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Fórm **990-PF**

Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Inten	nal Revenue S	Service NOte: The found	datio	n may be able to use a copy of th	us return to satisfy sta	te reporting	requirements	
For	calendar	year 2009, or tax year beginnin	ıg		, 200	9, and en	ding	, 20
G	Check all th	nat apply: Initial return	- -	Initial return	of a former pub	lic charity	Final	eturn
		Amended n					ne change	
He	the IDS	Name of foundation	-			11		tification number
							62-60427	
Otherwise								
-	print	Number and street (or PO box nu	mbei	r if mail is not delivered to street a	address) RC	om/suite	· ·	iber (see instructions)
•	r type.	1109 GRAYBAR LN					(615)297-	
	Specific	City or town, state, and ZIP cod					C If exempt, applicatio	n is pending, check here
Inst	ructions.	Nashville TN 372						nizations, check here
H	Check type	of organization: X Section 5	501(c)(3) exempt private four	ndation		test, check here	tions meeting the 85% and attach computation
\prod :	Section 49	47(a)(1) nonexempt chantable tru	ıst	Other taxable priva	ite foundation		E If private found	
I Fa	air market	value of all assets at end of	J	Accounting method: X	Cash Ad	crual	terminated und 507(b)(1)(A), cl	
VE	ar (from P	art II, col. (c), line 16)		Other (specify)			F If the foundation	
▶ s	•	454,950	i	art I, column (d) must be	on cash basis)		termination und 507(b)(1)(B), ch	
Pa		lysis of Revenue and Expenses	_	[· · · · · · · · · · · · · · · · · · ·	1	1	1 001 (0)(1)(0); 0.	T
	(The	total of amounts in columns (b),		(a) Revenue and	(b) Net inves	stment	(c) Adjusted net	(d) Disbursements for charitable
		(d) may not necessarily equal th		expenses per	income	.	income	purposes
_		Ints in column (a) (see instructions)) ibutions, gifts, grants, etc., received		books	<u> </u>		·-	(cash basis only)
	ettac	ch schedule)	hen					
	2 Chec	to attach Sch B	5 0					
		est on savings and temp cash investments		111		1		
	4 Divid	dends and interest from secunties	S	14,188	14	,188	· · · · · · · · · · · · · · · · · · ·	
	b Netro							
R		ne or (loss) airt/(loss) from sale of assets not on line 10	_	-147		<u>_</u>		
Ε		s sales price for		-14/				
V	all as	sets on line 6a	_					
E		al gain net income (from Part IV, line 2)	•			0		
N	8 Net	short-term capital gain					(0
E		me modifications)
_	10 a Gross	& allowances	0					
	b Less goods	Cost of sold .				. [
		ss profit or (loss) (attach schedule	e)					
	11 Oth	er income (attach schedule)						
	12 Tota	al. Add lines 1 through 11	_	14,042	14	,189		0
OP		pensation of officers,		4,664		,332		2,332
	0.100	ors trustees, etc er employee salaries and wages		1,001	-	,		
E R	l	sion plans, employee benefits.	•			+		
Ä	[, , , ,						
Ţ		al fees (attach schedule) .	1			<u> </u>		
N	D Acc	ounting fees (attach schedule) # er professional rees (attach schedule)	Τ	650		650		
Ğ)					
&	17 <u>Int</u> e	1 (7)	_					
A	18 (Jax	es katadi schedio) see ileructosi #		267		20		
D	19 TO ep	reciation (attach sch) and depletto	n		<u> </u>			
M		upancy						
N	21 Trav	Donto Findes, and Theetings .						
E		ting and publications			1			
X		er expenses (attach schedule). #.	3	35	1			
Р	į.				 			
E N	i	al operating and administrative	•	5 616	,	ا دمو		2,332
S	i -	enses. Add lines 13 through 23		5,616	 3	,002		
SES		tributions, gifts, grants paid		23,550	ļ <u>.</u>			23,550
<u>s</u>		exp & disbursements Add lines 24 and 25		29,166	3	,002		25,882
		tract line 26 from line 12.						
		disbursements		-15,124			,	
		investment income (if neg , enter -0)-)		11	,187		
	c Adj	usted net income (if neg , enter -0-)						0

