

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

\*\* EXTENSION OF TIME TO FILE ATTACHED\*\*

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning MAY 1, 2013 and ending APR 30, 2014 OMB No 1545-0047

Open to Public Inspection

В	Check if	C Name of organization			D Employer identific	cation number		
<u> </u>	Addres		<b>→</b>		İ			
	lchange Name		inc.			605430		
	lchange lnitial			5 , ,		695430		
급	return Termin	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	1			
₹	Jated Amend	1300 OllToll Avellue			(901			
<b>:</b>  =	return Applica	City or town, state or province, country, and	- ·		G Gross receipts \$	180,102.		
⋜┖	tion pendin	Memphis, TN 38104-402			H(a) is this a group re			
₽ R		F Name and address of principal officer.Rob	ert M. Fockler		for subordinates			
		same as C above	<b>4</b>		H(b) Are all subordinates in			
2) 		mpt status X 501(c)(3) 501(c)( )		or 527	⊣ ''''	list (see instructions)		
		e:▶ www.cfgm.org			H(c) Group exemption			
-			sociation Other	L Year	of formation: 2000 N	State of legal domicile: TN		
	art I	Summary		<del></del>				
၉	1	Briefly describe the organization's mission or mos	significant activities See	Stater	ment O			
iance	.				<u> </u>			
≆ ₽	1	<del>-</del>	ntinued its operations or dispos	sed of mor	e than 25% of its net as			
٦	1	Number of voting members of the governing body			3	11		
$\bigcirc$	1	Number of independent voting members of the go	= : :		4	5		
SCANNED MR Activities & Govern	5	fotal number of individuals employed in calendar	/ear 2013 (Part V, line 2a)		5	0		
Źξ		Fotal number of volunteers (estimate if necessary)			6	5		
Ųς		Total unrelated business revenue from Part VIII, co			7a	0.		
<u> </u>	<u>b</u> !	Net unrelated business taxable income from Form	990-T, line 34	-	7b	0.		
	, ^	" Live agen 1.			Prior Year	Current Year		
<u>a</u>		Contributions and grants (Part VIII, line 1h)		<u> </u>	100,000.	161,205.		
Revenue	9 1	Program service revenue (Part VIII, line 2g)			0.	0.		
ě		nvestment income (Part VIII, column (A), lines 3, 4			9,063.	<u> 18,897.</u>		
, μ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		109,063.	180,102.		
	13 (	Grants and similar amounts paid (Part IX, column	A), lines 1-3)		72,325.	172,750.		
	<b>14</b> 1	Benefits paid to or for members (Part IX, column (	N), line 4)		0.	0.		
Ş	15	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		0.	0 <u>.</u>		
Expenses	16a l	Professional fundraising fees (Part IX, column (A),	ıne 11e)		0.	0.		
ŝ	ь.	otal fundraising expenses (Part IX, column (D), lin	e 25) 🕨	0.				
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d			2,672.	3,164.		
	18	otal expenses Add lines 13-17 (must equal Part	X, column (A), line 25)		74,997.	175,914.		
	19	Revenue less expenses Subtract line 18 from line	12		34,066.	4,188.		
Soc				В	eginning of Current Year	End of Year		
sets	20	otal assets (Part X, line 16)			182,001.	178,438.		
88	21	otal liabilities (Part X, line 26)			21,000.	10,000.		
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from	line 20		161,001.	168,438.		
P	art II	Signature Block	<del></del>					
Und	er penal	ties of perjury, I declare that I have examined this return	including accompanying schedule	s and staten	nents, and to the best of my	y knowledge and belief, it is		
true	, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nch prepare	r has any knowledgę.			
		NO 12 X NI GUX			3-h-	-2015		
Sig	n	Signature of officer	$\circ$		Date			
Her	- 1	Mack E. McCaul, Jr., T	reasurer					
		· · · · · · · · · · · · · · · · · · ·	Drangers's grangeture		Date Check	PTIN		
Da:-	.	Print/Type preparer's name	Preparer's signature		4 -			
Paid	ŀ	Furnia nama			setf-employe	:0		
-		Firm's name			Firm's EIN			
use	Onty	Firm's address			DL			
		O de sus			Phone no.	<del></del>		
	_	S discuss this return with the preparer shown about				Yes No		
3320	01 10-29	-13 LHA For Paperwork Reduction Act Notice	e, see the separate instruction	ons.		Form <b>990</b> (2013)		

See Schedule O for Organization Mission Statement Continuation

	990 (2013) Gilliland Family Fund, Inc. 31-1695430 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Binefly describe the organization's mission
	The primary exempt purpose of the organization is to assist the
	Community Foundation of Greater Memphis, Inc. in carrying out its
	charitable mission.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 172,750 . including grants of \$ 172,750 . ) (Revenue \$)
	The Foundation's only program is to accept property for use exclusively
	for religious, charitable, scientific, literary, or educational
	purposes primarialy in and for the benefit of Memphis and Shelby County
	and the vicinity thereof.
	and the vicinity thereof.
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
	,
	<del></del>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 172,750.
33200 10-29	

