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Form **990**Department of the Treasury
Internal Revenue Service**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

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

THE MEMORIAL FOUNDATION

Doing Business As

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

100 BLUEGRASS COMMONS BLVD.

Room/suite

320

City or town, state or country, and ZIP + 4

HENDERSONVILLE, TN 37075

F Name and address of principal officer: J. D. ELLIOTT

100 BLUEGRASS COMMONS BLVD., STE 320, HENDER

D Employer identification number

62-1202302

E Telephone number

615-822-9499

G Gross receipts \$ 16,229,232.**H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.MEMFOUNDATION.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1994 **M** State of legal domicile TN**Part I Summary****Activities & Governance****1** Briefly describe the organization's mission or most significant activities: THE MEMORIAL FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE THROUGH SUPPORT**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)

3 18

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

4 18

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

5 5

6 Total number of volunteers (estimate if necessary)

6 18

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

7a 0.

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

7b 0.

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

Prior Year

1,178,456.

Current Year

1,200,000.

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

0.

0.

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

756,584.

4,233,386.

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

311,404.

332,786.

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

2,246,444.

5,766,172.

Expenses**13** Grants and similar amounts paid (Part IX, column (A), lines 1-8)

6,542,944.

8,125,024.

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

0.

0.

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

719,044.

751,726.

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

0.

0.

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

1,270,817.

1,508,560.

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

8,532,805.

10,385,310.

19 Revenue less expenses. Subtract line 18 from line 12

<6,286,361.>

<4,619,138.>

Net Assets or Fund Balances**20** Total assets (Part X, line 16)

Beginning of Current Year

150,469,413.

End of Year

148,036,258.

21 Total liabilities (Part X, line 26)

1,957,984.

2,963,383.

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

148,511,429.

145,072,875.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer
J. D. ELLIOTT
Type or print name and title*J D Elliott*

Date

6/22/11

Paid Print/Type preparer's name
EDMOND DUNLAVY

Preparer's signature

E B Dunlavy

Date

06/07/11

Check ☐ if self-employed

PTIN

Preparer Use Only Firm's name ▶ KRAFTCPAS PLLC
Firm's address ▶ 555 GREAT CIRCLE ROAD
NASHVILLE, TN 37228

Firm's EIN ▶

Phone no 615-242-7351

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

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,955,769. including grants of \$ 8,125,024.) (Revenue \$)
PROVIDING GRANTS TO OTHER 501(C)(3) ORGANIZATIONS.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 8,955,769.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18	
b Enter the number of voting members included in line 1a, above, who are independent	18	
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, 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 taxable entity during the year?		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?		

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 public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ 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: **JUDY MILLIKEN - 615-822-9499**
100 BLUGRASS COMMONS BLVD, SUITE 320, HENDERSONVILLE, TN 37075

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM P. PURYEAR TRUSTEE	0.10	X						0.	0.	0.
CHARLES B. BECK, M.D. TRUSTEE	0.10	X						0.	0.	0.
FRANK M. BUMSTEAD TRUSTEE	0.10	X						0.	0.	0.
VARINA F. BUNTIN TRUSTEE	0.10	X						0.	0.	0.
CHARLES W. FENTRESS TRUSTEE	0.10	X						0.	0.	0.
FRANK GRACE, JR. TRUSTEE	0.10	X						0.	0.	0.
HALL HARDAWAY TRUSTEE	0.10	X						0.	0.	0.
BETH HIGH TRUSTEE	0.10	X						0.	0.	0.
ALICE I. HOOKER TRUSTEE	0.10	X						0.	0.	0.
JULIE B. WILLIAMS, ED. D TRUSTEE	0.10	X						0.	0.	0.
DREW R. MADDUX, SR. TRUSTEE	0.10	X						0.	0.	0.
EDDIE PHILLIPS TRUSTEE	0.10	X						0.	0.	0.
DAVID E. MCKEE, M.D. TRUSTEE	0.10	X						0.	0.	0.
GEORGE C. PAINE II TRUSTEE	0.10	X						0.	0.	0.
J. EDWARD PEARSON TRUSTEE	0.10	X						0.	0.	0.
JAMES A. RAINEY TRUSTEE	0.10	X						0.	0.	0.
JO SANDERS TRUSTEE	0.10	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NORMAN L. SIMS, M.D. TRUSTEE	0.10	X						0.	0.	0.
J.D. ELLIOTT PRESIDENT & CEO	50.00			X				274,940.	0.	48,927.
SCOTT PERRY VICE PRESIDENT PROGRAMS	40.00			X				130,385.	0.	33,042.
1b Sub-total								405,325.	0.	81,969.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								405,325.	0.	81,969.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 1,200,000.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,200,000.			
	2 a	Business Code				
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,362,912.			1362912.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real 1379028. (ii) Personal				
	b Less: rental expenses	1108664.				
	c Rental income or (loss)	270,364.				
	d Net rental income or (loss)		270,364.			270,364.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 12224870 (ii) Other				
	b Less: cost or other basis and sales expenses	9354396.				
	c Gain or (loss)	2870474.				
	d Net gain or (loss)		2,870,474.			2870474.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a INCOME TAX REFUND	900099	35,776.	35,776.			
b MISCELLANEOUS INCOME	900099	26,646.	26,646.			
c						
d All other revenue						
e Total. Add lines 11a-11d		62,422.				
12 Total revenue. See instructions		5,766,172.	62,422.	0.	4503750.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,125,024.	8,125,024.		
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	484,711.	420,258.	64,453.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	174,278.	139,697.	34,581.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,320.	14,851.	3,469.	
9 Other employee benefits	42,452.	39,081.	3,371.	
10 Payroll taxes	31,965.	27,274.	4,691.	
11 Fees for services (non-employees):				
a Management				
b Legal	8,331.	7,498.	833.	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	108,311.	97,480.	10,831.	
12 Advertising and promotion				
13 Office expenses	8,156.	7,340.	816.	
14 Information technology	5,660.	5,094.	566.	
15 Royalties				
16 Occupancy	78,488.		78,488.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,751.	16,876.	1,875.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,967.	4,470.	497.	
23 Insurance	18,423.	16,581.	1,842.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a INVESTMENT MANAGEMENT FEES	1,221,304.	0.	1,221,304.	
b OTHER EXPENSE	19,030.	17,130.	1,900.	
c INDIGENT CARE	16,609.	16,609.	0.	
d PROPERTY TAXES	293.	293.	0.	
e MINOR EQUIPMENT	237.	213.	24.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	10,385,310.	8,955,769.	1,429,541.	0.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,084,061.	1	2,747,990.
	2 Savings and temporary cash investments	345,959.	2	346,770.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	320,113.	4	208,909.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	193,519.	9	162,692.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,347,693.		
	b Less: accumulated depreciation	10b 3,169,887.	10c	10,177,806.
	11 Investments - publicly traded securities	137,654,254.	11	134,150,748.
	12 Investments - other securities. See Part IV, line 11	112,671.	12	112,671.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	330,264.	15	128,672.
16 Total assets. Add lines 1 through 15 (must equal line 34)	150,469,413.	16	148,036,258.	
Liabilities	17 Accounts payable and accrued expenses	6,169.	17	99,764.
	18 Grants payable	1,760,150.	18	2,677,836.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	191,665.	25	185,783.
	26 Total liabilities. Add lines 17 through 25	1,957,984.	26	2,963,383.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	146,824,333.	27	143,419,710.
	28 Temporarily restricted net assets	1,687,096.	28	1,653,165.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	148,511,429.	33	145,072,875.
34 Total liabilities and net assets/fund balances	150,469,413.	34	148,036,258.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,766,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,385,310.
3	Revenue less expenses. Subtract line 2 from line 1	3	<4,619,138.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,511,429.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,180,584.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	145,072,875.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1493454.	1736354.	1795988.	1178456.	1200000.	7404252.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1493454.	1736354.	1795988.	1178456.	1200000.	7404252.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7404252.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1493454.	1736354.	1795988.	1178456.	1200000.	7404252.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5468915.	5596625.	7791824.	4180574.	2950849.	25988787.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						33393039.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	22.17	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	19.01	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐			
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☒			
b 10% -facts-and-circumstances test - 2009. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐			
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) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 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 13 for the year						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