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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Part II		Balance Sheets Attached schedules and amounts in the description column should be for	Beginning of year	End	d of year	
		end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash non-interest-bearing				
	2	Savings and temporary cash investments	198,128	183,559	183,559	
	3	Accounts receivable▶				
		Less: allowance for doubtful accts. ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accts ▶				
	5	Grants receivable			***************************************	
	6	Receivables due from officers, directors, trustees, and other			<u> </u>	
	"	disqualified persons (attach schedule) (see the instructions)				
A	7	Other notes and loans receivable (attach schedule)				
ŝ	ŀ	Less allowance for	·			
S	8	Inventories for sale or use		1		
E	9	Prepaid expenses and deferred charges			 	
Ś	ı -	Investments U.S and state govt. obligations (attach sch) # 4	2,228	1,820	2,100	
		Investments corporate stock (attach schedule) #5.	141,222	141,075		
		Investments corporate bonds (attach schedule) # 6	20,000	20,000		
	11	Investments - land, buildings.	20,000	20,000	16,000	
		and equipment basis Less accumulated depreciation				
		(attach schedule)				
	12	Investments mortgage loans				
	13	Investments other (attach schedule)				
	14	Land, buildings, and equipment basis Less accumulated depreciation				
		(attach schedule)				
	15	Other assets (describe			<u></u>	
	16	Total assets (to be completed by all filers see the				
		instructions Also, see page 1, item I).	361,578	346,454	454,950	
ŀ	17	Accounts payable and accrued expenses			_	
À	18	Grants payable			_	
В	19	Deferred revenue				
Ļ	20	Loans from officers, directors, trustees, and other disqualified persons .				
Ť	21	Mortgages and other notes payable (attach schedule)				
Ė	22	Other liabilities (describe				
S S	23	Total liabilities (add lines 17 through 22)	0	0		
		Foundations that follow SFAS 117, check here ▶				
N F.		and complete lines 24 through 26 and lines 30 and 31.				
ΕÜ	24	Unrestricted			_}	
TN	25	Temporanly restricted				
AD	26	Permanently restricted			1	
SB		Foundations that do not follow SFAS 117, ck. here ▶ 🂢				
ĔL	l	and complete lines 27 through 31.				
SSETS	27	Capital stock, trust principal, or current funds	361,578	346,454		
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
OE RS	29	Retained earnings, accumulated income, endowment, or other funds				
3	30	Total net assets or fund balances (see the instructions)	361,578	346,454	7	
	31	Total liabilities and net assets/fund balances(see the inst.)	361,578	346,454		
Pa	rt III	and the second s		<u> </u>		
1		Il net assets or fund balances at beginning of year Part II, columi		with		
		of-year figure reported on prior year's return)			361,578	
2		er amount from Part I, line 27a			-15,124	
3			· · · · · · · · · · · · · · · · · · ·	3	13,124	
4		lines 1, 2, and 3		4	346,454	
5		reases not included in line 2 (itemize)▶		5	310,134	
-		al net assets or fund balances at end of year (line 4 minus line 5) –	Part II column (h) line :		346.454	

25,882

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the	instructi	ons)				
1 a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1						
	Date of ruling or determination letter: (attach copy of ruling letter if necessary – see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			112			
	here ▶ X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%						
_	of Part I, line 12, col (b)			•			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0			
3	Add lines 1 and 2			112			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			112			
6	Credits/Payments						
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
D	Exempt foreign organizations – tax withheld at source						
С.	Tax paid with application for extension of time to file (Form 8868) 6c						
_ d	Backup withholding erroneously withheld			^			
7	Total credits and payments Add lines 6a through 6d			0			
8	Enter any penalty for underpayment of estimated tax. Check here			110			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			112			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter amount of line 10 to be. Credited to 2010 estimated tax Refunded 11						
	t VII-A Statements Regarding Activities	-	Tv	T N =			
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	4-	Yes	No X			
_	Intervene in any political campaign?	1a	 	 ^-			
U		1b	İ	l x			
	If the answer is "Yes" to1a or 1b, attach a detailed description of the activities and copies of any materials published	15	╁╾	├^			
	or distributed by the foundation in connection with the activities.						
_	Did the foundation file Form 1120-POL for this year?	. 1c		l x			
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
-		o					
A	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	<u>^</u>					
Ŭ	on foundation managers • \$ 0						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		l x			
-	If "Yes," attach a detailed description of the activities	 -	1	 			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		X			
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a	1	X			
ь	If "Yes," has it filed a tax return onForm 990-T for this year?	. 4b	N/A				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X			
	If "Yes," attach the statement required by General Instruction T		1				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1				
	By language in the governing instrument, or	ł					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		1	1			
	conflict with the state law remain in the governing instrument?	6	1	X			
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part X	V 7	X				
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)						
	► <u>TN</u>	_	1				
b	If the answer is 'Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	_	-				
	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u>L</u>			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete	ete					
	Part XIV	9	<u> </u>	X			
10	Did any persons become substantial contributors during tax year? If "Yes," attach a schedule listing their names						
	and addresses	10	j	ΙX			

