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Short Form

OMB No. 1545-1150 2009

Open to Public Inspection

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13)
must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than
\$1,250,000 at the end of the year may use this form.

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

	For the 2009 calendar year, or tax year beginning	Apr 01 ,200	9, and end	ing	M	ar 31, 20 10	
B C	Check if applicable: C Name of organization, number	r and street, city, town, sta	ite, and ZIP	code DE	nploy	er identification number	
$\overline{}$	Please use IRS						
Пи	Name change label or			62	62-1693493		
Ηı	Initial return type. Memory, Inc			E Te	E Telephone number		
Н	Termination See Specific d/b/a The Four S	Seasons Auxil	iarv		•	48-0702	
Н	Amended return Instruct 3315 Windemere I		-u- ₁			Exemption	
	Application Memphis TN 38125				ımber	*	
LP	Section 501(c)(3) organizations and 4947(a)(1) nonex			G Accounting I			
• ;	-		ust attacn	1 -		\hookrightarrow	
	a completed Schedule A (Form 99	30 or 990-EZ).		Other (speci			
	Website: >		11	- 1		rganization is not required	
	Tax-exempt status(check only one) 501(c)(3) (inse					(Form 990, 990-EZ, or 990-PF)	
	Check $ ightharpoonup$ if the organization is not a section 509(a)(-	•	-		
	A 990-EZ or Form 990 return is not required, but if the org	·			lete re	:-	
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$50					24,693.	
Pa	Part Revenue, Expenses, and Changes						
	1 Contributions, gifts, grants, and similar amounts				1	8,160.	
	Program service revenue including government				2_		
	3 Membership dues and assessments				3	6,470.	
					4	155.	
	5 a Gross amount from sale of assets other than inv	entory	5a				
	b Less: cost or other basis and sales expenses .		5 b				
	c Gain or (loss) from sale of assets other than inv	entory (Subtract line 5b fro	om line 5a).	<u></u>	5c		
Ę	6 Special events and activities (complete applicable parts o	f Schedule G). If any amount is	from gamin ç	J, check here ▶			
Revenue	a Gross revenue (not including \$	of contribution	s	_			
æ	reported on line 1)		6a	9,908.			
	b Less: direct expenses other than fundraising ex	penses	6b	8,229.			
	c Net income or (loss) from special events and ac	tivities (Subtract line 6b fr	om line 6a)		6c	1,679.	
	7 a Gross sales of inventory, less returns and allow	1	7a				
	b Less: cost of goods sold		7Ъ				
	REGESTATION (loss) from sales of inventory (Su	btract line 7b from line 7a)		7c		
_	8 Other revenue (dess libe ▶)	8		
15	9. Total revenue. Ace lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8		······	9	16,464.	
絽	Grants and similar amounts paid (attach schedu	ıle)			10	12,000.	
L					11		
S	(1) Species, ditter compensation, and employee be	enefits			12		
<u>Ş</u>	13 Professional fees and other payments to indepe	endent contractors			13	4,095.	
ĔŽ	14 Occupancy, rent, utilities, and maintenance				14		
ш	15 Printing, publications, postage, and shipping				15		
	16 Other expenses (describe ►SEE STMT)	16	1,077.	
	17 Total expenses. Add lines 10 through 16	<u></u>		<u></u> ▶	17	17,172.	
	18 Excess or (deficit) for the year (Subtract line 17	from line 9)			18	(708.)	
ě	Net assets or fund balances at beginning of year end-of-year figure reported on prior year's returned to the changes in net assets or fund balances (a	ır (from line 27, column (A)) (must agr	ee with			
Ass	end-of-year figure reported on prior year's retu	rn)			19	26,829.	
de et	20 Other changes in net assets or fund balances (a	attach explanation)			20		
-	21 Net assets or fund balances at end of year. Cor	mbine lines 18 through 20		▶	21	26,121.	
Pa	Part II Balance Sheets. If Total assets on line 2				ead of	Form 990-EZ.	
	(See the instructions for F	Part II.)	(/	A) Beginning of ye	ar	(B) End of year	
22	Cash, savings, and investments		🗀	26,829.	22	26,121.	
	Land and buildings				23		
)	·	24		
	T-4-14-			26,829.	25	26,121.	
26	Total liabilities (describe ▶) ├─	<u> </u>	26		
	Net assets or fund balances (line 27 of column (B) mu	st agree with line 21)		26,829.	27	26,121.	
_	or Privacy Act and Paperwork Reduction Act Notice, se		n.	,		Form 990-EZ (2009)	