# "Yes," complete Schedule A Schedule B, Schedule C Contributors?  Did the organization regimed in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? # "Yes," complete Schedule C, Part II  Sections Strick[3] organizations. Did the organization engage in lobbying activities, or have a section S01(h) election in effect during the tax year? # "Yes," complete Schedule C, Part II  Did the organization naviation and year of procedure 98-199 # "Yes," complete Schedule C, Part II  Did the organization maintain any donor advised funds or any smillar funds or accounts? # "Yes," complete Schedule D, Part II  Did the organization maintain any donor advised funds or any smillar dinds or accounts? # "Yes," complete Schedule D, Part II  Did the organization neared an collections of works of art, historical treasures, or other smillar assets? # "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other smillar assets? # "Yes," complete Schedule D, Part II  Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not liated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? # "Yes," complete Schedule D, Part IV  Did the organization is answer to inthough a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part VIII  Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other liabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other liabilities in Part X, line 15 that i				Yes	<u>No</u>
2 is the organization required to complete Schedule B, Schedule Of Contributors?  Did the organization engage in direct or indered profiles a campaign activities on behalf of or in opposition to candidates for public office? If "Ves," complete Schedule C, Part II  Section 501(k(3) organization. Bot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization as definion if hewaruse Procedure is \$197 if "Ves," complete Schedule C, Part III  Did the organization and the analysis of the organization and the part is provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III  Did the organization mantarian any donor advised funds or any armilar funds or accounts? If "Yes," complete Schedule D, Part III  Did the organization mantarian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization mantarian proof an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consisting, disb th management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for other hashities in Part X, line 13 that is 5% or more of its total assets the organization services or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI  Did	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offect if "Ves," complete Schedule C, Part II at the organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III bill the organization as action 501(h)(s), 501(k)(s), or 501(k)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-198 If "Yes," complete Schedule C, Part III Did the organization maintain any domor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation assessment, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide circidic counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or though a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-sendowments? If "Yes," complete Schedule D, Part V II Tid be quantization asserts only of the following questions is "Pos.", then complete Schedule D, Part V II Tid uses the organization report an amount for early structure in Part X, line 12 If Yes, complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 159 If "Yes," complete Schedule D, Part X II Did the organization	_	•			
public office? If "Yes," complete Schedule C, Part II  Section SOT(R)3 organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide activate on the distribution or investment of amounts in such thad or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II  Did the organization amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt registration services? If "Yes," complete Schedule D, Part II  Did the organization report an amount for Intendigeness Schedule D, Part V  If the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V  Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for Investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for Investments - other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for Investments - other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part VI  Did the organization report an amo			_2_	<u> X</u>	
4 Section 501(x)(3) organizations. Did the organization engage in lobbying activities, or have a saction 501(x)(4) election in effect during the tax year? If "izes," complete Schedule C, Part II  5 Is the organization as estion 501(x)(4), 501(x)(5), or 501(x)(6) organization that receives membership dues, assessments, or smalar amounts as defined in Revenue Procedure 98 192 if "izes," complete Schedule C, Part III  6 Did the organization remarks and organization are small including assements for preserve open space, the environment, historic land areas, or historic structures? If "izes," complete Schedule D, Part II  7 Did tho organization received in orbid a conservation essement, including assements for preserve open space, the environment, historic land areas, or historic structures? If "izes," complete Schedule D, Part II  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "izes," complete Schedule D, Part II  10 Did the organization report an amount for elimination of the organization and interest to any of the following questions is "izes," then complete Schedule D, Part VI  11 If the organization an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI  13 Did the organization report an amount for brian assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "yes," complete Schedule D, Part X VI  14 Did the organization report an amount for himmans to program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "yes," complete Schedule D, Part X VI  15 Did the organization org	3				••
dump the tax year" if "Yes," complete Schedule C, Part II  Is the organization a section Solifo(4), 50 (60), 60 50 (6)) organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any dunor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distinction or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical advises, or structures? If "Yes," complete Schedule D, Part III  Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21 for eacrow or custodal account liability, serve as a custodan for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  If the organization report an amount for investments, or other securities in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments: other securities in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments: or other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments: or other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII  Did the organization report an amount for investments: or other securities and the particular organization assets and an amount for investments in the tax yea	4		_3_		<u>X</u>
5 is the organization a section SOI (c)(4), 501 (c)(5), or 501 (c)(8) organization that incerves membership dues, assessments, or smillar amounts as defined in Revenue Procedure 98-197 if Yes, complete Schedule C, Part III  5 Did the organization maintain any donor advesed funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or westment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or westment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or which are accounts in the fund of the environment, instancial representation or the fund of a constitution of the environment, instancial representation or the fund of the environment, instancial representation or the fund of the environment, instancial representation or the fund of the environment, and the environment and the environment, and the environment, and the environment and the enviro	4	· · · · · · · · · · · · · · · · · · ·			v
smilar amounts as defined in Revenue Procedure 98.19 // 11 // 12 // 12 // 13 // 13 // 14 // 14 // 15 // 15 // 15 // 16 /	5		4		
6 Dit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, instoric land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasuries, or other similar assests? If "Yes," complete Schedule D, Part II Did the organization name of Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, his settly organization as easier apported in Part X, line 16? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization is separate or consolidated in section 170(b)(1)(A)(B)(If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax	•		_		v
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II To Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II To Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV To Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI If the organization report an amount for interesting the organization report an amount for interesting the organization report an amount for investments - porganization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for westments - porgan related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for westments - porgan related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Did the organization report an amount for westments and report in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Did the o	6	·	_5_		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of air, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV Did the organization did in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V Ives, "complete Schedule D, Part V Ives," or organization did in the following questions is "Yes," then complete Schedule D, Part SV, Ivil, Vill, Vill, IX, or X as applicable a Did the organization report an amount for mestments or other securities in Part X, line 10° If "Yes," complete Schedule D, Part VI Ites assets reported in Part X, line 16° If "Yes," complete Schedule D, Part XI Ives 10° If "Yes," complete Schedule D, Part VI Ives Ives Ives Ives, "complete Schedule D, Part VI Ives," complete Schedule D, Part VI Ives, "complete Schedule D, Part VI Ives," complete Schedule D, Part VI Ives, "complete Schedule D, Part VI Ives," complete Schedule D, Part VI Ives, "complete Schedule D, Part VI Ives," complete Schedule D, Part VI Ives, "complete Schedule D, Part VI Ives," as an organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part VI Ives, "complete Schedule D, Part VI Ives," complete Schedule D, Part VI Ives, "complete Schedule D, Part VI Ives," organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization organization asperate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part VI Ives, "complete Schedule D, Part VI Ives," complete Schedule D, Part VI Ives, "complete	_	<del>-</del>	6		x
the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II 8  Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8  Will the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10  Did the organization or quasi-endowments? If "Yes," complete Schedule D, Part V, 11  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, 11  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 10  Did the organization report an amount for westments: program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 10  Did the organization an amount for westments: program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 10  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110  Did the organization shability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D, Part X 111  X 2  Did the organization shability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D, Part X 111  X 3  Did the organization shability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D, Part X 111  X 5  Did the organization shability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D, Part X 111  X 5  Did the organization shability for uncertain axing position shability shability shability shability s	7				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III 12 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III 13 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII 15 Did the organization shability for uncertain tax postitions under Filk 48 (Sc 740/9) If "Yes," complete Schedule D, Part X IIII 16 X 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII 18 X 19 Did the organization assets in past X, line 15 that is 5,000 of grants or other assistance to or for any foreign organization report and part X, line 12th, then completing Schedule D, Part X IIII 18 X 19 Did the organization organization asserted evenues or expens			7		X
9 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dibt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI, If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for other assets in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 16 Did the organization shability for uncertain tax positions under Filt 48 (SC 740)? If "Yes," complete Schedule D, Part X 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization report a part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign inviduals If If "Yes," complete Schedule E, Parts II and IV 19 Did the organization report more than \$15,000 total of fundrasing event gors income and contribu	8			-	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V   10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, II, VIII, IX, or X as applicable   12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   14 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X   16 Did the organization shability for uncertain tax positions under Filt 48 (ASC 740)? If "Yes," complete Schedule D, Part X   17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X   18 Did the organization maintain an office, employees, or agents outside of the United States?   19 Did the organization maintain an office, employees, or agents outside Or for foremplete Schedule E   20 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gregate grants or other assistance to or for foremplantation report on Part IX, column (A), line 3, more than \$5,000 of gregate grants or othe		·	8		X
If "Yes," complete Schedule D, Part IV   10   10   10   10   10   10   10   1	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Did the organization, directly or through a related organization, hold assets in temporanty restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 1ft 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? If "Yes," complete Schedule D, Part VI 1 11b X 2 11b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 1 11b X		amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VIII, X, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Old the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  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? If "Yes," complete Schedule D, Part VII  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? If "Yes," complete Schedule D, Part VII  d Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III  d Did the organization is separate or consolidated financial statements for the tax year include a footnote that addressess the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  X  Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outload the United States?  b Did the organization have aggregate revenues or expenses for ore than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II a			9		X
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X  11d	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part XI line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule In Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule In Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule In Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule In Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule In Part X, line 16? If "Yes," complete Schedule In Part X, line 16? If "Yes," complete Schedule In Part X, line 16? If "Yes," comple		·	10	_	<u>X</u>
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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? If "Yes," complete Schedule D, Part VIII  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? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other lassets in Part X, line 15? If "Yes," complete Schedule D, Part X  f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is Optional Schedule D, Parts X and XII is optional If X  12a If Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII is optional If Yes," complete Schedule D, Parts X and XII is optional If Yes," complete Schedule D, Parts X and XII is optional If Yes, and if the organization mantain an office, employees, or agents outside of the United States?  b Did the organization have aggregate reverues or expenses of more than \$10,000 from partmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If Yes," complete Schedule F, Parts II and IV  15 Did the organization report on Part IX, column (A), line 3, m	11				
Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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? If "Yes," complete Schedule D, Part VIII  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? If "Yes," complete Schedule D, Part X III  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III  Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  X  110		• •			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11b X  11c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c X  11d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI  11d X  1	а	·			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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? If "Yes," complete Schedule D, Part VIII  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? If "Yes," complete Schedule D, Part XIII  E Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XIII  Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization maintain an office, employees, or agents outside of the United States?  b Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If			11a		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? If "Yes," complete Schedule D, Part VIII  11c X  11d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  11d X	U		446	v	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited Financial statements for the tax year? If "Yes," complete Schedule D, Part X  110 Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of other assistance to or for foreign	c	· · · · · · · · · · · · · · · · · · ·	110		
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? If "Yes," complete Schedule D, Part IX  11d	·		110		Y
Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  110	d		110		
the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  It Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  It Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Ita Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  It Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts III and IV  It Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 82 If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," compl	-	·	11d		х
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)? If "Yes," complete Schedule D, Part X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  18 10 the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If	е				X
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  15 Did the organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 cand 8a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  In Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  In Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			11f		Х
b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II  17 X  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13		Schedule D, Parts XI and XII	12a		X
13	b				
14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  17 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? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		· · ·	12b	<u> X</u>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				-	
Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b Time States and S		· · · · · · · · · · · · · · · · · · ·	14a		<u> X</u>
or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b The organization attach a copy of its audited financial statements to this return?	D				
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			444		v
foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	15	·	140		
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		•	15		x
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16	·			
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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	·	,,,		<del></del>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 Complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			17		x
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  18 X  X  20a X	18	•			
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b			18		Х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a X  20b	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		complete Schedule G, Part III	19	<u> </u>	
	20a	•	20a		<u> </u>
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			<u> </u>