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		1
	Website address ►N/A			
14	The books are in care of ▶See attachment #8 Telephone no ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the year			_
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
<u></u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		ĺ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes 🛛 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ł	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years . ▶ 20, 20, 20			1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement – see the instructions)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 <u>,</u> 20 <u>,</u> 20 <u>_</u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business		1	
	enterprise at any time during the year?			
þ	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	1		
	if the foundation had excess business holdings in 2009)	3ь		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	1	Ιx

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_		-PF(2009)MAUDE PARKS MEMORIA						Page 6
Par				Form 4720 May Be	Required (continu	ued)		
5 a		ing the year did the foundation pay or incur	•			_		
	(1)	Carry on propaganda, or otherwise attempt	it to influence legislation	on (section 4945(e))?	∐ Yes ⊉	∐ No		
	(2)	Influence the outcome of any specific publ	ic election (see section	n 4955), or to carry		_		
		on, directly or indirectly, any voter registra	tion drive?		— ⊢	∐ No		
	(3)	Provide a grant to an individual for travel,	study, or other similar (purposes?	∐ Yes ⊉	∐ No	1	
	(4)	Provide a grant to an organization other th	an a chantable, etc , o	rganization described		_		
		in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	uctions)	Yes	No		
	(5)	Provide for any purpose other than religiou	is, chantable, scientific	c, literary, or		_		
		educational purposes, or for the prevention	n of cruelty to children	or animals?	Yes	√ No		
b	If a	ny answer is "Yes" to 5a(1)-(5), did any of t	he transactions fail to	qualify under the excepti		_		
	Reg	gulations section 53.4945 or in a current not	ice regarding disaster	assistance (see the instr	uctions)?		5b	X
	Org	janizations relying on a current notice regard	ding disaster assistance	ce check here		▶□ ↑		
С		e answer is "Yes" to question 5a(4), does t	-					
		ause it maintained expenditure responsibilit			N/A Yes	¬no		
		Yes," attach the statement required by Regi	•		*****	J		
62		the foundation, during the year, receive any				ŀ		1
54				*	Yes 7	No		
h		the foundation, during the year, pay premiu				,	6b	x
U		Yes" to 6b. file Form 8870.	inis, directly of mailed	ny, on a personal benefit	CONTRACT:	F	-	 ^
7-		res to ob, life Form 6670. any time during the tax year, was the founda	ition a parti to a probi	hitad tay chaltar transact	ion? Tyes	⊠ No		
		•	, , ,			ן טייני	7b	X
		es, did the foundation receive any proceeds				Daid Em		
Pai	τν	III Information About Officers, and Contractors	Directors, Truste	es, roundation wa	iliagers, nighiy i	raiu Eiii	pioye	:65,
					16 - 1 - 4 1			
	LIS	t all officers, directors, trustees, foundat				- 1 · · · · · ·		
		(a) Name and address	(b) Title, and avg. hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit pla and deferred comp	ins (", L.	pense a er allow	account, ances
See	e a	ittachment #9						
	<u> </u>	managetian of five bighest maid arreture	oo (athor than these	included on line 4	o the instructions			
2		mpensation of five highest-paid employe one, enter ``NONE."	as (Ottiet fugu fu086	miciaaea on line 1 Se	e ule ilisu'ucuons).			
			/L\ Tale \	T	(d) Contributions to	<u> </u>		
(a	ı) Na	ame and address of each employee paid	(b) Title, and avg hours per week	(c) Compensation	`employee benefit	(e) Ex	pense a	account,
		more than \$50,000	devoted to position	(c) Compensation	plans and deferred	d oth	er allow	ances
NON	117		dovoted to postatori		compensation			
NOI	٧Ŀ							
					•	1		
					1			
			}					
Tota	l nuz	mber of other employees paid over \$50,000	•	**************************************	•	•		0