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses			
Wh	at is the organization's primary exempt purpose? See I	Below				i for section 501(c)(3) (4) organizations and			
Des	scribe what was achieved in carrying out the organization's e	exempt purposes. In a cl	ear and concise mann	er,	1	947(a)(1) trusts;			
des	scribe the services provided, the number of persons benefite	d, and other relevant inf	ormation for each pro-	gram title		or others.)			
28	Contributions to Not-for-Prof	it Organizat	ions that						
	advocate Alzheimer Research a								
	patients and their families				1				
	*	former groups about by			200	12 000			
	(Grants \$ 12,000.) If this amount includes	roreign grants, check no			28a	12,000.			
29									
	(Grants \$) If this amount includes	foreign grants, check he	еге	•	29a				
30									
					}				
	10	for the second second by			20.				
	(Grants \$) If this amount includes	foreign grants, check no	еге		30a				
31	Other program services (attach schedule)				1				
	(Grants \$) If this amount includes	foreign grants, check he	ere <u>, , </u>	>	31a				
32	Total program service expenses (add lines 28a through 3	31a)		▶	32	12,000.			
Pa	art IV List of Officers, Directors, Trustees, a	and Key Employee	S. List each one eve	n if not o	compensa	ted. (See the instr.)			
_		(b) Title & average	(c),Compensation	(d) Co	ntributions 1	o (e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		e benefit pla erred comp	ns account and other allowance			
M=	ary Jane Criss	President	enter -v,	a dete	arred comp	Other allowance			
		2	o						
_									
	arol Jones	Vice Pres	_			i			
	370 West Memphis TN 38117	2	0						
Be	ecky Rivalto	Vice Pres							
85	669 Islan Memphis TN 38125	2	0			-			
Be	etty Hays	Secretary							
	196 Pine Germantown TN 38139	2 1	0	ĺ					
_	neila Hume	Treasurer	 _						
	1296 Doub Eads TN 38028	2	0	İ					
				<u> </u>					
	osemary Ballinger	Corr Secr	_	Į					
	142 Hicko Germantown TN 38139	2	0	<u> </u>					
	race Bartee	Parliment							
82	212 Dogwo Germantown TN 38119	2	0						
Cl	narlotte Neal	Event Chai							
	52 Thorn Memphis TN 38117	2	0	Ì					
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Pai	Other Information (Note the statement requirements in the instructions for Part V.)			3
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35a		Х
Ь		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?			
	If "Yes," complete applicable parts of Schedule N	36		Х
37 a				
Ь	Did the organization file Form 1120-POL for this year?	37ь	ĺ .	Ī
38 a				
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	·	х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities	1		
40 a		1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b		•	1	
_	during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes", complete			
	Schedule L, Part I	40ъ		х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified	105		11
_	persons during the year under sections 4912, 4955, and 4958			
d	The state of the s			
_	the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			
•	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.			
		-74	8 - N	702
	Located at ▶ 3315 Windemere Lane TN Memphis ZIP+4 ▶ 381			
b				
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
•	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		,	П
-10	and enter the amount of tax-exempt interest received or accrued during the tax year	• • • •	•	L
	and difficulty of the openings into control of decided defining the tax year			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		169	
77	Form 990-EZ	44	i	X
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"	"		Λ.
45	is any taona mpanyanona dia mpaka miny si dia singnyanda Willia de Meanton di Section 31/10/11/195			:
45	Form 990 must be completed instead of Form 990-EZ	45	ŧ	X

