2008 (lin	e 8, column (f) c	livided by line 13, o	olumn (f))	•	15			
16 Public support percentage from 2007					16			
Section D. Computation of Invest								
17 Investment income percentage for 200			ne 13, column (f))		17			
18 Investment income percentage from 20					18			
19a 33 1/3% support tests - 2008. If the o			on line 14, and line	15 is more than	Land Land			
more than 33 1/3%, check this box and	-					<b>▶</b>		
b 33 1/3% support tests - 2007. If the o	•	•				ınd		
line 18 is not more than 33 1/3%, chec	-							
20 Private foundation. If the organization		· ·	·		-			
	are not crieck a	507 OII III 6 14, 19	a, or rou, crieck ti	HO DON AND SEE II	<u> </u>			

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

MEMPHIS LEADERSHIP FOUNDATION, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 58-1715927 \end{array}$ 

Pa	rt I Organiz	ations Maintaining Donor Advise	d Funds or Other Similar Fund	ls or Acco	unts. Complete if the
	organizati	on answered "Yes" to Form 990, Part IV, line			
	_		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at e	end of year			
2	Aggregate contri	butions to (during year)			
3	Aggregate grants	s from (during year)			
4	Aggregate value	at end of year			
5	Did the organizat	ion inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds	
	are the organizat	ion's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizat	ion inform all grantees, donors, and donor a	dvisors in writing that grant funds may b	e used only	
	for charitable pur	poses and not for the benefit of the donor of	or donor advisor or other impermissible p	rivate benefit	? Yes No
Pa		vation Easements. Complete if the org			
1	Purpose(s) of cor	nservation easements held by the organizati	on (check all that apply).		
	Preservation	on of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically imp	ortant land area
	Protection	of natural habitat	Preservation of certi	fied historic s	tructure
	Preservation	on of open space			
2	Complete lines 2	a-2d if the organization held a qualified cons	servation contribution in the form of a co	nservation ea	sement on the last day
	of the tax year.				
				<b></b>	Held at the End of the Year
а	Total number of	conservation easements		2a	
þ	Total acreage res	stricted by conservation easements		2b	
c	Number of conse	ervation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conse	ervation easements included in (c) acquired	after 8/17/06	2d	
3	Number of conse	ervation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organizatio	n during the taxable
	year ▶				
4	Number of states	s where property subject to conservation ea	sement is located >		
5	Does the organiz	ation have a written policy regarding the per	riodic monitoring, inspection, violations,	and	F
		he conservation easements it holds?		_	Yes No
6		r hours devoted to monitoring, inspecting, a			
7		ises incurred in monitoring, inspecting, and			
8	Does each conse	ervation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)	
	and section 170(				Yes No
9		ribe how the organization reports conservati			
	include, if applica	able, the text of the footnote to the organiza	tion's financial statements that describes	s the organiza	ition's accounting for
_	conservation eas			<u> </u>	
Pa		tations Maintaining Collections o		Other Simi	lar Assets.
	Complete	if the organization answered "Yes" to Form	990, Part IV, line 8		
1a		n elected, as permitted under SFAS 116, no			
		er similar assets held for public exhibition, e		ublic service,	provide, in Part XIV, the text of
		s financial statements that describes these			
ь		n elected, as permitted under SFAS 116, to			
		ssets held for public exhibition, education, o	or research in furtherance of public service	ce, provide the	e following amounts relating to
	these items:			_	•
	••	cluded in Form 990, Part VIII, line 1		•	\$ \$
	• •	ded in Form 990, Part X		, <b>-</b>	
2	•	n received or held works of art, historical tre		iał gain, provid	De
	•	ounts required to be reported under SFAS 1	16 relating to these items:		•
а		ed in Form 990, Part VIII, line 1			<b>*</b>
b	Assets included i	ın Form 990, Part X		•	\$
	F D 4	and Danassants Daduction Act Nation and	Abo Instructions for Form 000		Sahadula D /Form 000\ 0000

Schedule D (Form 990) 2008

AGENCY FUNDS HELD FOR OTHER MINISTRIES  $4, \overline{177}$ . ightharpoonsTotal. (Column (b) should equal Form 990, Part X, col (B) line 25)

In Part XIV, 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

832053 12-23-08

### SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

MEMPHIS LEADERSHIP FOUNDATION, INC.