SEE ATTACHED

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

THE MEMORIAL FOUNDATION

Employer identification number

62-1202302

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		734,758.		734,758.
b Buildings		12,421,626.	3,004,837.	9,416,789.
c Leasehold improvements				
d Equipment		191,309.	165,050.	26,259.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,177,806.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ..		
(2) Closely-held equity interests ..		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SECURITY DEPOSIT PAYABLE	41,885.
(3) ACCRUED INVESTMENT FEES	143,898.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	
	185,783.

FIN 48 (ASC 740) Footnote. 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

2. FIN 48 (ASC 740)

032053
12-20-10

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,766,172.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,385,310.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<4,619,138.>
4	Net unrealized gains (losses) on investments	4	1,183,784.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<3,200.>
9	Total adjustments (net). Add lines 4 through 8	9	1,180,584.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<3,438,554.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,927,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,278,105.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,382,604.
e	Add lines 2a through 2d	2e	2,660,709.
3	Subtract line 2e from line 1	3	3,266,380.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,221,304.
b	Other (Describe in Part XIV.)	4b	1,278,488.
c	Add lines 4a and 4b	4c	2,499,792.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,766,172.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,197,770.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,112,252.
e	Add lines 2a through 2d	2e	1,112,252.
3	Subtract line 2e from line 1	3	9,085,518.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,221,304.
b	Other (Describe in Part XIV.)	4b	78,488.
c	Add lines 4a and 4b	4c	1,299,792.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,385,310.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PAYMENTS TO AFFILIATES -3,200.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE REVENUE INCLUDED IN CONSOLIDATED AFS 273,940.

BLUEGRASS COMMONS RENTAL EXPENSES 1,108,664.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,382,604.

Part XIV Supplemental Information (continued)**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

PAYMENTS FROM AFFILIATE	1,200,000.
BLUEGRASS COMMON RENTAL INCOME	78,488.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,278,488.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

BLUEGRASS COMMONS RENTAL EXPENSES	1,108,664.
AFFILIATE EXPENSES INCLUDED IN CONSOLIDATED AFS	3,588.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,112,252.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

BLUEGRASS COMMON INTER-COMPANY RENTAL EXPENSE	78,488.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE MEMORIAL FOUNDATION

Employer identification number
62-1202302

Part I General Information on Grants and Assistance

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

☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABLE YOUTH 4316 PRESCOTT ROAD NASHVILLE, TN 37204	57-1158431		10,000.	0.			TO FURTHER EXEMPT PURPOSES
ABE'S GARDEN 618 CHURCH STREET SUITE 220 NASHVILLE, TN 37219	06-1818302		375,000.	0.			TO FURTHER EXEMPT PURPOSES
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BLVD NASHVILLE, TN 37203	62-0479192		240,000.	0.			TO FURTHER EXEMPT PURPOSES
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716		75,000.	0.			TO FURTHER EXEMPT PURPOSES
ALCOHOL AND DRUG COUNCIL OF MIDDLE TENNESSEE - P.O. BOX 330189 - NASHVILLE, TN 37203	62-6063853		20,000.	0.			TO FURTHER EXEMPT PURPOSES
ALIGNMENT NASHVILLE 421 GREAT CIRCLE ROAD, STE 100 NASHVILLE, TN 37228	45-0549393		50,000.	0.			TO FURTHER EXEMPT PURPOSES

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVE HOSPICE 1718 PATTERSON STREET NASHVILLE, TN 37203	62-0983550		60,000.	0.			TO FURTHER EXEMPT PURPOSES
AMERICAN CANCER SOCIETY-GREATER NASHVILLE AREA - 2000 CHARLOTTE AVENUE - NASHVILLE, TN 37203	13-1788491		80,000.	0.			TO FURTHER EXEMPT PURPOSES
AMERICAN RED CROSS- NASHVILLE AREA CHAPTER - 2201 CHARLOTTE AVENUE - NASHVILLE, TN 37203	53-0196605		75,000.	0.			TO FURTHER EXEMPT PURPOSES
ARTHURITIS FOUNDATION-NASHVILLE AREA CHAPTER - 421 GREAT CIRCLE ROAD, STE 104 - NASHVILLE, TN 37228	62-6018658		25,000.	0.			TO FURTHER EXEMPT PURPOSES
BACKFIELD IN MOTION 920 WOODLAND STREET NASHVILLE, TN 37206	62-1826603		20,000.	0.			TO FURTHER EXEMPT PURPOSES
BEECH SENIOR HIGH SCHOOL 3126 LONG HOLLOW PIKE HENDERSONVILLE, TN 37075	62-1827464		10,000.	0.			TO FURTHER EXEMPT PURPOSES
BELMONT MANSION ASSOCIATION 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	23-7229132		10,000.	0.			TO FURTHER EXEMPT PURPOSES
BELMONT UNIVERSITY 1900 BELMONT BOULEVARD NASHVILLE, TN 37212	62-0465076		200,000.	0.			TO FURTHER EXEMPT PURPOSES
BEST BUDDIES TENNESSEE P.O. BOX 1182 BRENTWOOD, TN 37024	52-1614576		5,000.	0.			TO FURTHER EXEMPT PURPOSES