332003 10-29-13

Pa	Triv Gnecklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			ĺ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2013)

Form 990 (2		Gilliland	Family	Fund,	Inc.
Part V	Statements F	Regarding Other	IRS Filings	and Tax	Compliance
	Check if Schedul	e O contains a resoo	nse or note to	any line in tl	nis Part V

	Check in School Contains a response of hote to any line in this hart v				<u></u> _
		1		Yes	No
1a		la C	-1		
b	•••	<u> b                                    </u>	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming			
٥.	(gambling) winnings to prize winners?	1	1c		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		2a (	1 1	ļ	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	f	2b		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?		20		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over a	30		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		х
b	If "Yes," enter the name of the foreign country	sound:	70		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac	counts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Journa	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	on?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit	50		
	any contributions that were not tax deductible as charitable contributions?	<b>3</b>	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	'd			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did to				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at an	y time during the year?	8		
9_	Sponsoring organizations maintaining donor advised funds.				
_	Did the organization make any taxable distributions under section 4966?		9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter		90		
		0a			
	_	0b	1		
11	Section 501(c)(12) organizations. Enter	<u> </u>	1		
а		1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	)41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				L
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	i			
	organization is licensed to issue qualified health plans	3b	]		[
С	Enter the amount of reserves on hand	3c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	)	14b		
			Form	990	(2013)

332005 10-29-13

Gilliland Family Fund, Inc. 31-1695430 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.  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 11 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes | No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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 15a X Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶TN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website Own website X Upon request 

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

1900 Union Avenue, Memphis, TN 38104-4029

Form **990** (2013

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

(A)	(B)	(c)						(D)	(E)	(F)	
Name and Title	Average	(do		Pos			one	Reportable	Reportable	Estimated	
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			ıs botl	n an	compensation	compensation	amount of		
	week	-				rrirus	(ee)	from	from related	other	
	(list any hours for	liect				l_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	90.0	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113C)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee y	mper		(** 27 1033 141100)		and related	
	below	dual	ngo		Key employee	stco	<b>a</b> 5			organizations	
	line)	ğ	Instit	Officer	Keye	Highest compensated employee	Fei		1	J	
(1) James S. Gilliland	1.00										
Director		X						0.	0.	0	
(2) Lucia F. Gilliland	1.00										
Director		X						0.	0.	0	
(3) Katherine G. Connell	1.00										
Chair		X		X				0.	0.	0	
(4) James S. Gilliland, Jr.	1.00										
Director		X			L.,			0.	0.	0	
(5) Elizabeth J. Gilliland	1.00		ŀ								
Director		X		L.				0.	0.	0	
(6) Robert M. Fockler	1.00				}						
President	37.50	X		X				0.	194,643.	48,780	
(7) Mack E. McCaul, Jr.	1.00		İ								
reasurer	37.50	X		X		ļ		0.	125,114.	28,585	
(8) Barbara S. Mora Hayes	1.00				ļ						
Secretary	37.50	X		X	<u> </u>			0.	75,317.	9,297	
(9) Frank B. Horrell	1.00	l									
Director	37.50	X	<u> </u>	<u> </u>		<u> </u>	ļ	0.	92,920.	34,193	
(10) Wesley Tomlinson LaRue	1.00										
Director	37.50	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	79,234.	27,867	
(11) Stephen T. Webster	1.00	┨		1							
Director	37.50	X.	├	}—	├	-	<u> </u>	0.	94,353.	32,594	
		1	İ	1							
		-	-	<u> </u>	-		<u> </u>	<u> </u>	<del> </del>		
	-	ł	1	Ì						Ì	
	<del>-  </del>	-	-	_	$\vdash$		├		<del></del>		
	<u> </u>	1									
		-	-	<b>⊢</b> -	$\vdash$	1				<del> </del>	
	<del></del>	1									
	<del></del>	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	<del> </del>		<del> </del>	
		1								ļ	
		<del></del>	-	-	<b>↓</b>	1-	╙	<del>                                       </del>	<del></del>	Ļ <del></del> -	
		Į.	i	i		1	ı				

Form **990** (2013)

rar	t VII   Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employee	es (continued)	1			
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable			tımate	
		hours per week					is bot or/trus		compensation	compensatio	- 1		ount o	of
		(list any						T	from the	from related			other	hon
		hours for	Individual trustee or director				-		organization	organization: (W-2/1099-Mis			pensat om the	
		related	90	stee			nsate	İ	(W-2/1099-MISC)	(** 27 1000 14110	~		anızatı	
		organizations	trust	Institutional trustee		yee	ed mo				1	_	relate	
		below	Ng na	tat	55	Key employee	estc	盲				orga	ınızatıc	ons
		line)	亨	캴	Officer	Ş.	Highest compensated employee	Former						
											l			
			L				<u> </u>							
		ļ				1					- 1			
		ļ				<u> </u>	_							
											l			
			_		<u> </u>	₩	_	<u> </u>						
			ļ			ļ					- 1			
		<del> </del>	-		├	-	-					<del></del>		
			-		1									
				<u> </u>	<del> </del>	-	+-	<u> </u>						
			ł								ļ			
				<b>-</b>	<del>                                     </del>	$\vdash$	-	<del> </del>		-				
			1				1							
		1		<del> </del>	┢	├	<del> </del>							
		-												
		-		<u> </u>	├	$\vdash$								<del></del>
								ļ						
1b	Sub-total			L					0.	661,5	<u>R1</u>	1 2	1,3	16
	Total from continuation sheets to Part V	Il Section A							0.	001,5	0.	10	<u> </u>	0.
	Total (add lines 1b and 1c)	ii, occion A							0.	661,5		18	1,3	
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	hov	e) w	no ri	<del></del>				<u> </u>	
	compensation from the organization						·, ···			,ooo or roportab				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey ei	mplo	oyee	, or	highest compensated e	mplovee on				
	line 1a? If "Yes," complete Schedule J for s				•		•		•	• •		3		X
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ens	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15									J		4	X	
5	Did any person listed on line 1a receive or									dual for services	,		Ī	
	rendered to the organization? If "Yes," con											5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization Report compensation for	the calendar y	ear	end	ıng y	vith	or w	ıthı	n the organization's tax	year				
	(A)								(B)		_	(C		
	Name and business	address	N	CMC	E			_	Description of s	ervices	C	ompe	nsatio	n
								_						
	(							-		<del></del>				
										ĺ				
								-						
										l				
2	Total number of independent contractors (	including but =		m·+-	.d +-	the			d abough who received =	oro than				
~	\$100,000 of compensation from the organi		iot II	mire	eu ic		ose III O	sieC	above) who received in	юе нал				
	T. 15,650 S. Compensation from the organi	-and					<u> </u>					Form	990 (	2013)

Form 990 (2013) Gilliland Family Fund, Inc.