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Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, High	ly Paid Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see	the instructions) If none enter	NONE "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(c) Compensation
	<u></u>	
otal number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical info of organizations and other beneficianes served, conferences convened, research papers produced, etc.	ormation such as the number	Expenses
1		
2		
3		
•		
4		
Part IX-B Summary of Program-Related Investments (see th	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation du	nng the tax year on lines 1 and 2.	Amount
1		
2	· · · · · · · · · · · · · · · · · · ·	

3

All other program-related investments See the instructions

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Pa	Tt X Minimum Investment Return (All domestic foundations must complete this part. Foreign found	ations,	-
	see the instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of secunties	1a	419,040
b	Average of monthly cash balances	1b	6,915
C	Fair market value of all other assets (see the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	425,955
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	425,955
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	the instructions)	4	6,389
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	419,566
6	Minimum investment return. Enter 5% of line 5	6	20,978
Pai	t XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	20,978
2a	Tax on investment income for 2009 from Part VI, line 5 2a 112		
b	Income tax for 2009. (This does not include the tax from Part VI)	1 1	
С	Add lines 2a and 2b	2c	112
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,866
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	20,866
6	Deduction from distributable amount (see the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	20,866
Da	t XII Qualifying Distributions (see the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	i	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	25,882
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,882
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see the instructions)	5	112
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,770
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e foundation	on
	qualifies for the section 4940(e) reduction of tax in those years		

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Par	t XIII Undistributed Income (see	the instructions)	-		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI.	Corpus	Years prior to 2008	2008	2009
	line 7	-			20,866
2	Undistributed income, if any, as of the end of 2009				20,000
	*			24 455	
	Enter amount for 2008 only			24,455	
	Total for pnor years 20, 20, 20				
3	Excess distributions carryover, if any, to 2009				
	From 2004				
	From 2005				
	From 2006				
d	From 2007				
8	From 2008				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 25,882	1	·		
а	Applied to 2008, but not more than line 2a			24,455	
b	Applied to undistributed income of pnor years	"			
	(Election required – see the instructions)	1			
c	Treated as distributions out of corpus				
_	(Election required see the instructions)				
d	Applied to 2009 distributable amount				1,427
	Remaining amount distributed out of corpus				1,12,
5	5				
•	(If an amount appears in column (d), the same				
_	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b	——————————————————————————————————————			
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been			•	
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable		1		
	amount see the instructions				
0	Undistributed income for 2008 Subtract				
	ine 4a from line 2a. Taxable amount				
	see the instructions				
f	Undistributed income for 2009. Subtract				
	lines 4d and 5 from line 1. This amount				
	must be distributed in 2010				19,439
7	Amounts treated as distributions out of				· · · · · · · · · · · · · · · · · · ·
	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (see				l .
	the instructions)				
8	Excess distributions carryover from 2004				
-	not applied on line 5 or line 7 (see the		•		
	instructions)				
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
_	Excess from 2005				
		-			
	Excess from 2006	4			
	Excess from 2007	-			
	Excess from 2008	4			
0	Excess from 2009	L		L	

	MEMORIAL FU	ND 62-6	5042777	Page 1
Part XV Supplementary Information Grants and Contributions Paid Du		nnroyed for	r Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year See attachment #11				
Total			▶ 3a	23,550
b Approved for future payment				

Form 990-PF (2009) MAUDE PARKS MEMORIAL FUND 62-6042777

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by s	ection 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Excl	(d) Amount	Related or exempt function income (See the instructions.)
1 Program service revenue	- COUC		- Code	· · · · ·	mstructions.)
a					
			+ +		
c			- -		
<u> </u>		- ···	 		
f					
g Fees & contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	1	
4 Dividends and interest from securities .			14	14,188	
5 Net rental income or (loss) from real estate					*
a Debt-financed property				·	
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income [······································
8 Gain or (loss) from sales of assets other than inventory			18	-147	
9 Net income or (loss) from special events [-	
10 Gross profit or (loss) from sales of inventory [
11 Other revenue: a					
b					
c					
d					<u> </u>
е					
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	0		14,042	0
	. 			13	14,042
See worksheet in line 13 instructions to verify calcula					
Part XVI-B Relationship of Activities t	o the Accom	plishment of E	xempt Pu	rposes	

accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions)