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts and section 4947(a)(1) nonexempt charitable from the organization of the complete of the charitable related organization of the complete of the charitable related organization organization as complete Schedule C, Part I 46	Form 990-E	z(2009) Memory, Inc			62-16	93493	Pa	ige 4
46 Did the organization engage in direct or indirect political carraging activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			ations and section	4947(a)(1) nonexe				-go (
candidates for public office? If "Yes," complete Schedule C, Part II 7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 8 Is the organization as school as described in section 170(b) 1/kA/b)? If "Yes," complete Schedule E 9 Did the organization as can be a second in section 170(b) 1/kA/b)? If "Yes," complete Schedule E 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization section 527 organization section 527 organization. If there is none, enter None." 10 Did the organization section 527 organization section 527 organization section 527 organization. If there is none, enter None. 11 Total number of other employees paid over \$100,000 organization section 527 or	46 0:14					he tables for l		
47 Did the organization engage in lobbying activities? If Yes," complete Schedule C, Part II 47 X 48 Is the organization a school as described in section 170(bX1XA)? If Yes, complete Schedule E 48 X 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 X 49 X 49 Did the organization as section 527 organization? 49 X 49 X 49 Did the organization as section 527 organization? 49 X 49 X 49 Did the organization as section 527 organization? 49 X 49 Did the organization as section 527 organization? 49 Did the organization as section 527 organization. If there is none, enter None." (a) Name and address of each employee hours per week devoted to position (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans & account and other allowances (e) Expense employee benefit plans					• •	46	Yes	
the organization as chool as described in section 170(bX1NAN) ¹ if "Yes," complete Schedule E						`		
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X 49b X 49b 49c Yes, "was the related organization a section 527 organization? 49c 49c X 49b X 49b X 49c			•			· · ——		
b If Yes, was the related organization a section 527 organization. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) whereach received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid over \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other allowances (f) Total number of other employees paid over \$100,000 (g) Total number of other employees paid over \$100,000 (g) Type of service (g) Compensation (g) Total number of other independent contractors each receiving over \$100,000 (g) Type of service (g) Compensation (g) Type of service (g) Compensation (g) Type of service (g) Compensation (g) Total number of other independent contractors each receiving over \$100,000 (g) Type of service (g) Compensation (g) Total number of other independent contractors each receiving over \$100,000 (g) Type of service (g) Compensation (g) Total number of other independent contractors each receiving over \$100,000 (g) Type of service (g) Compensation (g) Total number of other independent contractors each receiving over \$100,000 (g) Type of service (g) Compensation (g		_		· ·		·		
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(a) Name and address of each employee paid over \$100,000 be devoted to position If Total number of other employees paid over \$100,000 compete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compete this table for the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000. Under penalties of perjury, idector that it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, its time, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Treasurer	50 Comp	plete this table for the organization's f	five highest compensated		officers, directors, trustees		ployee	s) wh
(a) Name and address of each employee position devoted to position Total number of other employees paid over \$100,000			(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	pense	
f Total number of other employees paid over \$100,000	(a) Nan	ne and address of each employee	hours per week	•	employee benefit plans &			
f Total number of other employees paid over \$100,000		paid more than \$100,000	devoted to position		deferred compensation	other all	owanc	es
d Total number of other independent contractors each receiving over \$100,000. Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Signature of officer Date Date	f Total nu 51 Comple comper	ete this table for the organization's fives the station from the organization. If there	e highest compensated in		who each received more th	nan \$100,000	of of	
d Total number of other independent contractors each receiving over \$100,000. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date		me and address of each independer	nt contractor paid more th	an \$100,000	(b) Type of service	(c) Comp	ensatio	on
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	_	Under penalties of perjury, I declare that and belief, it is true, correct, and comple	t I have examined this return, in te. Declaration of preparer (oth	cluding accompanying sche er than officer) is based on	all information of which preparer	has any know	_	B
	•		lume, Tr	reasurer	Date			

Date

BaileyKalfmanScheibelhut PLLC

288 Germantown Bend Cove

CORDOVA TN 38018-

6.23-10

► X Yes No
Form 990-EZ (2009)

Preparer's Identifying No. (See Instr.)