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, G	c	: Fundraising events	1c					
ar /		Related organizations	1d					Ì
s, C		Government grants (contribut						
Sign	f	All other contributions, gifts, gran						
he	•	similar amounts not included abo		161,205.				
들		Noncash contributions included in lines	ــــــــــــــــــــــــــــــــــــــ	161,205.				
Son	_	Total. Add lines 1a-1f	1a-11 \$	101,205	161,205.			
<u> </u>		I Total. Add lines 1a-11		Business Code	101,203.		· -	
Program Service Revenue	2 a			Business Code		•		1
	b					-		
Ser								<del>-</del> -
E S	0	. <del></del>		<del></del>	<del></del>	-		
Pe	d	<u> </u>			<del></del>			
Pr	4	All other program convectors			<del></del>			
_	T	All other program service reve	enue					<del></del>
-		Total. Add lines 2a-2f						
	3	Investment income (including	aividenas, inter	est, and	2 005			2 005
	_	other similar amounts)		. 🔁	3,905.			3,905.
	4	Income from investment of tax	x-exempt bond	proceeds				<del></del>
	5	Royalties		<u> </u>	·			<u> </u>
		_	(ı) Real	(II) Personal				
	6 a							
	b	• •						
	C	: Rental income or (loss)		l				
	d	Net rental income or (loss)		, <b>•</b>				
	7 a	Gross amount from sales of	(ı) Securities	(ıi) Other				
ļ		assets other than inventory	14,992.	,				}
	b	Less cost or other basis						1
		and sales expenses	0.					-
	C	: Gain or (loss)	14,992.	,				}
	d	Net gain or (loss)			14,992.			14,992.
e e	8 a	Gross income from fundraising	g events (not					
		including \$	of					
ě		contributions reported on line	1c) See					
ř.		Part IV, line 18	а					
Other Rever	b	Less direct expenses	b					
۱	С	: Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	b	Less direct expenses	ь					
	С	: Net income or (loss) from gam	ning activities	<b>•</b>				
		Gross sales of inventory, less					•	
		and allowances	а					
	b	Less. cost of goods sold	b					-
		: Net income or (loss) from sale	•	<b>•</b>				
		Miscellaneous Revenu		Business Code				<del>                                     </del>
f	11 a							
	b						-	<del></del>
	~		<del></del>			<del> </del>		<del> </del>
	بر	All other revenue						<del> </del>
	-	Total. Add lines 11a-11d				<u> </u>		<del>                                     </del>
	12	Total revenue See instructions.			180,102.	0.	0	. 18,897.
33200		TOTAL TOTORIO OCC MOLIGOROMS.				<u> </u>		Form <b>990</b> (2013)

	rt IX   Statement of Functional Expense	umity fund, . es	LHC.	31-16	95430 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	molete column (A)	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a respons			inpicto column (r y	
Do i	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			gondial oxponess	<u> </u>
	organizations in the United States. See Part IV, line 21	172,750.	172,750.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	- ···			
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		-		<del> </del>
10	Payroll taxes				
11	Fees for services (non-employees)  Management	2,369.		2,369.	
a b	Legal	2,303.		2,303.	<del></del>
C	Accounting				
d	Lobbying		1-1		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	775.		775.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	20.		20.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			İ	
	for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					- <del></del>
	All other expenses	175 014	170 750	2 161	
<u>25</u>	Total functional expenses Add lines 1 through 24e	175,914.	172,750.	3,164.	0.
26	Joint costs. 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			
	Check if Schedule O contains a response or note to any line in this Part X			
·		(A) Beginning of year		( <b>B)</b> End of year
1	Cash - non-interest-bearing		1	·
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
İ	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
İ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ည	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment cost or other	<del>-</del> -		
	basis Complete Part VI of Schedule D 10a			
[ (	b Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	182,001.	12	178,438
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	182,001.	16	178,438
17	Accounts payable and accrued expenses		17	
18	Grants payable	21,000.	18	10,000
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
Liabilities 8	Complete Part II of Schedule L		22	
ے 23 ا	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	21,000.	26	10,000
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
မွ	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	161,001.	27	168,438
ल 28 80	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here			
<u></u>	and complete lines 30 through 34.			
क्षु   30 इ	Capital stock or trust principal, or current funds		30	
ဗ္ဗိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances  2	Retained earnings, endowment, accumulated income, or other funds		32	·
33	Total net assets or fund balances	161,001.	33	168,438
34	Total liabilities and net assets/fund balances	182,001.	34	178,438 Form <b>990</b> (2013

Form **990** (2013)

Form	990 (2013) Gilliland Family Fund, Inc.	31-16	95430	Pag	<sub>1e</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	0,1	02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	5,9	14.
3	Revenue less expenses Subtract line 2 from line 1	3	4,188		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	1,0	01.
5	Net unrealized gains (losses) on investments	5		3,2	49.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16	8,4	<u> 38.</u>
Pa	rt XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	<b>3</b>		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2013)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

Gilliland Family Fund, Inc.

Public Charity Status (All organizations must complete this part ) See instructions

te foundation because it is (For lines 1 through 11, check only one box )

Part I	Reason	for Public Char	ity Sta	tus (All organiz	ations mu	st comple	te this par	t) See inst	tructions				
The organ	nization is not a	private foundation	because	it is (For lines	1 through	11, check	only one b	ox)		_			
1 🔲	A church, cor	nvention of churche	s, or asso	ociation of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)	).				
2 🔲	A school des	cribed in section 17	'O(b)(1)(A	)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal servic	e organization i	described	n section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	earch organization	operated	in conjunction	with a hos	pıtal desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter t	the hospita	l's na	me,
	city, and state	e											
5 🔲	An organizati	on operated for the	benefit o	f a college or ui	niversity o	wned or o	perated by	a governi	mental un	t describ	ed in		
	section 170(	(b)(1)(A)(iv). (Comple	ete Part II	1)									
6 🔲	A federal, sta	te, or local governm	ent or go	vernmental uni	t described	d in sectio	n 170(b)(	I)(A)(v).					
7 🔲		on that normally rec							or from the	general	public desc	ribec	in t
		b)(1)(A)(vi). (Comple					•				•		
8 🔲		trust described in s			(Complete	Part II)							
9 🗀	<del>-</del>	on that normally rec					rom contri	butions, m	nembersh	p fees. ar	nd aross re	ceipt	s from
		ted to its exempt fui											
		Inrelated business t		-	•	•	•				_		
		<b>509(a)(2).</b> (Complete		•		•		•	, ,			•	
10		on organized and or			st for publ	c safety S	See <b>sectio</b>	n 509(a)(4	<b>1</b> ).				
11 X	An organization	on organized and or	oerated e	xclusively for th	ne benefit o	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	of one	e or
	more publicly	supported organiza	ations des	scribed in secti	on 509(a)(	1) or section	on 509(a)(2	2) See sec	ction 509(	a)(3). Che	eck the box	that	
		type of supporting						•					
	a X Type I		/pe II		ype III - Fui	_		c	J Typ	e III - Nor	n-functional	ly int	egrated
e X	By checking t	this box, I certify tha	t the org	anization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified (	persons otl	ner th	nan
	-	anagers and other t											
f		ation received a writ				-							
	-	ganization, check th				Í							
g	Since August	17, 2006, has the o	rganizati	on accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
•	-	n who directly or ind	•	•			•		• •			Yes	s No
	the gove	erning body of the si	upported	organization?	_		•				11g(i)		X
	-	member of a persor		•							11g(ii)		X
	(iii) A 35% c	ontrolled entity of a	person o	lescribed in (i) d	or (II) above	e?					11g(iii)		X
h		ollowing information	•	,,,	• •								
		J			,	· - <b>/</b>							
(i) Name	of supported	(ii) EIN	/iii) Type	of organization	(iv) Is the o	roanization	(v) Did you	notify the	(vi) ls	the	(vii) Amoun	t of m	onetary
	anization	(11) 2111		ed on lines 1-9	in col. (i) lis		organizat		organizati (i) organiz	JII III GOI.		port	Onclas y
- 3					governing (	document?	(i) of your	support?	\'', s. a u	.?			
			(see i	nstructions))	Yes	No	Yes	No	Yes	No			
Commu	nity		_										
Found	lation o	58-1723645	LINE	7	X		Х		x		1	3,	<u>369.</u>
				<del></del>									
										1			
										[			
								_					
Total	1									<u> </u>	1	3,:	<u>369.</u>