Employer identification number 58-1715927

MEMPHIS LEADERSHIP FOUNDATION, INC. 30-1713927
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
URBAN MEN, WOMEN, BOYS AND GIRLS WHO LIVE IN UNDER-RESOURCED
COMMUNITIES. OUR MISSION IS FOUR-FOLD:
* PROVIDING NECESSARY RESOURCES FOR URBAN CHURCHES AND CHRISTIAN
ORGANIZATIONS TO STRENGTHEN THEIR EXISTING MINISTRIES WITH URBAN
PEOPLE.
* PARTNERING AND NETWORKING WITH URBAN CHURCHES AND CHRISTIAN
ORGANIZATIONS IN ORDER TO CREATE NEW MINISTRIES WHEN AND WHERE
NECESSARY.
* SERVING AS A "CONDUIT" FOR URBAN & SUBURBAN CHURCHES AS THEY
SEEK AVENUES FOR VALID URBAN MISSIONS AND PARTNERSHIPS IN MEMPHIS.
* EMPOWERING INDIGENOUS LEADERSHIP TO MINISTER EFFECTIVELY
THROUGH CREATIVE PROGRAMMING
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE TRANSPORTATION MINISTRY PROVIDES TRANSPORTATION SERVICES TO MLF AND
SIMILIAR MINISTRIES IN BUSES AND LARGE VANS TRANSPORTING YOUTH SERVED
BY MLF MINISTRIES TO AFTER-SCHOOL AND WEEKEND ACTIVITIES THROUGHOUT THE
CITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER GENERAL MINISTRIES PROVIDING DISCIPLESHIP OF CHRISTIAN PRINCIPALS
TO VARIOUS GROUPS OF AT RISK URBAN YOUTH AND ADULTS INCLUDING
COUNSELING, READING AND OTHER LIFE SKILLS CLASSES. APPROXIMATELY
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

### SCHEDULE O

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

MEMPHIS LEADERSHIP FOUNDATION, INC.

Employer identification number 58-1715927

1,500.

EXPENSES \$ 959521. INCLUDING GRANTS OF \$ 106353. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE RETURN PREPARER PROVIDED A COPY

OF THE FINAL VERSION OF FORM 990 TO THE EXECUTIVE DIRECTOR AND THE CHAIRMAN

OF THE BOARD BEFORE IT WAS FILED. ADDITIONALLY, THE EXECUTIVE DIRECTOR AND

CHAIRMAN REVIEWED AND APPROVED THE RETURN BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST

STATEMENTS TO IDENTIFY POTENTIAL CONFLICTS WITH VENDORS, EMPLOYEES,

CLIENTS, AND OTHER POTENTIAL CONFLICTS ARE COMPLETED BY ALL BOARD MEMBERS

AND WHEN CONFLICTS ARISE, A RESOLUTION IS DETERMINED AT A QUARTERLY BOARD

MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS A PERSONNEL COMMITTEE THAT DETERMINES THE EXECUTIVE DIRECTOR, OFFICERS AND OTHER KEY EMPLOYEES' COMPENSATION. THE COMMITTEE COMPARES COMPENSATION PACKAGES FOR SIMILAR ORGANIZATIONS TO INSURE REASONABLE AND APPROPRIATE COMPENSATION PACKAGES FOR THE KEY EMPLOYEES. THE PERSONNEL COMMITTEE APPROVES ALL OTHER COMPENSATIONS AFTER RECOMMENDATIONS BY THE ORGANIZATIONS MANAGEMENT.

FORM 990, PART VI, SECTION C, LINE 19: MLF PROVIDES PUBLIC INSPECTION OF

ITS FINANCIAL STATEMENTS OR OTHER GOVERNING DOCUMENTS UPON REQUEST. ALL

DOCUMENTS ARE MAINTAINED IN A SEPARATE FOLDER AND ARE READILY AVAILABLE.