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Schedule I (Form 990)

THE MEMORIAL FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-0843073		30,000.	0.			TO FURTHER EXEMPT PURPOSES
BIG BROTHER BIG SISTERS OF MIDDLE TENNESSEE - 1704 CHARLOTTE AVE, SUITE 130 - NASHVILLE, TN 37203	23-7056024		50,000.	0.			TO FURTHER EXEMPT PURPOSES
BOOKS FROM BIRTH OF MIDDLE TENNESSEE - 3401 WEST END AVE, STE 460W - NASHVILLE, TN 37203	62-0476822		20,000.	0.			TO FURTHER EXEMPT PURPOSES
BYRUM-PORTER SENIOR CENTER 9123 HIGHWAY 49 E ORLINDA, TN 37141	62-1221323		25,000.	0.			TO FURTHER EXEMPT PURPOSES
CAMPUS FOR HUMAN DEVELOPMENT 705 DREXEL STREET NASHVILLE, TN 37203	62-0811413		200,000.	0.			TO FURTHER EXEMPT PURPOSES
CASA OF DAVIDSON COUNTY 601 WOODLAND STREET NASHVILLE, TN 37213	62-1203459		30,000.	0.			TO FURTHER EXEMPT PURPOSES
CATHOLIC CHARITIES OF TENNESSEE 30 WHITE BRIDGE ROAD NASHVILLE, TN 37206	62-0679520		20,000.	0.			TO FURTHER EXEMPT PURPOSES
CENTER FOR LIVING AND LEARNING 1979 OLD HILLSBORO ROAD FRANKLIN, TN 37064	58-1742623		50,000.	0.			TO FURTHER EXEMPT PURPOSES
CENTER FOR NONPROFIT MANAGEMENT 44 VANTAGE WAY SUITE 230 NASHVILLE, TN 37228	58-2000064		25,000.	0.			TO FURTHER EXEMPT PURPOSES

Schedule I (Form 990)

THE MEMORIAL FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE OF TENNESSEE 1101 6TH AVENUE NORTH NASHVILLE, TN 37208	62-1674308		40,000.	0.			TO FURTHER EXEMPT PURPOSES
CHARACTER COUNTS! NASHVILLE ONE UNIVERSITY PARK DRIVE NASHVILLE, TN 37204	46-0472148		30,000.	0.			TO FURTHER EXEMPT PURPOSES
CHEATHAM COUNTY LONG TERM RECOVERY ORGANIZATION - P.O. BOX 362 - ASHLAND CITY, TN 37015	27-2838035		5,000.	0.			TO FURTHER EXEMPT PURPOSES
CHEERWOOD 1200 FORREST PARK DR NASHVILLE, TN 37205	62-0627921		35,000.	0.			TO FURTHER EXEMPT PURPOSES
CHRISTIAN TOWERS OF GALLATIN 138 EAST FRANKLIN STREET GALLATIN, TN 37066	62-1556960		25,000.	0.			TO FURTHER EXEMPT PURPOSES
CHRISTIAN WOMEN'S JOB CORPS OF MIDDLE TENNESSEE - P.O. BOX 22388 - NASHVILLE, TN 37206	76-0718734		20,000.	0.			TO FURTHER EXEMPT PURPOSES
COMMUNITY CARE FELLOWSHIP P.O. BOX 60068 NASHVILLE, TN 37206	36-2167731		25,000.	0.			TO FURTHER EXEMPT PURPOSES
COMMUNITY CHILD CARE SERVICES 182 EXECUTIVE PARK DRIVE HENDERSONVILLE, TN 37075	58-1788663		25,000.	0.			TO FURTHER EXEMPT PURPOSES
COMMUNITY FOOD ADVOCATES 415 4TH AVENUE SOUTH, UNIT B NASHVILLE, TN 37201	51-0185425		8,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387		30,000.	0.			TO FURTHER EXEMPT PURPOSES
COUNTRY DAY MONTESSORI SCHOOL 162 NEW SHACKLE ISLAND ROAD HENDERSONVILLE, TN 37075	58-1208702		10,000.	0.			TO FURTHER EXEMPT PURPOSES
CREATOR'S KIDS PRESCHOOL 106 GALLATIN ROAD NORTH GALLATIN, TN 37115	30-0352027		8,000.	0.			TO FURTHER EXEMPT PURPOSES
CUMBERLAND REGION TOMORROW P.O. BOX 150902 NASHVILLE, TN 37215	62-1836825		5,000.	0.			TO FURTHER EXEMPT PURPOSES
CUMBERLAND UNIVERSITY ONE CUMBERLAND SQUARE LEBANON, TN 37087	62-0599339		50,000.	0.			TO FURTHER EXEMPT PURPOSES
DAYSTAR COUNSELING MINISTRIES 2801 AZALEA PLACE NASHVILLE, TN 37204	62-1244203		35,000.	0.			TO FURTHER EXEMPT PURPOSES
DECISIONS, CHOICES & OPTIONS 109 BRIARCREST COURT EAST HENDERSONVILLE, TN 37075	45-0482056		20,000.	0.			TO FURTHER EXEMPT PURPOSES
DISCOVER MADISON 301 MADISON STREET MADISON, TN 37115	03-0573906		75,000.	0.			TO FURTHER EXEMPT PURPOSES
DISCOVERY PLACE 1635 SPENCER MILL ROAD BURNS, TN 37029	62-1688708		40,250.	0.			TO FURTHER EXEMPT PURPOSES

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Schedule I (Form 990)