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

Schedule A (Form 990 or 990-EZ) 2013

332021

### 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.)

	ction A. Public Support						
ale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")						_
2	Tax revenues levied for the organ-						
	ızatıon'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					ĺ	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a					]	
	governmental unit or publicly						
	supported organization) included		İ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		i				
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) ► 🛭	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					]	
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital				ļ		
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u> </u>
èe	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2013 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
14		Schedule A, Part	II, line 14			15	%
	Public support percentage from 2012				14 00 1/00/	nore check this bo	x and
15	Public support percentage from 2012 33 1/3% support test - 2013. If the o	rganization did no	ot check the box o	n line 13, and line	14 IS 33 1/3% OF F	nord, orlean trib bu	
15		•		*	14 IS 33 1/3% OFF	nore, ericek tris be	<b>▶</b> □
15 16a	33 1/3% support test - 2013. If the o	is a publicly supp	orted organization	1			▶□
15 16a	33 1/3% support test - 2013. If the o stop here. The organization qualifies a	as a publicly supp rganization did no	oorted organization ot check a box on	n line 13 or 16a, and			▶□
15 16a b	33 1/3% support test - 2013. If the o stop here. The organization qualifies a 33 1/3% support test - 2012. If the o	is a publicly supp rganization did no fies as a publicly	orted organization ot check a box on supported organiz	n line 13 or 16a, and ation	l line 15 is 33 1/3%	or more, check th	nis box
15 16a b	33 1/3% support test - 2013. If the o stop here. The organization qualifies a 33 1/3% support test - 2012. If the o and stop here. The organization qualifies	as a publicly suppressive as a publicly since as a publicly since 2013. If the org	orted organization ot check a box on supported organiz janization did not o	n line 13 or 16a, and ation check a box on line	I line 15 is 33 1/3% e 13, 16a, or 16b, a	or more, check than and line 14 is 10%	or more,
15 16a b	33 1/3% support test - 2013. If the o stop here. The organization qualifies a 33 1/3% support test - 2012. If the o and stop here. The organization qualifies 10% -facts-and-circumstances test	is a publicly supprganization did no ries as a publicly - 2013. If the org sand-circumstan	orted organization of check a box on supported organiz janization did not o ices" test, check to	n line 13 or 16a, and ation check a box on line nis box and <b>stop t</b>	l line 15 is 33 1/3% e 13, 16a, or 16b, i nere. Explain in Pa	or more, check than and line 14 is 10%	or more,
15 16a b 17a	33 1/3% support test - 2013. If the o stop here. The organization qualifies a 33 1/3% support test - 2012. If the o and stop here. The organization qualifies the 10% -facts-and-circumstances test and if the organization meets the "facts."	is a publicly suppraganization did no ries as a publicly second or 2013. If the organizations the organizations of the organizations are second or 2012 and 2012 are applications are second or 2013 and 2013 are applications are applications are applications.	orted organization of check a box on supported organiz janization did not d ices" test, check the offices as a	n dine 13 or 16a, and ation check a box on line his box and <b>stop t</b> publicly supporte	l line 15 is 33 1/3% e 13, 16a, or 16b, a nere. Explain in Pa d organization	or more, check the and line 14 is 10% In IV how the organ	or more,
15 16a b 17a	33 1/3% support test - 2013. If the o stop here. The organization qualifies a 33 1/3% support test - 2012. If the o and stop here. The organization qualifies and if the organization meets the "facts and organization meets the "facts and circumstances" the "facts and circumsta	rganization did no riges as a publicly of - 2013. If the org s-and-circumstant rest. The organization	orted organization of check a box on supported organization did not dides" test, check the attention qualifies as a ganization did not didentifies.	n line 13 or 16a, and ation check a box on line his box and <b>stop t</b> publicly supported check a box on line	I line 15 is 33 1/3% e 13, 16a, or 16b, a nere. Explain in Pa d organization e 13, 16a, 16b, or	or more, check the and line 14 is 10% It IV how the organ	or more, sization
15 16a b 17a	33 1/3% support test - 2013. If the o stop here. The organization qualifies a 33 1/3% support test - 2012. If the o and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances" facts and -circumstances" 10% -facts-and-circumstances test	is a publicly supprganization did no fies as a publicly - 2013. If the orgs-and-circumstancest. The organizar - 2012. If the orge facts-and-circumstancest.	orted organization of check a box on supported organization did not di	n line 13 or 16a, and ation check a box on line his box and <b>stop h</b> publicly supported check a box on line heck this box and	I line 15 is 33 1/3% e 13, 16a, or 16b, a nere. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explair	o or more, check the and line 14 is 10% It IV how the organ 17a, and line 15 is In in Part IV how the	or more, sization

### 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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,				- " -		
merchandise sold or services per-	ļ					
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				1		
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
•						
or expended on its behalf			_		<del></del>	
5 The value of services or facilities					1	
fumished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					<b>_</b>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				İ		
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						
alendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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>b</b> Unrelated business taxable income					1	
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b						<del></del>
t 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, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organız	ation,
check this box and stop here						▶∟
Section C. Computation of Publi					, ,	
15 Public support percentage for 2013 (In	ne 8, column (f) di	vided by line 13, o	olumn (f))		15	
16 Public support percentage from 2012			<u>.</u>		16	
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	
18 Investment income percentage from 2	<b>012</b> Schedule A, f	Part III, line 17			18	
19a 33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly	supported organiz	zation	▶□
b 33 1/3% support tests - 2012. If the	•	-				and
line 18 is not more than 33 1/3%, chec	•			•		►□
20 Private foundation. If the organization		-				▶□

PT IV		<u>)2013 Gillila</u>		Fund, Inc		31-169543	
rt IV	Supplemental !	Information. Prov	de the explanation	s required by Part	II, line 10, Part II, line	e 17a or 17b; and Part III, I	ne 12.
	Also complete this	part for any additional	I information (See ii	nstructions)			
•							
						-	
		<del> </del>			<del></del>	<del></del>	
				<del>-</del>			
	<del></del>		<del></del>				
					<u></u>		
	•				<del></del>		
		<del></del> .					
				-		<del></del>	
		<del></del>	<del></del>				
					· · · · · · · · · · · · · · · · · · ·		_
		<del></del>					
						<del></del>	
	· -						
						<del> </del>	
	<del> </del>						
						·	
				<del></del>			
	<del> </del>			<del></del>			
					_		_

### SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization Employer identification number Gilliland Family Fund, Inc. 31-1695430 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 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

		nd Family				<u>.</u>	31-16			age <b>2</b>
Pai	rt III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, or O	ther Sim	ilar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the	following that are	a significar	nt use of its	collectio	n item	s
	(check all that apply)									
а	Public exhibition	c	ı 🔲 L	oan or exc	hange programs					
b	Scholarly research	e	. 🗀 o	ther					_	
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	y further tl	he organization's (	exempt pur	pose in Part	XIII		
5	During the year, did the organization solicit or	receive donations	of art, hist	torical trea	sures, or other sin	nılar assets		_		_
	to be sold to raise funds rather than to be ma	intained as part of	the organi	zation's co	ollection?			Yes		No
Pa	rt IV Escrow and Custodial Arrang	<b>gements.</b> Compl	ete if the c	organizatio	n answered "Yes"	to Form 99	90, Part IV, I	ıne 9, or		
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ontribution	s or other assets	not include	d	_	_	_
	on Form 990, Part X?							Yes		No
b	if "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ble						
								Am <u>o</u> un	t	
С	Beginning balance					<u>1c</u>				
d	Additions during the year					_1d				
е	Distributions during the year					<u>1e</u>				
f	Ending balance						<u> </u>	_		
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				L.	Yes	<u> </u>	No
_	If "Yes," explain the arrangement in Part XIII									<u> </u>
Pai	rt V Endowment Funds. Complete if	the organization ar	swered "	Yes" to Fo	rm 990, Part IV, Iır					
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years bac	k (d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment >	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held a	nd administered f	or the orga	nızatıon			
	by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		: 
b	If "Yes" to 3a(II), are the related organizations	listed as required o	on Schedu	ıle R?				3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds						
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	l "Yes" to Form 990	, Part IV,	line 11a S	ee Form 990, Part	X, line 10				
	Description of property	(a) Cost or o	other	(b) Cost	or other (c	Accumula	ated	(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	depreciation	on			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Takal	Add lines to through to (Column (d) must or	000 Dad	V antum	· (D) // 1	10(0)					Λ