09 990PF12 TWF 33158 Form **990-PF** (2009) Copyright Forms (Software Only) - 2009 TW

JVA

1 0	ILA	Exempt Orga		ansiers to and	iransactions at	na Kelationships With No	ncnarii	abie	
1	Did th			ige in any of the follow	ving with any other of	organization described in section		Yes	No
						ng to political organizations?			
а		sfers from the reporting					ı		
		Cash					1a(1)		Х
		Other assets					1a(2)		Х
b		r transactions.							
_		Sales of assets to a non	charitable exemi	ot organization			16(1)	1	Х
		Purchases of assets from	•	-			1b(2)		Х
	` '	Rental of facilities, equip		, -			1b(3)		Х
		Reimbursement arrange					1b(4)		Х
		Loans or loan guarantee					1b(5)	<u> </u>	X
		Performance of services					1b(6)		X
_	٠,	ing of facilities, equipme	-				1c	 	X
d		•	_			b) should always show the fair ma		of the	
(a) L		aring arrangement, sho (b) Amount involved	w in column (d) t	the value of the good	s, other assets, or se	cerved less than fair market value ervices received applied of transfers, transactions, and sharing			
	section	e foundation directly or i on 501(c) of the Code (des," complete the follow	other than section			npt organizations described in	Ye	 es 🄀	No
	, 11	(a) Name of organiza		(b) Type of	organization	(c) Description of re	lationship)	
SIGNH	true, cor	penalties of perjury, I declare the rechard complete Declaration to the complete Declaration and the complete Declaration of the complete Decl	n of preparer (other tha	return, including accompan in taxpayer or fiducary) ELKS	ying schedules and statem is based on all inform — Date	PRESIDENT Title Check if self-employed In number	_	fying jnature	
H E R	par- er's	Preparer's signature				ure ins			
Ë	Use	Firm's name (or your				EIN ▶			
	Only	ıf self-employed),	9175	carothers p	okwy	Phone no			
	1	address, and ZIP coo	le Frank	lin. TN 370	067	(615) 771-9	521		

JVA

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
MAUDE PARKS MEMO	RIAL FUND	62-6042777
Organization type (check one).		- -
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	☐ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	8), or (10) organization can check boxes for both the General Rule and a Speci Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in Complete Parts I and II	
Special Rules		
under sections 509(a)(1)	ganization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reand 170(b)(1)(A)(vi), and received from any one contributor, during the year, a of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Com	contribution of the greater
during the year, aggregate	s), or (10) organization filing Form 990 or 990-EZ that received from any one co e contributions of more than \$1,000 for use exclusively for religious, charitable, rposes, or the prevention of cruelty to children or animals. Complete Parts I, II,	scientific,
the year, contributions for to more than \$1,000. If the religious, charitable, etc.,	s), or (10) organization filing Form 990 or 990-EZ that received from any one couse exclusively for religious, charitable, etc., purposes, but these contributions s box is checked, enter here the total contributions that were received during the purpose. Do not complete any of the parts unless the General Rule applies to religious, charitable, etc., contributions of \$5,000 or more during the year.	did not aggregate ne year for an exclusively
or 990-PF), but it must answer	not covered by the General Rule and/or the Special Rules does not file Schedu `No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 9 es not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-P	90-EZ, or on line 2 of its

SCHEDULE OF ACCOUNTING FEES

Attachment	1: page 1 - 990-	PF Page 1, P	art I, Line	16b	
Open to Public					
Inspection	For calendar year 2009, or tax p	period beginning	, and	ending	
Name of Organizat					entification Number
MAUDE PARK	KS MEMORIAL FUND	· · · · · · · · · · · · · · · · · · ·	·	62-6042	
Acc	counting Category	Amount			
Tay Dropay	ation	CEO		Net Income	Charity
	counting Category	Amount 650	Net Investment Income 650	Adjusted Net Income	Disbursements for Charity
	Total	650	650		