Schedule I (Form 990) THE MEMORIAL FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONELSON CHRISTIAN ACADEMY 300 DANYACREST DRIVE NASHVILLE, TN 37214	62-0854263		75,000.	0.			TO FURTHER EXEMPT PURPOSES
DOWN SYNDROME ASSOCIATION OF MIDDLE TENNESSEE - 111 N. WILSON BLVD. - NASHVILLE, TN 37205	62-1564176		14,860.	0.			TO FURTHER EXEMPT PURPOSES
EAST ACADEMY 108 CHAPEL AVENUE NASHVILLE, TN 37204	62-1841090		35,000.	0.			TO FURTHER EXEMPT PURPOSES
EASTER SEALS TENNESSEE 3011 ARMORY DRIVE, SUITE 100 NASHVILLE, TN 37204	62-0504893		25,000.	0.			TO FURTHER EXEMPT PURPOSES
EDUCATION FIRST FUND 3833 CLEGHORN AVENUE, SUITE 400 NASHVILLE, TN 37215	62-1471789		100,000.	0.			TO FURTHER EXEMPT PURPOSES
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE STREET - NASHVILLE, TN 37208	62-0562855		5,000.	0.			TO FURTHER EXEMPT PURPOSES
ENCOURAGEMENT MINISTRIES P.O. BOX 2082 BRENTWOOD, TN 37024	62-1866624		10,000.	0.			TO FURTHER EXEMPT PURPOSES
EXCHANGE CLUB FAMILY CENTER 139 THOMPSON LANE NASHVILLE, TN 37211	62-1237360		25,000.	0.			TO FURTHER EXEMPT PURPOSES
FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE NORTH NASHVILLE, TN 37203	62-1816811		50,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

THE MEMORIAL FOUNDATION

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S SERVICE/CRISIS CENTER - 201 23RD AVENUE NORTH - NASHVILLE, TN 37203	62-0499284		35,000.	0.			TO FURTHER EXEMPT PURPOSES
FANNIE BATTLE DAY HOME FOR CHILDREN - 911 SHELBY AVENUE - NASHVILLE, TN 37206	62-0476290		30,000.	0.			TO FURTHER EXEMPT PURPOSES
FELLOWSHIP OF CHRISTIAN ATHLETES 2603 ELM HILL PIKE, SUITE C NASHVILLE, TN 37214	44-0610626		62,500.	0.			TO FURTHER EXEMPT PURPOSES
FIFTEENTH AVENUE BAPTIST CHURCH 1203 9TH AVENUE NORTH NASHVILLE, TN 37208			5,000.	0.			TO FURTHER EXEMPT PURPOSES
FIFTYFORWARD MADISON STATION 301 MADISON STREET MADISON, TN 37115	62-0566419		200,000.	0.			TO FURTHER EXEMPT PURPOSES
FIRST STEPS 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	58-3313008		5,000.	0.			TO FURTHER EXEMPT PURPOSES
FRIENDS IN GENERAL 1818 ALBION STREET NASHVILLE, TN 37208	62-1383977		10,000.	0.			TO FURTHER EXEMPT PURPOSES
FRIENDS OF WARNER PARKS 50 VAUGHN ROAD NASHVILLE, TN 37221	62-1333658		5,000.	0.			TO FURTHER EXEMPT PURPOSES
GALLATIN C.A.R.E.S. 330 DURHAM STREET GALLATIN, TN 37066	62-1179969		30,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALLATIN SHALOM ZONE P.O. BOX 1436 GALLATIN, TN 37066	62-1800512		50,000.	0.			TO FURTHER EXEMPT PURPOSES
GALLATIN SENIOR CITIZENS CENTER 200 EAST MAIN STREET GALLATIN, TN 37066	62-1012538		10,000.	0.			TO FURTHER EXEMPT PURPOSES
GILDA'S CLUB NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190		25,000.	0.			TO FURTHER EXEMPT PURPOSES
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380		30,000.	0.			TO FURTHER EXEMPT PURPOSES
GIVINGMATTERS.COM 3833 CLEGHORN AVENUE, #400 NASHVILLE, TN 37215	62-1471789		10,000.	0.			TO FURTHER EXEMPT PURPOSES
GLOBAL EDUCATION CENTER 4822 CHARLOTTE AVENUE NASHVILLE, TN 37209	62-1681169		10,000.	0.			TO FURTHER EXEMPT PURPOSES
GOODLETTSVILLE HELP CENTER 108 DEPOT STREET GOODLETTSVILLE, TN 37072	62-1329916		30,000.	0.			TO FURTHER EXEMPT PURPOSES
GOODPASTURE CHRISTIAN SCHOOL 619 DUE WEST AVENUE MADISON, TN 37115	62-0725510		35,000.	0.			TO FURTHER EXEMPT PURPOSES
GREATER FAITH COMMUNITY ACTION CORPORATION - P.O. BOX 215 - SPRINGFIELD, TN 37172 LHA	90-0139322		25,000.	0.			TO FURTHER EXEMPT PURPOSES

Schedule I (Form 990)

THE MEMORIAL FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWAYS FOR NASHVILLE P.O. BOX 196340 NASHVILLE, TN 37219	62-1570596		60,000.	0.			TO FURTHER EXEMPT PURPOSES
HANDS ON NASHVILLE 209 10TH AVENUE SOUTH, STE 318 NASHVILLE, TN 37203	62-1461078		60,000.	0.			TO FURTHER EXEMPT PURPOSES
HEALTH ASSIST TENNESSEE P.O. BOX 281858 NASHVILLE, TN 37228	62-0912481		10,000.	0.			TO FURTHER EXEMPT PURPOSES
HEARING BRIDGES 415 4TH AVENUE SOUTH NASHVILLE, TN 37201	62-0498798		15,000.	0.			TO FURTHER EXEMPT PURPOSES
HENDERSONVILLE CHAMBER FOUNDATION 100 NORTH COUNTRY CLUB DRIVE HENDERSONVILLE, TN 37075	58-1659219		5,000.	0.			TO FURTHER EXEMPT PURPOSES
HENDERSONVILLE SAMARITAN ASSOCIATION - 116 DUNN STREET - HENDERSONVILLE, TN 37075	62-1586362		9,500.	0.			TO FURTHER EXEMPT PURPOSES
HOME BOUND MEALS PROGRAM 109 BALLENTRAE COURT HENDERSONVILLE, TN 37075	62-1773683		10,000.	0.			TO FURTHER EXEMPT PURPOSES
HOMESAFE OF SUMNER, WILSON & ROBERTSON COUNTIES - P.O. BOX 607 - GALLATIN, TN 37066	58-1575248		30,000.	0.			TO FURTHER EXEMPT PURPOSES
HOMework HOTLINE 4805 PARK AVENUE NASHVILLE, TN 37209	62-1446139		8,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