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 GIIIII F a	milly fund, 1	.пс.	<u> </u>	1033430 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to				f year market yelye
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-c	or-year market value
(1) Financial derivatives		-		
(2) Closely-held equity interests			<del></del>	
(3) Other (A) CFGM Balanced Pool	178,438.	End-of-Year N	farket	Value
(B)	170,430.	End-OI-Teal P	IGINEC	varue
(C)				
(D)	_	·		
(E)	<del></del>			
(F)				<del></del>
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	178,438.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to				
(a) Description of investment	(b) Book value	(c) Method of valuation.	Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			-	
(6)		<u> </u>		
(7) (8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		<u> </u>		
Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d See Form 990, Part X, lin	e 15	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			-	<del></del>
(8)			-	
(9)	45)			
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.	15)			
Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f. See Form 990, Par	t X, line 25.	
1. (a) Description of liability		(b) Book value		-
(1) Federal income taxes				
(2)				
(3)	_			
(4)				
(5)				
(6)				
(7)	_			
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

SCHEDULEI (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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

<u>က</u>	to Public ection	
201	Open to F	

OMB No 1545-0047

Name of the organization		۲					Employer identification number
Part   General Information on Grants and Assistance		runa, mic.					00 #C60T-T0
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	lon
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monif	toring 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 received more than \$5,000 Dart II can be displicated if additional space in product.	Governments and	d Organizations in the	• United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
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
Civil War Trust 1156 15th Street NW, Suite 900 Washington, DC 20005	54-1426643	501(C)(3)	1,000,	0			In Memory of Henry E. Simpson
Civil War Trust 1156 15th Street NW, Suite 900 Washington, DC 20005	54-1426643	501(C)(3)	5,000	0			2014 Grant
Memphis Bioworks Foundation 20 South Dudley, Suite 900 Memphis, TN 38103	62-1858660	501(C)(3)	200 000	0			For the Zero to 510 Program
l 🖰 🔘 .	62-0983983	501(C)(3)	.000.5	0			Performing Arts & Education
Memphis Symphony Orchestra, Inc. 585 South Mendenhall Road <u>Memphis, TN 38117</u>	62-6015885	501(C)(3)	3,000,	,0			To Bring 2014 Gift to \$5,000
Memphis Symphony Orchestra, Inc. 585 South Mendenhall Road Memphis TN 38117	62-6015885	501(C)(3)	2 000	0			2014 Grant
1 TO THE	and government or s listed in the line		isted in the line 1 table				<b>A A</b>

332101 10-29-13

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

Schedule I (Form 990) (2013)

0
സ
4
വ
σ
9
Н
- 1
Н
m

Schedule I (Form 990) Gilliland Family Fund, Inc.  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Family F Assistance to Go	Fund, Inc. Governments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par		31-1695430 Page 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 on assistance
Memphis Symphony Orchestra, Inc. 585 South Mendenhall Road <u>Memphis,</u> TN 38117	62-6015885	501(C)(3)	100.	0			In Memory of Martha Ellen
Riverfront Development Corp. 22 North Front Street, Suite 960 Memphis, TN 38103	62-1811726	501(C)(3)	25,000.	0			Beale Street Landing
Teach for America (Memphis) 175 Toyota Plaza, Suite 350 Memphis, TN 38103	13-3541913	501(C)(3)	5,000,	0			2014 Grant
Webb School P.O. Box 488 Bell Buckle, IN 37020	62-0401875	501(C)(3)	5,000,	0			2014 Grant for Frank Gilliland
Webb School P.O. Box 488 Bell Buckle, TN 37020	62-0401875	501(C)(3)	1,000,	0			In Memory of George B.
Wolf River Conservancy, Inc. P.O. Box 11031 Memphis_TN 38111	62-1245975	501(C)(3)	1,000.	0			2014 Grant
Wolf River Conservancy, Inc. P.O. Box 11031 Memphis, IN 38111	62-1245975	501(C)(3)	5,000.	0			Revolving Fund
Community Foundation of Greater Memphis, Inc 1900 Union Avenue - Memphis, TN 38104	58-1723645	501(C)(3)	11,000,	0.0			DAF Contribution

Inc. Gilliland Family Fund, Schedule I (Form 990) (2013) Part III

Page 2

31-1695430

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Line Part I, Part IV

1.8 grant follows: A Explanation: The Foundation monitors its grants as

recommended by one of the Directors through a written request to the

a legitimate Treasurer. The Treasurer verifies the recommended entity is

The grant is subsequently approved for 501(c)(3) organization.

or Treasurer, disbursement by 2 of the following 3 officers: the President,

Secretary. At the next scheduled board meeting, the full Board of Directors

votes to ratify the grant. The grant status is monitored by the staff of

the Supported Organization until completion of the designated purpose.

332102 10-29-13

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Gilliland Family Fund, Inc.

Employer identification number 31-1695430

Рε	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			i
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ı
	First-class or charter travel Housing allowance or residence for personal use			ı
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<del> </del>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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.			ļ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u>X</u>
	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			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	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			
	The organization?	6a		X
b	Any related organization?	6b		<u>X</u>
	If "Yes" to line 6a or 6b, describe in Part III			
7		_		-
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			47
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ا ہا		
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 Gilliland Family Fund, Inc.

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·())(B)	reported as deferred in prior Form 990
(1) Robert M. Fockler	Ξ	0	0	0	0	0	0.	
Bident	: ≘	194,643.	0	0	21,40	27,380.	243,42	0.
E. McCaul, Jr.	ε	0	0	0.		1		
	(ii)	125,114.	0.	0.	13,100.	15,485.	153,699.	0
	Θ							
	(ii)							
	(3)							
	Ξ							
	Ξ							
	Œ							
	(i)							
	<b>(E</b>							
	Ξ							
	€							
	Ξ							
	(ii)							
	(:)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	3							
	ε							
	(1)							
	Ξ							
	(ii)							
	(1)							
	(ii)							
	Θ							
	⊞							
	Ξ							
	≘							
332112				Č			Schedu	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

Form 990, Schedule J

The compensated officers of the Foundation are employed by Explanation:

the related Supported Organization. All employees are compensated based

on information obtained from job performance, salary comparability

and studies (including comparisons to other organizations' Form 990),

other economic factors. Annually, the President of the Supported

Organization uses this information to determine compensation for all

employees of the organization, with the exception of his own

compensation. The Supported Organization's Executive Committee reviews

and recommends the compensation level for the President in the same

manner as described above for other employees. During the annual budget

process, the President includes the recommended compensation levels for

all employees. The Supported Organization's Executive Committee reviews

the recommended compensation levels and has the authority to make

adjustments as deemed appropriate. Upon approval, the Supported

Organization's entire Board of Directors reviews and approves the

compensation levels by approval of the annual budget

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

Gilliland Family Fund, Inc.