P00135622

▶42-1660608

Phone no ▶901-754-1616

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

May the IRS discuss this return with the preparer shown above? See instructions

Check if self-

employed ▶ X

EIN

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

	Μe	emory, Inc						62	-169	<u>34</u> 93			
	art		r Public Charity	Status (All organizations	must cor	nplete th	ıs part.)	See ins	tructions	i			
			ate foundation becau	se it is. (For lines 1 through 11	check o	only one	box.)						
1	\prod	A church, convention	of churches, or asso	ciation of churches described	in sectio	n 170(b)	(1)(A)(i)).					
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or a coope	rative hospital service	e organization described in sec	tion 170	(b)(1)(A)(iii).						
4	П	A medical research of	rganization operated	in conjunction with a hospital of	describe	d ın sect	ion 170	(b)(1)(A)(iii) Enl	er the ho	ospital's	name	,
	J	city, and state											
5	П	An organization opera	ated for the benefit of	a college or university owned	or opera	ted by a	govern	mental ı	ınit desc	ribed in	section		
	_	170(b)(1)(A)(iv). (Cor	nplete Part II.)										
6	П	A federal, state, or loc	al government or go	vernmental unit described in s	ection 1	70(b)(1)(A)(v).						
7	П	An organization that r	normally receives a s	ubstantial part of its support fro	m a gov	ernment	al unit o	r from th	ne gener	al public			
	_	described in section											
8	П	A community trust de	scribed in section 1	70(b)(1)(A)(vi). (Complete Part	II)								
9	X	An organization that r	normally receives: (1)	more than 33 1/3 % of its sup	port from	n contribi	utions, n	nembers	ship fees	, and gro	oss		
	_	receipts from activities	s related to its exemp	ot functions - subject to certain	exception	ons, and	(2) no n	nore tha	n 33 1/3	% of its			
		support from gross in	vestment income an	d unrelated business taxable ir	come (le	ess sectio	on 511 ta	ax) from	busines	ses			
		acquired by the organ	nızation after June 30), 1975. See section 509(a)(2).	(Comple	ete Part i	II.)						
10	П	An organization organ	nized and operated e	exclusively to test for public safe	ety. See	section	509(a)(4)).					
11	П	An organization organ	nized and operated e	exclusively for the benefit of, to	perform	the func	tions of,	or to ca	rry out t	he			
		purposes of one or m	ore publicly support	ed organizations described in s	ection 5	09(a)(1)	or sectio	on 509(a)(2). See	e section	1		
		509(a)(3). Check the	box that describes th	ne type of supporting organizati	on and	complete	lines 11	le throu	gh 11h.				
	_	a Type I	b Type II	c 📗 Type III - F		-			,	III - Othe	er		
е	Ш			anization is not controlled direc									
		persons other than fo	undation managers	and other than one or more pu	blicly su	pported	organiza	itions de	escribed	in sectio	n		
		509(a)(1) or section 5											
f		If the organization red	ceived a written dete	rmination from the IRS that it is	a Type	l, Type II	or Type	III supp	orting				_
		organization, check the								• • • • • • • • • • • • • • • • • • • •		• • • • • •	L
9		-	_	on accepted any gift or contrib					ersons?				
				ntrols, either alone or together v						1		Yes	No
				the supported organization?							11g(i)	<u> </u>	<u></u>
				ed in (i) above?							11g(ii)	<u> </u>	
				escribed in (ı) or (ii) above?							11g(iii)	<u> </u>	L
h				e supported organization(s).	1								
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv)Is1	he organ-	(v) D	ld you	1 ' '	ls the		Amoui	
		organization		(described on lines 1-9		n in col.		fy the		zation in	S	upport	:
				above or IRC section	(i) liste	d in your	_	zation in	col	. (i)			
				(see instructions))	1 -	erning		of your	_	nized			
						ment?		port?		U.S.?			
			ļ		Yes	No	Yes	No	Yes	No			
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Rart III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d)2008(e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not 36345. 22657. 26989. 19510. 14630. 120131. include any "unusual grants.") ... 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business 17095. 5080. 15963. 8330. 9908. 56376. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf The value of services or facilities furnished by a governmental unit to the 53440. 27737. 42952. 27840. 24538. 176507. Total- Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line c Add lines 7a and 7b 176507. Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ 53440. 27737. 42952 27840. 24538. 176507. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 638. 690. 2477. 378. 616. 155. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975 690. 378. 155. 2477. 638. 616. 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.) 53818. 28375. 43642. 28456. 24693. 13 Total support. (Add lines 9, 10c, 11, & 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.62 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 98.73 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 1.38 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). . .. 1.27 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🗡 🔀 b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-EZ) 2009	Memory,	Inc	62-1693493	Page 4
Part IV	Supplemental Inf	formation.	complete this part to provide the explanations required by		
	Part II, line 17a or 17b	; or Part III, line	12. Provide any other additional information. See instruct	ions.	
					
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S 990	Other Expenses	1		200
D. comphes	Expenses	Net investment income	Adjusted net income	Charitable purposes
Description	per books 491		Income	pulposes
oplies & Office Expense scellaneous Expense	586			
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	Grants and Similar Amounts Paid						
	US 990-EZ	990-EZ: Page 1, Line 10	2009				
Г	Class of activity	Care					
,	Donee's name	Paigs Robbins Adult Day Care					
	Donee,s address	Memphis TN					
	Relationship	None					
1	FMV		2,000.				
	Book value .,		2,000.				
ı	Date of gift		10/2009				

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Grants and Similar Amounts Paid						
US 990-EZ	990-EZ: Page 1, Line 10	2009				
Class of activity	. Care					
•	Alzheimers Day Care Centers					
Donee,s address	Memphis TN					
Relationship	None					
FMV		5,000.				
Book value		5,000.				
Date of gift		10/2009				

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Grants and Similar Amounts Paid					
US 990-EZ	990-EZ: Page 1,	Line 10	2009		
Class of activity	Care				
Donee's name	UT Neurological	Dept Research			
Donee,s address	Memphis	TN			
Relationship	None				
FMV			5,000.		
Book value	,		5,000.		
Date of gift			10/2009		

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