THE MEMORIAL FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE BEYOND HOPE 4230 HARDING ROAD, SUITE 307 NASHVILLE, TN 37205	27-0893668		10,000.	0.			TO FURTHER EXEMPT PURPOSES
HOPE CLINIC FOR WOMEN 1810 HAYES STREET NASHVILLE, TN 37203	62-1164825		25,000.	0.			TO FURTHER EXEMPT PURPOSES
HOPE FAMILY HEALTH SERVICES 12124 HIGHWAY 62 BYPASS, SUITE 5 WESTMORELAND, TN 37186	20-1944166		50,000.	0.			TO FURTHER EXEMPT PURPOSES
HOSPITAL HOSPITALITY HOUSE 214 REIDHURST AVENUE NASHVILLE, TN 37203	62-0909363		25,000.	0.			TO FURTHER EXEMPT PURPOSES
HUMANITIES TENNESSEE 306 GAY STREET, SUITE 306 NASHVILLE, TN 37201	62-0933337		5,000.	0.			TO FURTHER EXEMPT PURPOSES
INTERFAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE, TN 37203	62-1567615		35,000.	0.			TO FURTHER EXEMPT PURPOSES
ISAAC LITTON ALUMNI ASSOCIATION 114 NEWPORT CIRCLE HENDERSONVILLE, TN 37075	20-2397387		200,000.	0.			TO FURTHER EXEMPT PURPOSES
JASON FOUNDATION 18 VOLUNTEER DRIVE HENDERSONVILLE, TN 37075	62-1714715		35,000.	0.			TO FURTHER EXEMPT PURPOSES
JOBS FOR LIFE P.O. BOX 20368 RALEIGH, NC 27619 LHA	56-2193808		10,000.	0.			TO FURTHER EXEMPT PURPOSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF MIDDLE TENNESSEE - 120 POWELL PLACE - NASHVILLE, TN 37204	84-1267604		50,000.	0.			TO FURTHER EXEMPT PURPOSES
KING'S DAUGHTERS CHILD DEVELOPMENT CENTER - 590 N. DUPONT STREET - MADISON, TN 37118	62-0729602		35,000.	0.			TO FURTHER EXEMPT PURPOSES
LADIES' HERMITAGE ASSOCIATION 4580 RACHEL'S LANE HERMITAGE, TN 37076	62-0478087		75,000.	0.			TO FURTHER EXEMPT PURPOSES
LAND TRUST FOR TENNESSEE P.O. BOX 23473 NASHVILLE, TN 37202	62-1770549		45,000.	0.			TO FURTHER EXEMPT PURPOSES
LEADERSHIP NASHVILLE P.O. BOX 190498 NASHVILLE, TN 37219	62-0986090		5,000.	0.			TO FURTHER EXEMPT PURPOSES
LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS - 300 DEADERICK STREET - NASHVILLE, TN 37201	62-0800756		40,000.	0.			TO FURTHER EXEMPT PURPOSES
LOVE HELPS P.O. BOX 669 MADISON, TN 37116	62-1600206		10,000.	0.			TO FURTHER EXEMPT PURPOSES
MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE - 209 10TH AVENUE SOUTH, STE 527 - NASHVILLE, TN 37203	62-1833327		35,000.	0.			TO FURTHER EXEMPT PURPOSES
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 37206	62-0477728		35,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY PARRISH CENTER P. O. BOX 60009 NASHVILLE, TN 37206	62-1816561		35,000.	0.			TO FURTHER EXEMPT PURPOSES
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN STREET NASHVILLE, TN 37207	62-0479366		75,000.	0.			TO FURTHER EXEMPT PURPOSES
MEN OF VALOR 1420 DONELSON PIKE NASHVILLE, TN 37217	62-1836815		87,500.	0.			TO FURTHER EXEMPT PURPOSES
MENDING HEARTS 4302 ALBION WAY NASHVILLE, TN 37209	73-1697900		20,000.	0.			TO FURTHER EXEMPT PURPOSES
MENTAL HEALTH ASSOCIATION OF MIDDLE TENNESSEE - 295 PLUS PARK BLVD., SUITE 201 - NASHVILLE, TN 37217	62-0637710		25,000.	0.			TO FURTHER EXEMPT PURPOSES
METROPOLITAN NASHVILLE/DAVIDSON COUNTY PUBLIC SCHOOLS - 211 COMMERCE STREET, SUITE 100 - NASHVILLE, TN 37201	62-1413808		5,000.	0.			TO FURTHER EXEMPT PURPOSES
MIDDLE TENNESSEE COUNCIL-BOY SCOUTS OF AMERICA - P.O. BOX 150409 - NASHVILLE, TN 37215	22-1576300		10,000.	0.			TO FURTHER EXEMPT PURPOSES
MIDDLE TENNESSEE MENTAL HEALTH AND SUBSTANCE ABUSE COALITION - P.O. BOX 23584 - NASHVILLE, TN 37202	37-1486630		5,000.	0.			TO FURTHER EXEMPT PURPOSES
MIRIAM'S PROMISE 522 RUSSELL STREET NASHVILLE, TN 37206	62-1721505		20,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE LOAVES & FISHES NASHVILLE 3605 HILLSBORO ROAD NASHVILLE, TN 37215	74-2956081		35,000.	0.			TO FURTHER EXEMPT PURPOSES
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670		35,000.	0.			TO FURTHER EXEMPT PURPOSES
MORNING STAR SANCTUARY P.O. BOX 568 MADISON, TN 37116	27-0039292		50,000.	0.			TO FURTHER EXEMPT PURPOSES
MUSIC CITY DRUM AND BUGLE CORPS 1727 ELM HILL PIKE NASHVILLE, TN 37210	26-3258158		10,000.	0.			TO FURTHER EXEMPT PURPOSES
NAMI TENNESSEE 1101 KERMIT DRIVE, SUITE 605 NASHVILLE, TN 37217	58-1679614		25,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVENUE, STE 211 NASHVILLE, TN 37209	58-1488230		20,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE AREA HABITAT FOR HUMANITY - 1006 EIGHTH AVENUE SOUTH - NASHVILLE, TN 37203	58-1636286		100,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVENUE NASHVILLE, TN 37210	62-1484097		45,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE CHILDREN'S THEATRE 25 MIDDLETON STREET NASHVILLE, TN 37210	62-0637709		35,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE DRUG COURT SUPPORT FOUNDATION - 1300 DIVISION STREET, SUITE 107 - NASHVILLE, TN 37203	62-1693413		40,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE INNER CITY MINISTRY 185 ANTHES DRIVE NASHVILLE, TN 37210	62-1274899		30,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE OPERA ASSOCIATION 3622 REDMON STREET NASHVILLE, TN 37209	62-1119830		10,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER - P.O. BOX 280507 - NASHVILLE, TN 37228	62-0794650		25,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE PUBLIC LIBRARY FOUNDATION - 615 CHURCH STREET - NASHVILLE, TN 37209	62-1681766		100,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE PUBLIC TELEVISION 161 RAINS AVENUE NASHVILLE, TN 37203	62-1740928		60,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE RESCUE MISSION 639 LAFAYETTE STREET NASHVILLE, TN 37203	62-6018832		87,500.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PLACE NASHVILLE, TN 37201	62-0550979		25,000.	0.			TO FURTHER EXEMPT PURPOSES
NASHVILLE YOUTH FOR CHRIST P.O. BOX 330027 NASHVILLE, TN 37203	62-0984130		25,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