Employer identification number 31-1695430

Pa	rt I Types of	Property									
			(a)	(b)	(c)	- -		(d)			
			Check if applicable	Number of contributions or	Noncash contril amounts report			thod of de sh contribu		_	9
			арриоавіо		Form 990, Part VII		Horicac	on continuo			
1	Art · Works of art										
2	Art · Historical trea	sures									
3	Art - Fractional inte	rests									
4	Books and publica	tions									
5	Clothing and house	ehold goods						. <u> </u>			
6	Cars and other veh	nicles									
7	Boats and planes										
8	Intellectual propert	y									
9	Securities - Publicly	y traded	X	2	161,2	205.	Stock	excha	nge		
10	Securities - Closely	held stock									
11	Securities · Partner	rship, LLC, or									
	trust interests										
12	Securities - Miscell	aneous									
13	Qualified conserva-	tion contribution -		!							
	Historic structures										
14	Qualified conservation	tion contribution - Other									
15	Real estate - Resid	ential									
16	Real estate - Comn	nercial	<u></u>						_		
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical	supplies									
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimer	าร									
24	Archeological artifa	acts									
25	Other ► (	)					_				
26	Other   (	)									
27	Other ► (	)									
28	Other ► (	)									
29	Number of Forms 8	3283 received by the organi	zation during	the tax year for c	ontributions	į					
	for which the organ	nization completed Form 82	83, Part IV, [	Donee Acknowledg	gement	29					
										Yes	No
30a	During the year, did	d the organization receive b	y contributio	n any property rep	orted in Part I, line	s 1 · 28, t	hat it must h	nold for			
	at least three years	from the date of the initial	contribution,	and which is not i	required to be used	for exem	pt purpose:	s for			
	the entire holding p	period?							30a		X
b	If "Yes," describe t	he arrangement in Part II									
31	Does the organizat	ion have a gift acceptance	policy that re	equires the review	of any non-standar	d contribi	utions?	ļ	31		_ <u>X</u> _
32a	Does the organizat	ion hire or use third parties	or related or	ganizations to soli	cit, process, or sell	noncash		İ			_
	contributions?							Į	32a		X
b	If "Yes," describe in	n Part II						ĺ			_
33	If the organization	did not report an amount in	column (c) f	or a type of proper	ty for which columi	n (a) is ch	ecked,				
	describe in Part II.	<u> </u>			<del></del>						
ιыδ	For Department I	Paduation Ast Nation con	the Instruc	tions for Form 000	<u> </u>		Cal	hadula M (	E	000\	20121

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

Schedule M (Form 990) (2013)

Schedule M	1 (Form 990) (2013)	Gilliland	Family	<u>Fund,</u>	Inc.		<u> </u>	<u> 1695430                                    </u>	Page 2
Part II	Supplementa	I Information. Pro	ovide the info	rmation requ	ired by Part I, ii	nes 30b, 32b, a	nd 33, and wi	nether the organi	zation
	is reporting in Par	t I, column (b), the nu dditional information	ımber of contr	ributions, the	e number of iten	ns received, or a	combination	of both. Also co	mplete
•	this part for any a	—————							
				_					
	· · · · · · · · · · · · · · · · · · ·						-		
				=					
	<del>-</del>						<del></del>		
			<del></del>	<del>-</del> -				<del>-</del>	
		.= .							
	··								_
			-						
					-				
	<del></del> -	<del>.</del>				_			
	<del> </del>						_		
									-
<del></del>		•			<del></del>			<del> </del>	
_			-						
							<del></del>		
	<del>-</del>	-			-				
						_			

332142 09-03-13

Schedule M (Form 990) (2013)

### 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.

2013
Open to Public

Open to Public Inspection

Gilliland Family Fund, Inc.

Employer identification number 31-1695430

Form 990, Part I, Line 1, Description of Organization Mission:

The primary exempt purpose of the organization is to assist the

Community Foundation of Greater Memphis, Inc. in carrying out its

charitable mission.

Form 990, Part VI, Section A, line 2:

Explanation: The following Directors are employed by the same organization which is the Supported Organization: Robert M. Fockler, Frank B. Horrell,

Mack E. McCaul, Jr., Patti A. Smith, Wesley Tomlinson LaRue and Stephen T.

Webster. These Class I Directors of the organization are therefore not technically considered independent. However, as representatives of the Supported Organization, they ensure that the organization's mission is carried out.

The following Directors have family relationships: Lucia F Gilliland,

James S. Gilliland, James S. Gilliland, Jr., Kate Gilliland Connell and Liz

Gilliland.

Form 990, Part VI, Section B, line 11:

Explanation: The Foundation distributes the Form 990 return to its

Directors via email prior to its filing. The Directors review it and

respond to the Treasurer with any questions or concerns. If the Treasurer

does not have any unanswered inquiries after a reasonable period of time,

then he will consider this as approval for the Form 990 to be filed.

Form 990, Part VI, Section B, line 12:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization Gilliland Family Fund, Inc.	Employer identification number 31-1695430
Explanation: Conflict of Interest Form 990, Part VI, Lin	e 12a
Currently, the Foundation has not adopted a written confl	ict of interest
policy. However, all Directors are required to abstain fr	om discussion and
voting in matters in which they have a conflict. It is th	e intent of the
Foundation to develop and adopt a policy prior to the end	of the next
fiscal year.	
Form 990, Part VI, Section B, Line 15:	
Explanation: The Foundation does not have any paid staff.	All compensated
Officers are employed by the Related Supported Organizati	on.
Form 990, Part VI, Section C, Line 18:	
Explanation: The Foundation's Form 990 return is maintain	ed in the
organizationOs office. This document is available upon re	quest.
Additionally, it is also available on the Web site www.gu	idestar.org.
Form 990, Part VI, Section C, Line 19:	
Explanation: The Foundation's governing documents, polici	es, and financial
statements are maintained in the organization's office. T	hese documents are
available upon request.	
Form 990, Page 12, Line 2c	
Explanation: Audit of Financial Statements Form 990, Pa	rt XII - Line
2c	<del>-</del> -
The Foundation is not audited as a separate entity. Howev	
subject to audit during the combined audit of the Support	ed

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization  Gilliland Family Fund, Inc.	Employer identification number 31-1695430
Organization and its affiliated organizations. These audi	ted statements
were reviewed in detail by the Supported Organization's A	udit
Committee, and subsequently accepted by the Supported Org	anization's
Directors. An unqualified opinion was issued by the indep	endent
accounting firm that performed the audit. These are the s	ame procedures
as prior year.	
· · · · · · · · · · · · · · · · · · ·	
	_

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ See separate instructions. ▶ Attach to Form 990.

Open to Public Inspection 20.13

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Inc.

Family Fund,

Gilliland

Employer identification number 31-1695430

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) ne End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations Complete if organizations during the tax year	ons Complete if the organization ar	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	r more related tax-exer	npt
	(a) Name, address, and EIN of related organization	<b>(b)</b> Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?

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

Memphis IN 38104

1900 Union Avenue

36

Schedule R (Form 990) 2013

ŝ

Yes

501(c)(3))

×

509(A)(1)

501(c)(3)

ennessee

Coundation for Memphis and

To serve as a Community

Community Foundation of Greater Memphis

Inc. - 58-1723645, 1900 Union Avenue

Memphis

×

×

509(A)(3)

501(c)(3)

ennessee

Grtr Mem, to carry out its

62-1493663, 1900 Union Avenue, Memphis, TN

Inc.