SCHEDULE OF TAXES PAID

Attachment 2: page 1 - 990- PF Page 1, Part I, Line 18 Open to Public For calendar year 2009, or tax period beginning Inspection , and ending Name of Organization **Employer Identification Number** MAUDE PARKS MEMORIAL FUND 62-6042777 Net Investment Adjusted Disbursements for Category Amount Income Net Income Charity State 90 20 Excise 177 Total 267 20

OTHER EXPENSES SCHEDULE

Attachment	3: page 1 990-PE	Page 1, Par	t I, Line 23		
Open to Public					
Inspection	For calendar year 2009, or tax	period beginning	, and	ending	· · · · · · · · · · · · · · · · · · ·
Name of Organizat					entification Number
MAUDE PARK	KS MEMORIAL FUND	Davison and	Nat Investment	62-6042	
De	scription of Activity	Revenue and Expenses	Net Investment	Adjusted Net Income	Disbursements for
OFFICE EXP	PENSE	Expenses 35	Income	Net income	Charity
OTTION DAT	202	33			
		1			
		1			
		[
		}			
	Total	35			

SCHEDULE OF INVESTMENTS - GOVERNMENT OBLIGATIONS

Attachment	4: page 1 - 990-PF Page 2,	Par	t II,	line	10a		
Open to Public				•			
Inspection	For calendar year 2009, or tax period beginning			, and end	ling		•
Name of Organizat	on				Ī	Employer Ide	entification Number
MAUDE PARK	S MEMORIAL FUND				[0	62-6042	777
	Description	Cost	FMV at		Book	Value	Fair Market Value
	<u>_</u>		end of ye	ear		1	
U S Government O	oligations		end of ye	ear		1,820	2,100
	bligations Government Obligations		end of ye	ear		1,820	2,100

SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

Attachment 5: page 1 - 990-PF Page 2, Part II, Line 10b

Open to Public Inspection	For calendar year 2009, or tax period beginning		, and end	ina	
Name of Organizat	ion		,	Employer Ider	tification Number
MAUDE PARK	S MEMORIAL FUND			62-60427	77
	Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value
3488 AT&T				41,401	97,769
29 ALCATEL				2,029	96
85 COMCAST				2,460	1,433
1128 CSX				1,972	54,697
300 DUKE P				4,334	5,163
	IN CUSTODIAN			7,703	6,165
34 IDEARC 800 JOHN H				20,000	13,680
13 FAIRPOI 1496 LEGG	MASON			19,390	16,800
8 LSI CORP				10.004	48
400 ML PFD				10,004	8,544
600 NHI 119 QWEEST				15,715	22,194
119 QWEESI 150 SPECTR				1,055	501
698 VERIZO			1	2,166 12,846	3,076 23,125
	e (Software Only) - 2009 TW L0810F		Total	141,075	253,291

SCHEDULE OF INVESTMENTS - CORPORATE BONDS

Attachment	6: page 1 - 990-PF Page 2,	Part I	I, Line	10c	
Open to Public Inspection	For calendar year 2009, or tax period beginning		, and en	dina	
Name of Organiza	tion		, 210 011	Employer Ider	tification Number
MAUDE PARE	KS MEMORIAL FUND	_	, , , , , , ,	62-60427	77
	Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value
GMAC SMAR	NOTE			20,000	16,000
					!
		ļ			
		į			
			İ		
			Total	20 000	16 000
	(Caffigure Oak) 2000 TM 10000E		i otai [20,000	16,000

PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Att	achment	7: pag	e 1 - 990-PF Page	e 3, Part IV	/, line 1		
	n to Public						
	ection		year 2009 or tax period beginn	ing	, and ending		·
	of Organizat DE PARK		IAL FUND			62-604277	ification Number 7
	(a) Lis	st and describe	the kind(s) of property sold (e.g.,	, real estate,	(b) How acquired ((c) Date acquired	(d) Date sold
			chouse; or common stock, 200 sh	s MLC Co.)	P – Purchase D – Donation	(mo., day, yr.)	(mo , day, yr.)
1	69 DELP	HI WORT	HLESS		P		12-31-2009
	(e) Gross sa	ales price	(f) Depreciation allowed	(g) Cost or oth	ner basis	(h) Gain o	r (loss)
1			(or allowable)	plus expens	se of sale	(e) plus (f) minus (g) -147
			nowing gain in column (h) and ow			(I) Gains (Col (
	(i) F.M.V as	UI 12/31/09	(j) Adjusted basis as of 12/31/69	(k) Excess if over col (ess than -0-) or om col (h))
1							-147