THE MEMORIAL FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE ZOO 3777 NOLENSVILLE ROAD NASHVILLE, TN 37211	62-1411210		150,000.	0.			TO FURTHER EXEMPT PURPOSES
NATIVE AMERICAN INDIAN ASSOCIATION OF TENNESSEE - 230 SPENCE LANE - NASHVILLE, TN 37210	58-1613534		10,000.	0.			TO FURTHER EXEMPT PURPOSES
NOWPLAYINGNASHVILLE.COM 3833 CLEGHORN AVENUE, #400 NASHVILLE, TN 37215	62-1471789		50,000.	0.			TO FURTHER EXEMPT PURPOSES
NURSES FOR NEWBORNS OF TENNESSEE 50 VANTAGE WAY, SUITE 101 NASHVILLE, TN 37228	43-1601329		20,000.	0.			TO FURTHER EXEMPT PURPOSES
OASIS CENTER 1704 CHARLOTTE PIKE, SUITE 200 NASHVILLE, TN 37203	62-0968273		25,000.	0.			TO FURTHER EXEMPT PURPOSES
PARENTS REACHING OUT 2201 MURPHY AVENUE, SUITE 203 NASHVILLE, TN 37203	58-1746172		7,500.	0.			TO FURTHER EXEMPT PURPOSES
PARK CENTER 801 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1336640		40,000.	0.			TO FURTHER EXEMPT PURPOSES
PASTORAL COUNSELING CENTERS OF TENNESSEE - 100 VINE COURT - NASHVILLE, TN 37205	58-1731899		20,000.	0.			TO FURTHER EXEMPT PURPOSES
PEACE UNLIMITED IN RECOVERY PO BOX 17976 NASHVILLE, TN 37217	86-1086171		5,000.	0.			TO FURTHER EXEMPT PURPOSES

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Schedule I (Form 990)