Community Foundation Realty

Memphis, TN 38104

1900 Union Avenue

The Clarence Day Foundation - 62-1441490

38104

charitable activities

Assist the Comm. Fdtn.

charitable activities

509(A)(3)

501(c)(3)

ennessee

3rtr Mem. to carry out its

Assist the Comm. Fdtn. of

The Canale Foundation, Inc. - 62-1670425

he Mid South vicinty

509(A)(3)

01(c)(3)

ennessee

3rtr Mem, to carry out its Assist the Comm. Fdtn. of

charitable activities

332161 09-12-13 LHA

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled organization?	2(b)(13) Illed Ition?
				Wallan .		Yes	S S
THE DUNAVAIL FOUNDACTON - 30-1320304	e comm. Fath.						
Ton A	t 1t8						;
104	charitable activities	Tennessee	501(c)(3)	509(A)(3)			¥
FLF Foundation, Inc 58-1998879	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem, to carry out its			·			
Memphis, TN 38104	charitable activities	Pennessee	501(c)(3)	509(A)(3)			×
Gayle S, Rose Foundation, Inc 31-1691553	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem, to carry out its						
Memphis, TN 38104		l'ennessee	501(c)(3)	509(A)(3)			×
The Jay Martin Foundation, Inc 62-1838778	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem. to carry out its						
Memphis, TN 38104	e activities	Tennessee	501(c)(3)	509(A)(3)			×
Jeniam II Foundation - 62-1651848	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem. to carry out its						
Memphis, IN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)			×
MARCH Foundation - 31-1654850	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem, to carry out its						
Memphis, TN 38104	activities	Pennessee	501(c)(3)	509(A)(3)			×
Memphis-Plough Community Foundation -	of.						
23-7047899, 1900 Union Avenue, Memphis, TN	Grtr Mem, to carry out its						
38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)			×
Porter-Leath Early Childhood Foundation -	Assist the Comm. Fdtn. of						
20-1045305, 1900 Union Avenue, Memphis, TN	Grtr Mem. to carry out its						
	charitable activities	Tennessee	501(c)(3)	509(A)(3)			×
The Pictsweet Foundation - 62-1248225	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem, to carry out its						
Memphis, TN 38104	charitable activities	Pennessee	501(c)(3)	509(A)(3)		-	×
The Turley Foundation, Inc 62-1557849	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem, to carry out its						
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)			×

31-1695430

Page 2

Schedule R (Form 990) 2013 Gilliland Family Fund, Inc.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership Schedule R (Form 990) 2013 Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 乏 Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income ε Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) 38 Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 332162 09-12-13 Part IV

# Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			9	Yes 'No
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-1V? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	s with one or more re	elated organizations listed	in Paris II-1V?	Ta X
b Gift, grant, or capital contribution to related organization(s)				×
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				# 
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				i=
j Lease of facilities, equipment, or other assets to related organization(s)				ıı X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			= X
Performance of services or membership or fundraising solicitations by re-	nization(s)			×
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	on(s)			th X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				0 X
p Reimbursement paid to related organization(s) for expenses				dt X
q Reimbursement paid by related organization(s) for expenses				1q X
r Other transfer of cash or property to related organization(s)				+ X
s Other transfer of cash or property from related organization(s)				1s 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	no must complete the	is line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	( <b>c</b> ) Amount involved	(d) Method of determining amount involved	involved
Community Foundation of Greater Memphis,	Д	172,750.	750.Donor Intent	
	×	2,369.	Fee Ca	
(4)				
(5)				
(9)				
332163 06-12-13	39		Schedu	Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

	(k) ercentage wnership					
	(j) aneral or Pe anaging ov	Yes NO		 		
	(h) (i) (j) (k)  Dispropor- Loade V-UBI  General or Percentage Manageng  allocations of Schedule K-1  Dartner?  Of Schedule K-1  Dartner?	(200 1101)		 		
	(h) spropor- bonate ar	No No				
	(g) Share of Diend-of-year					
	(f) Share of total					
	Are all Partners sec 501(c)(3) orgs?	NO NO				
stment partnerships	Predominant income partners sec (related, unrelated, official) excluded from tax offs?	4 (210-210 10) O 10) O 10)				
ision for certain inve	(c) Legal domicile (state or foreign					
tructions regarding exclu	(b) Primary activity					
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2013

Schedule F	R (Form 990) 2013	<u> Gilliland</u>	<u>Family Fund,</u>	Inc.	<u>31-1695430 P</u>	age 5
Part VII	(Form 990) 2013  Supplemental Info	ormation				
			o questions on Schedule	R (see instructions)		
<del></del>	Trovide additional infor	mation for responses to	o questions on ochequie	Tr (see matractions)		
			-	<del></del>		
	·		•			
	•					
					<u> </u>	
		_ <del>_</del> _				
				<del></del>		
					<del></del>	
			·			
	<del></del>					
			<del></del>			
			· · ·			

	ctension (	complete only Part II and check this	box		Page 2  ► X
Note. Only complete Part II if you have already been granted an				8868	
If yoù are filing for an Automatic 3-Month Extension, complete		•	_		
Part II Additional (Not Automatic) 3-Month E			al (no c	opies nee	eded).
		Enter filer's	identifyir	ng number,	see instructions
Type or Name of exempt organization or other filer, see instru	uctions.		Employe	dentification	on number (EIN) or
print					
File by the Gilliland Family Fund, Inc.				31-16	95430
due date for Number, street, and room or suite no If a PO box, s	see instruc	tions	Social se	curity numb	er (SSN)
return See 1900 Union Avenue				_	
Instructions City, town or post office, state, and ZIP code. For a f	oreign add	lress, see instructions			
Memphis, TN 38104-4029					
					हिंद
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1
	T=	I			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ 01 02 Form 1041-A					08
Form 990-BL         02         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)					
Form 990-PF	03	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
STOP! Do not complete Part II if you were not already grante	•		ously file	d Form 886	<u> </u>
		n of Greater Memph:			
• The books are in the care of ▶ 1900 Union Ave					
Telephone No. ► 901-728-4600		Fax No ▶ 901-722-00:			
If the organization does not have an office or place of business	s in the Ur				ightharpoons
If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	r the whole	group, check this
box ▶ If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of	all memb	ers the exte	nsion is for.
4 I request an additional 3-month extension of time until	Marc	<u>h 15, 2015</u> .			
5 For calendar year, or other tax year beginning	<u>MAY 1</u>	, 2013 , and ending	<u>APR</u>	30, 2	014
6 If the tax year entered in line 5 is for less than 12 months, of	check reas	on Initial return	Final r	eturn	
Change in accounting period					
Change in accounting period  7 State in detail why you need the extension See St	<u>ateme</u>	nt 1			·
	ateme:	nt 1			
	<u>ateme</u>	nt 1			
7 State in detail why you need the extension See St					
State in detail why you need the extension See St  8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720					0
State in detail why you need the extension See St      Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	), or 6069,	enter the tentative tax, less any	8a	\$	0.
<ul> <li>State in detail why you need the extension See St</li> <li>8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits See instructions</li> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069</li> </ul>	), or 6069, 9, enter an	enter the tentative tax, less any y refundable credits and estimated	8a	\$	0.
<ul> <li>State in detail why you need the extension See St</li> <li>8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits See instructions</li> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6060 tax payments made Include any prior year overpayment and</li> </ul>	), or 6069, 9, enter an	enter the tentative tax, less any y refundable credits and estimated			_
<ul> <li>State in detail why you need the extension See St</li> <li>8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits See instructions</li> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6060 tax payments made Include any prior year overpayment a previously with Form 8868</li> </ul>	o, or 6069, 9, enter an	enter the tentative tax, less any y refundable credits and estimated a credit and any amount paid	8a 8b	\$	0.
<ul> <li>State in detail why you need the extension See St</li> <li>8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits See instructions</li> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069 tax payments made Include any prior year overpayment a previously with Form 8868</li> <li>c Balance due. Subtract line 8b from line 8a Include your page 1.</li> </ul>	o, or 6069, 9, enter an Illowed as a	enter the tentative tax, less any y refundable credits and estimated a credit and any amount paid	8b	\$	0.
<ul> <li>State in detail why you need the extension See St</li> <li>8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits See instructions</li> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069 tax payments made. Include any prior year overpayment a previously with Form 8868</li> <li>c Balance due. Subtract line 8b from line 8a. Include your page EFTPS (Electronic Federal Tax Payment System). See instructions.</li> </ul>	o, or 6069, o, enter any llowed as a ayment wit uctions	enter the tentative tax, less any y refundable credits and estimated a credit and any amount paid	8b 8c		_

Form **8868** (Rev 1-2014)

Form 8688 Explanation for Extension Statement 1

### Explanation

Combined audited financial statements of the Community Foundation of Greater Memphis, Inc. and affiliated organizations for the year ended April 30, 2014 were not available in time to file the form 990 by the extended due date of 12/15/2014.