BOOKS ARE IN CARE OF

Attachment	8 - 990-PF Page 5, Part VII-	A, Line 14	
Open to Public			-
Inspection	For calendar year 2009, or tax period beginning	, and ending	
Name of Organizat	S MEMORIAL FUND		Employer Identification Number 62-6042777
Part VII-A - Line 14	to indicating 1 one		02 00 12
TORVIEW EMOTO			
Individual Name .		Norman Randolph	Parks
or			
Business Name:			
Street Address		1109 Graybar La	ne
U S Address			
Zıp code	37215 City Nashville	Sta	te TN
or			_
Foreign Address			
City			
Province or	State		
Country .			
Postal code			•••
Phone Num	ber		(615)297-9049
Fax Numbe	r		

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990-PF Page 6, Part VIII Open to Public Inspection For calendar year 2009, or tax period beginning , and ending Name of Organization **Employer Identification Number** MAUDE PARKS MEMORIAL FUND 62-6042777 (B) Title and Average (C) Compensation (If (A) Name and Address (D) Cont. to Employee (E) Expense Account Hrs. per Week not paid, enter 0) Ben. Plans & Def Comp. & Other Allowances Norman Randolph Parks President 3304 Hobbs Rd 1.50 Nashville, TN 37215 4,664 0 0 Judith E Parks 1109 Graybar Lane Nashville, TN 37204 0 0 0

APPLICATION SUBMISSION INFORMATION

0: page 1	990-PF Page 10 For Calendar year 2009, or	10, Part XV, Line 2 09, or tax year period beginning		and ending	50
Name of Organization MAUDE PARKS MEMORIAL F	FUND		E	mployer Ider -60427	Employer Identification Number $62-6042777$
Name	Phone Number	Info and Materials Included	Submission Deadlines	es	Restrictions on Awards
Norman Randolph Parks 1109 Graybar Lane Nashville TN 37204		No Specifications	No deadlines		Charitable and religious activities of Churches of Christ
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GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Attachment 11: page 1 990-PF Page 11, Part XV Line 3a

Open to Pu

Inspection For calendar year 2009, or tax period beginning , and ending

Name of Organization
MAUDE PARKS MEMORIAL FUND

Employer Identification Number 62-6042777

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of reciplent	contribution	Amount
H.U.G. Internationally	None		Medicine,	
Inc		Religi	clothing, etc for	
1334 Cypress			orphan children	1 050
Richardson TX 75080 Siloam Health Care Center	None		overseas Faith based health	1,950
PO Box 41687	None		care for immigrant	
Nashville TN 37204		1 -	communities	5,850
Shiloh.	None		Summer camp &	,
PO Box 94		Religi	school programs	
New York NY 10130-1076			for the	1 050
Wayne Reed Christian	None		disadvantaged Educational &	1,950
Childcare Cent	10110		development	
11-B Lindsey Ave			services for the	
Nashville TN 37210			low_income	6,000
Healing Hands	None		World wide	
International 455 McNally Dr			disaster and self help programs	
Nashville TN 37211		Charic	Heip programs	2,000
Peace and Justice	None		Study of peace and	
Department			justice from a	
Lipscomb University		Org.	Christian view	
3901 Granny White Pike Nashville TN 37204				275
Christian Relief Fund	None		Provides for	375
PO Box 19670	Tione .		disaster relief at	
Amarillo TX 79114-1670			home and abroad	3,550
Library	None		Book purchase on	
Lipscomb University		1	the relational of	
3901 Granny White Pike Nashville TN 37204		1 -	current affairs	875
Rose Park Church of	None		and Christianity Neighborhood	073
Christ	1.0	0	outreach and	
%Jerrell Harris			summer help	
PO Box 331933			programs	
Nashville TN 37203				1,000
		1		
		1		23,550
				· / (55()

<u>23,550</u>