THE MEMORIAL FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENCIL FOUNDATION 421 GREAT CIRCLE ROAD, SUITE 100 NASHVILLE, TN 37228	58-1475675		18,000.	0.			TO FURTHER EXEMPT PURPOSES
PORTLAND AREA LIBRARY FOUNDATION 301 PORTLAND BLVD. PORTLAND, TN 37148	26-0784256		100,000.	0.			TO FURTHER EXEMPT PURPOSES
PRESTON TAYLOR MINISTRIES P.O. BOX 90442 NASHVILLE, TN 37209	62-1757018		5,000.	0.			TO FURTHER EXEMPT PURPOSES
PREVENT BLINDNESS TENNESSEE 95 WHITE BRIDGE ROAD, SUITE 513 NASHVILLE, TN 37205	36-3667121		20,000.	0.			TO FURTHER EXEMPT PURPOSES
PROJECT RETURN 1200 DIVISION STREET, SUITE 200 NASHVILLE, TN 37203	62-1058325		25,000.	0.			TO FURTHER EXEMPT PURPOSES
RENEWAL HOUSE P.O. BOX 280356 NASHVILLE, TN 37228	62-1631055		25,000.	0.			TO FURTHER EXEMPT PURPOSES
ROBERTSON COUNTY EDUCATION INITIATIVE - 503 WEST COURT SQUARE - SPRINGFIELD, TN 37172	86-1055228		40,000.	0.			TO FURTHER EXEMPT PURPOSES
ROCK HOUSE WAY 1815 CROMWELL DRIVE NASHVILLE, TN 37215	62-1761994		10,000.	0.			TO FURTHER EXEMPT PURPOSES
ROCKETTOWN OF MIDDLE TENNESSEE 601 4TH AVENUE SOUTH NASHVILLE, TN 37215	62-1571573		40,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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ROOFTOP P.O. BOX 150204 NASHVILLE, TN 37215	20-4970385		10,000.	0.			TO FURTHER EXEMPT PURPOSES
SAFE HAVEN FAMILY SHELTER 1234 THIRD AVENUE SOUTH NASHVILLE, TN 37210	62-1807653		35,000.	0.			TO FURTHER EXEMPT PURPOSES
SAINT THOMAS HEALTH SERVICES FUND 4220 HARDING ROAD NASHVILLE, TN 37205	58-1663055		50,000.	0.			TO FURTHER EXEMPT PURPOSES
SALAMA URBAN MINISTRIES 1205 EIGHTH AVENUE SOUTH NASHVILLE, TN 37203	58-2198012		40,000.	0.			TO FURTHER EXEMPT PURPOSES
SALVATION ARMY-NASHVILLE AREA COMMAND - P.O. BOX 2229 - LOUISVILLE, KY 40201	58-0660607		25,000.	0.			TO FURTHER EXEMPT PURPOSES
SALVUS CENTER 556 HARTSVILLE PIKE GALLATIN, TN 37066	20-2278505		40,000.	0.			TO FURTHER EXEMPT PURPOSES
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE ROAD - NASHVILLE, TN 37228	62-1049447		50,000.	0.			TO FURTHER EXEMPT PURPOSES
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294		125,000.	0.			TO FURTHER EXEMPT PURPOSES
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204 LHA	58-1867940		50,000.	0.			TO FURTHER EXEMPT PURPOSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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SOUTHEASTERN COUNCIL OF FOUNDATIONS - 50 HURT PLAZA, SUITE 350 - ATLANTA, GA 30303	56-0995114		5,500.	0.			TO FURTHER EXEMPT PURPOSES
SOUTHERN SUDANESE YOUTH CONNECTION P.O. BOX 116 GALLATIN, TN 37066	62-1872719		15,000.	0.			TO FURTHER EXEMPT PURPOSES
SPONSORS SCHOLARSHIP PROGRAM 116 WESTOVER PARK COURT NASHVILLE, TN 37215	20-2511913		25,000.	0.			TO FURTHER EXEMPT PURPOSES
ST. ANN'S EPISCOPAL CHURCH 419 WOODLAND STREET NASHVILLE, TN 37206	62-6075442		5,000.	0.			TO FURTHER EXEMPT PURPOSES
ST. LUKE'S COMMUNITY HOUSE 5601 NEW YORK AVENUE NASHVILLE, TN 37209	62-0484183		25,000.	0.			TO FURTHER EXEMPT PURPOSES
STARS NASHVILLE 1704 CHARLOTTE AVENUE, SUITE 200 NASHVILLE, TN 37203	62-1285699		125,000.	0.			TO FURTHER EXEMPT PURPOSES
SUNNER ACADEMY 464 NICHOLS LANE GALLATIN, TN 37066	23-7242981		50,000.	0.			TO FURTHER EXEMPT PURPOSES
SUNNER COUNTY CASA 393 MAPLE STREET, SUITE 400 GALLATIN, TN 37066	62-1465336		20,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE HISTORICAL SOCIETY 305 SIXTH AVENUE NORTH NASHVILLE, TN 37243	62-1053507		5,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVENUE NASHVILLE, TN 37201	62-1630417		25,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE JUSTICE FOR OUR NEIGHBORS - 2007 ACKLEN AVENUE - NASHVILLE, TN 37212	36-2167731		10,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE MEDICAL FOUNDATION 216 CENTERVIEW DRIVE, SUITE 304 BRENTWOOD, TN 37027	62-0541813		25,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE PERFORMING ARTS CENTER P.O. BOX 190660 NASHVILLE, TN 37219	58-1320590		20,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE PRISON OUTREACH MINISTRY P.O. BOX 419 MADISON, TN 37116			10,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE REPERTORY THEATRE 161 RAINS AVENUE NASHVILLE, TN 37203	62-1811578		15,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE SENIOR OLYMPICS P.O. BOX 2030 COLUMBIA, TN 38402	58-2049992		10,000.	0.			TO FURTHER EXEMPT PURPOSES
TENNESSEE WILDLIFE FEDERATION 300 ORLANDO AVENUE, SUITE 200 NASHVILLE, TN 37209	62-6047188		10,000.	0.			TO FURTHER EXEMPT PURPOSES
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY ROAD SCOTTSDALE, KY 42164 LHA	20-1789905		10,000.	0.			TO FURTHER EXEMPT PURPOSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774		60,000.	0.			TO FURTHER EXEMPT PURPOSES
THE REFUGE CENTER FOR COUNSELING 106 MISSION CT., SUITE 302 FRANKLIN, TN 37067	20-3931843		5,000.	0.			TO FURTHER EXEMPT PURPOSES
TIME TO RISE 323 WALNUT DRIVE NASHVILLE, TN 37205	62-1570175		20,000.	0.			TO FURTHER EXEMPT PURPOSES
TROUSDALE PLACE HISTORIC SITE P.O. BOX 953 GALLATIN, TN 37066	62-6075040		15,000.	0.			TO FURTHER EXEMPT PURPOSES
VENA STUART ELEMENTARY SCHOOL 700 HART STREET GALLATIN, TN 37066			22,000.	0.			TO FURTHER EXEMPT PURPOSES
WATKINS COLLEGE OF ART, DESIGN & FILM - 2298 ROSA L. PARKS BLVD. - NASHVILLE, TN 37228	62-0475751		35,000.	0.			TO FURTHER EXEMPT PURPOSES
WELCOME HOME MINISTRIES P.O. BOX 100183 NASHVILLE, TN 37224	62-1515995		50,000.	0.			TO FURTHER EXEMPT PURPOSES
WESTMORELAND HIGH SCHOOL 4300 HAWKINS DRIVE WESTMORELAND, TN 37189			5,000.	0.			TO FURTHER EXEMPT PURPOSES
YMCA OF MIDDLE TENNESSEE 1000 CHURCH STREET NASHVILLE, TN 37203	62-0476243		226,666.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOU HAVE THE POWER...KNOW HOW TO USE IT - 2814 12TH AVENUE SOUTH, SUITE 211 - NASHVILLE, TN 37204	62-1616253		10,000.	0.			TO FURTHER EXEMPT PURPOSES
YOUNG LEADERS COUNCIL 2200 HILLSBORO ROAD, SUITE 260 NASHVILLE, TN 37212	62-1533562		5,000.	0.			TO FURTHER EXEMPT PURPOSES
YOUTH ENCOURAGEMENT SERVICES 521 MCIVER STREET NASHVILLE, TN 37211	62-0570681		35,000.	0.			TO FURTHER EXEMPT PURPOSES
YOUTH LIFE LEARNING CENTER P.O. BOX 90212 NASHVILLE, TN 37209	52-1576472		30,000.	0.			TO FURTHER EXEMPT PURPOSES
YOUTH VILLAGES 3310 PERIMETER HILL DRIVE NASHVILLE, TN 37211	58-1716970		25,000.	0.			TO FURTHER EXEMPT PURPOSES
YWCA OF NASHVILLE AND MIDDLE TENNESSEE - 1608 WOODMONT BLVD. - NASHVILLE, TN 37215	62-0475702		50,000.	0.			TO FURTHER EXEMPT PURPOSES

LHA

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE MEMORIAL FOUNDATION

Employer identification number

62-1202302

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 J.D. ELLIOTT	(i)	274,940.	0.	0.	19,500.	29,427.	323,867.
	(ii)	0.	0.	0.	0.	0.	0.
2 SCOTT PERRY	(i)	130,385.	0.	0.	12,976.	20,066.	163,427.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE MEMORIAL FOUNDATION

Employer identification number

62-1202302

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO NONPROFIT ORGANIZATIONS. THE FOUNDATION RESPONDS TO DIVERSE
COMMUNITY NEEDS, ASSISTING AGENCIES THAT FOCUS ON: HEALTH, HUMAN AND
SOCIAL SERVICES, EDUCATION, SENIOR CITIZENS, YOUTH AND CHILDREN,
COMMUNITY SERVICES, AND SUBSTANCE ABUSE PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND CHILDREN, COMMUNITY SERVICES, AND SUBSTANCE ABUSE PROGRAMS.