FORM 990, PART XI, SECTION C, LINE 2C:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

**Employer identification number** Name of the organization 58-1715927 MEMPHIS LEADERSHIP FOUNDATION, THE PROCESSES FOR THE GOVERNING BOARD OVERSEEING THE ANNUAL AUDIT AND SELECTING AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM PREVIOUS YEARS. FORM 990, PART VIII, LINE 2B: ADMINISTRATIVE SUPPORT FROM AFFILIATES THE ORGANIZATION RECEIVES SUPPORT FROM OTHER NOT-FOR-PROFITS THAT ARE AFFILIATED WITH THE MINISTRY THROUGH COMMON GOALS; HOWEVER, NOT, BY DEFINITION, RELATED ORGANIZATIONS. ACCORDINGLY THE REVENUE FROM THOSE ORGANIZATIONS IS REFLCTED AS ADMINSITRATIVE SUPPORT FROM AFFILIATES ON FORM 990, PART VIII, LINE 2B.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection

OMB No 1545-0047

Employer identification number 58-1715927 ▶ See separate instructions.

MEMPHIS LEADERSHIP FOUNDATION, INC.

Identification of Disregarded Entities

Parti

(A) Name, address, and EIN 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	tions				
(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 (f section 501(c)(3))	(F) Direct controlling entity
FOR THE KINGDOM, INC 62-1796910 1548 POPLAR AVENUE MEMPHIS, TN 38104	PROVIDE SAFE, FUN, AND CHALLENGING CAMPING ENVIRONMENT FOR INNER CITY	TENNESSEE	501(C)(3)	LINE 11(B)-TYPE II	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions for Form 990.				Schedule R (Form 990) 2008

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

(C) neral or maging	2										_
Gene	e Sign				 	 				 	$\dashv$
(H) (I) (J)  Disproportion-  are allocations?  Amount in box managing amount in box managing	K-1 (Form 106)			:							
(H) proportion-	es No	•			 						
	- 1										
(G) Share of end-of-year	assets										
(F) Share of total income											
(E) Predominant income (related, investment,	unrelated)								-		
(D) Direct controlling entity	-						-				
(C) Legal domicile (state or	roreign country)										
(B) Primary activity											
(A) Name, address, and EIN of related organization											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	Legal domicile (state or foreign country)	(C) (D) Legal domicile (State or foreign foreign country)	(E) Type of entity C corp. S corp or trust)	Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) 2008

832162 12-23-08

# Schedule R (Form 990) 2008 MEMPHIS LEADERSHIP FOUNDATION, INC.

### Part V Transactions With Related Organizations

			⊢	Ŀ
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	2
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?			-	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift grant or capital contribution to other organization(s)		<b>1</b>		×
		7	_	×
c only, grant, or capital contribution in other organization(s)			,	
d Loans or loan guarantees to or for other organization(s)		19	4	
e Loans or loan guarantees by other organization(s)		1e		
f Sale of assets to other organization(s)		#		×
		,		×
g Purchase of assets from other organization(s)		61	+	( :
h Exchange of assets		=		×
i Lease of facilities, equipment, or other assets to other organization(s)		11		×
i Lease of facilities, equipment, or other assets from other organization(s)		÷		×
k Deformance of sequence or membership or fundrations coloritations for other organization(s)		¥		×
		=		×
		E		×
m onaring of racinities, equipment, mailing lists, or other assets			>	;
n Sharing of paid employees		=	4	
			1	;
Reimbursement paid to other organization for expenses		9		≺
p Reimbursement paid by other organization for expenses		10	×	-
a Other transfer of cash or property to other organization(s)		1		×
		=		×
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.	ansaction thresholds.			
(A)	(B)	(C)	- 1	_
Name of other organization(s)	type (a-r)	Amount myonyed	Davio I	_
(1) FOR THE KINGDOM, INC.	Д	6	90,809	6
M FOR THE KINGDOM, INC.	z		9,000	0
			-1	
(3) FOR THE KINGDOM, INC.	Ω	91	1,748	8
(4)				
(9)				
R82163 12-23-08	Sched	Schedule R (Form 990) 2006	2 (066 1	00

## Part VI Unrelated Organizations Taxable as a Partnership

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.

(A)	(8)	9	Q	9	Œ	g	£
Mill box condpose concly	The state of the s		aoutrea lle av	المرابع ومرابع		[G] - 7 - 7 - 7	
name, address, and Env of entity	Filliary activity	ign ign	section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No	(Form 1065)	
					A		
							<del></del>
					_		-
· · · · · · · · · · · · · · · · · · ·							
The state of the s							
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Schedule R (Form 990) 2008