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

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

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

Name of the organization

THE MEMORIAL FOUNDATION

Employer identification number

62-1202302

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,183,784.

PAYMENTS TO AFFILIATES -3,200.

TOTAL TO FORM 990, PART XI, LINE 5 1,180,584.

FORM 990, PART XII, LINE #2C

THE ORGANIZATION'S REVIEW PROCESS OR SELECTION PROCESS OF AUDITED FINANCIAL STATEMENTS DID NOT CHANGE FROM PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE MEMORIAL FOUNDATION

Employer identification number
62-1202302

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY HEALTH SERVICES - 62-1002833	PROVIDE HOME HEALTH CARE						
100 BLUEGRASS COMMONS BLVD., SUITE 320	PATIENTS OF NASHVILLE			509(A)(3),			X
HENDERSONVILLE, TN 37075	MEMORIAL HOSPITAL	TENNESSEE	501(C)(3)	TYPE I			
MEDICAL CREDIT CLEARING - 62-1496205	ADMINISTRATIVE AND						
100 BLUEGRASS COMMONS BLVD., SUITE 320	COLLECTION OF HOSPITAL &			509(A)(3),			X
HENDERSONVILLE, TN 37075	OTHER NOT-FOR-PROFIT	TENNESSEE	501(C)(3)	TYPE I			
NASHVILLE MEMORIAL OUTREACH - 62-1184888	PROVIDE MEDICAL ASSISTANCE						
100 BLUEGRASS COMMONS BLVD., SUITE 320	TO THE PUBLIC			509(A)(3),			X
HENDERSONVILLE, TN 37075		TENNESSEE	501(C)(3)	TYPE I			
NASHVILLE MEMORIAL HOSPITAL	ADMINISTRATION OF						
100 BLUEGRASS COMMONS BLVD., SUITE 320	INSURANCE AND RETIREMENT						
HENDERSONVILLE, TN 37075	PLANS AFTER SALE OF						
		TENNESSEE	501(C)(3)	170(B)(1)(A)			X

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

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
RECEIVED GRANT CONTRIBUTION FROM THE (1) NASHVILLE MEMORIAL HOSPITAL	C	1,200,000.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

The Memorial Foundation
EIN: 62-1202302
December 31, 2010
Form 990, Schedule A, Part IV-A, Line 26f

The Memorial Foundation (the "Foundation") is a publicly supported organization within the meaning of I.R.C. § 170(b)(1)(A)(vi). While the Foundation did not reach the 33⅓ percent public support test under Treasury Regulations § 1.170A-9(e)(2) for 2010,¹ it did satisfy the facts and circumstances test under Treasury Regulations § 1.170A-9(e)(3).

For years 2003, 2004, 2005, 2006, 2007, 2008, 2009, and 2010 the Foundation's public support percentage was, 29.0282%, 21.0607%, 16.7969%, 16.7168%, 19.1934%, 15.7396%, 18.8531% and 22.1730% respectively. Although each year it is below 33⅓ percent,² they still greatly exceed the minimum 10 percent of public support required under the facts and circumstances test. Despite the decline in the Foundation's public support percentage each year, it is expected that for 2010 and the years following, the Foundation's public support percentage will equal or exceed 10 percent as result of additional contributions. For all years prior to 2001, the Foundation easily met the 33⅓ percent public support test.

The Foundation's public support percentage has decreased each year because a high percentage of its support came from investment income on endowment funds. These endowment funds were contributed by Nashville Memorial Hospital, Inc., a Tennessee non-profit hospital that is tax-exempt under I.R.C. § 501(c)(3) ("the Hospital"). The Hospital contributed the funds to the Foundation, with the approval of the Attorney General of the State of Tennessee, in connection with its dissolution. The Foundation was not funded by a small group of individuals, and, in fact, no disqualified persons have contributed to the Foundation. The Foundation receives contributions from the Hospital, and will continue to do so as the Hospital completes its dissolution process and is able to transfer funds that are no longer restricted for legal and liability purposes.

Since formation, the Foundation has been governed by a large blue-ribbon Board of Trustees (the "Board").³ The Board currently consists of eighteen prominent community and civic leaders that represent a broad cross-section of the views and interests of the public. These individual have demonstrated experience in civic and charitable causes and have knowledge of business affairs that are required to effectuate the charitable purposes of the Foundation. The Board members are not compensated for their services.

¹ The 2003 public support percentage was calculated using the Foundation's aggregate support generated during January 1, 1999 through December 31, 2002; 2004 using the aggregate support generated during January 1, 2000 through December 31, 2003; 2005 using January 1, 2001 through December 31, 2004; 2006 using January 1, 2002 through December 31, 2005, 2007 using January 1, 2003 through December 31, 2006; 2008 using January 1, 2004 through December 31, 2007 as required by Treas. Reg. § 1.170A-9(e)(4).

² See Form 990, Schedule A, Part IV-A, Line 26f for each respective year.

³ See Form 990, Part V.

During 2003, 2004, 2005, 2006, 2007, 2008, 2009 and 2010 at the direction and under the supervision of the Board, the Foundation provided \$3,779,790, \$6,635,647, \$7,443,418, \$7,933,005, \$11,255,052, 5,688,457, \$6,542,944, and \$8,125,024 respectively, in grants and charitable contributions to approximately 200 charitable organizations located throughout Middle Tennessee each year.⁴ Many of these organizations rely heavily on the Foundation for funding. Because the Foundation disperses funds to numerous community organizations with a wide-variety of charitable purposes, it attracts attention from the general public, increasing not only the public's awareness of the Foundation, but also of these recipient organizations. This awareness and goodwill in the community will benefit the Foundation if it establishes additional fund-raising activities in the future. Based on all the facts and circumstances described above, the Foundation should continue to qualify as a publicly supported organization under Treasury Regulations § 1.170A-9(e)(3).

⁴

See attached listing of grant recipients.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THE MEMORIAL FOUNDATION	Employer identification number 62-1202302
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 100 BLUEGRASS COMMONS BLVD., NO. 320	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HENDERSONVILLE, TN 37075	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JUDY MILLIKEN - 100 BLUEGRASS COMMONS BLVD, SUITE 320 -

- The books are in the care of ► **HENDERSONVILLE, TN 37075**

Telephone No. ► **615-822-9499**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2010** or
► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2011)