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Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	calendar year 2015 or tax year beginning		, and ending		
Nar	me of foundation			A Employer identification	n number
	ENE & FLORENCE MONDAY FOU		•	62-151830	5
	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	810 AILOR AVENUE			(865) 525	-0238
	/ or town, state or province, country, and ZIP or foreign po NOXVILLE, TN 37921	ostal code		C If exemption application is	pending, check here
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ne check here
u (Final return	Amended return	Titles public charity	1.1 Oreign organization	is, clicck liefe
	Address change	Name change		Foreign organizations mechanisms and attach of the control of	eeting the 85% test,
H C	Check type of organization: X Section 501(c)(3) ex			E If private foundation st	
		Other taxable private founda	tion	under section 507(b)(1	
1 Fa	ur market value of all assets at end of year J Accounting	ng method: X Cash	Accrual	F If the foundation is in a	
	rom Part II, col. (c), line 16)	her (specify)		under section 507(b)(1	
_	\$ 4,945,330. (Part I, colui	mn (d) must be on cash b	pasis.)		
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	11,344.		N/A	<u> </u>
	2 Check fithe foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	133,187.	133,187.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)	152 600		· · · · · · · · · · · · · · · · · · ·	-
e	68 Net gain or (loss) from sale of assets not on line 10	153,600.			
Revenue	b Gross sales price for all 253,319.		153,600.	<u></u>	
Ве В	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		133,000.		
	Net short-term capital gain Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	298,131.	286,787.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				<u> </u>
ý	15 Pension plans, employee benefits				
nse	16a Legal fees MAY 2 0 2016				
Expenses	b Accounting fees c Other professional fees			<u> </u>	
	17 Interest			-	
aţi	18 Taxes STMT 2	2,376.	512.		0.
istr	19 Depreciation and depletion				
Ë	20 Occupancy				
Ad	21 Travel, conferences, and meetings				
and	22 Printing and publications				
Operating and Administrative	23 Other expenses STMT 3	7,236.	0.		0.
rati	24 Total operating and administrative		-10		
adc	expenses. Add lines 13 through 23	9,612.	512.		0.
-	25 Contributions, gifts, grants paid	200,000.		<u> </u>	200,000.
	26 Total expenses and disbursements.	209,612.	512.		200,000.
_	Add lines 24 and 25 27 Subtract line 26 from line 12:	209,012.	<u> </u>	7 C # C C	200,000.
	a Excess of revenue over expenses and disbursements	88,519.	•	" " " "	
	b Net investment income (if negative, enter -0-)		286,275.	' ' ' '	
	C Adjusted net income (if negative, enter -0-)			N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

SCANNED JUN 0 1 2016

GENE & FLORENCE MONDAY FOUNDATION, INC. 62-1518306 ` Form 990-PF (2015) Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 3,715. 1,360. 3,715. 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 4,362,400. 4,383,251 4,383,251. STMT 4 b Investments - corporate stock 677,210. STMT 5 558,364. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis I Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 5,040,970. 4,945,330. 4,945,330. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 10,000. 10,000. 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 10,000. 10,000. 23 Total liabilities (add lines 17 through 22) ightharpoonsFoundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 5,030,970. 4,935,330. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds $\overline{5,030,970}$ 4,935,330. 30 Total net assets or fund balances 5,040,970. 4,945,330 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 5,030,970. (must agree with end-of-year figure reported on prior year's return) 88,519. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 5,119,489. 4 Add lines 1, 2, and 3 184,159. Decreases not included in line 2 (itemize) **UNREALIZED GAIN/LOSS ON INVESTMENTS** 4,935,330. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2015)

F		Losses for Tax on Ir			<u>, </u>	1110			2 232	0300	raye 3
	(a) List and describe 2-story brick wareho	the kind(s) of property sold (e.gouse; or common stock, 200 sh	j., real estate, s. MLC Co.)		(b)	How ac - Purcl - Dona	quired hase		acquired lay, yr.)	(d) Dat (mo., d	te sold ay, yr.)
1a	BS INCMNTS 5.3	- 		-	۳			05/1	9/09	10/3	0/15
	KEY BANK 4.95		· · ·	<u> </u>					9/09	09/1	
C	CAPITAL GAINS DI	VIDENDS									
e				·	<u> </u>	<u></u> .				L	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus		
a				49,71							281.
<u>_</u>				50,00	0.						0.
_0	153,319.	·						_		153	,319.
d								_			
_e			<u> </u>	10/01/00	{						
_	Complete only for assets showing ga	 -					(I)	Gains (C	ol. (h) gain not less tha	minus	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		·			(from col. (
_a	<u> </u>										281.
b										- 4 - 5	0.
										153	,319.
d								_			
_e			<u> </u>		{						
2	Capital gain net income or (net capital	I loss) { If gain, also ente If (loss), enter -0			<u>}</u>	2				153	,600.
3	Net short-term capital gain or (loss) a	s defined in sections 1222(5) ai	nd (6):		ͺ						
	If gain, also enter in Part I, line 8, colu	ımn (c).	, ,			1			/-		
	If (loss), enter -0- in Part I, line 8	Ctio 4040/s\ f	. Dadusas	Tay on Nat	<u> </u>	3	and Inc		N/A	·	
<u> </u>	Part V Qualification Und						ient inc	une			
(FC	or optional use by domestic private fou	ndations subject to the section	494U(a) tax on	net investment in	come	3.)					
lf s	section 4940(d)(2) applies, leave this p	art blank.									
14/-	as the foundation liable for the section	ADAO tay on the distributable an	nount of any ve	oar in the hase ner	od2					□ Ves	X No
	Yes," the foundation does not qualify u			=	100:						
ï	Enter the appropriate amount in each				ntries	 -					
_	(a)	(b)			(c)				Diatril	(d) oution ratio	
	Base periód years Calendar year (or tax year beginning in	Adjusted qualifying die	stributions	Net value of no			use assets		(col. (b) div	rided by col.	(c))
_	2014		0,000.		4	,92	0,336	•		• 0	40648
-	2013	21	4,000.		4	,56	9,610	•		.0	46831
_	2012		00,000.				3,689				46689
Ξ	2011		00,000.				0,301				<u>48896</u>
	2010	19	8,686.		<u>3</u>	<u>,99</u>	0,227	•	· · · · · ·	.0	49793
										_	22057
	Total of line 1, column (d)							2		• 2	32857
3	Average distribution ratio for the 5-ye		on line 2 by 5,	or by the number	of ye	ars				0	ACE 71
	the foundation has been in existence	if less than 5 years						3		• 0	46571
4	Enter the net value of noncharitable-u	se assets for 2015 from Part X,	line 5					4		5,030	,032.
										224	054
5	Multiply line 4 by line 3							5		234	,254.
6	Enter 1% of net investment income (1% of Part I, line 27b)						6		2	<u>,863.</u>
7	Add lines 5 and 6							7		237	,117.
8	Enter qualifying distributions from Pa	rt XII. line 4						8		200	,000.
-	If line 8 is equal to or greater than line See the Part VI instructions.	•	e 1b, and comp	olete that part usin	g a 1	% tax r	rate.				

Form 990-PF (2015) GENE & FLORENCE MONDAY FOUNDAT			62-15			Page 4
Part VI Excise Tax Based on Investment Income (Section 494)		4940(e), or 4	948 - se	e instru	ıctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here and element of the section 4940(d)(2), check here	nter "N/A" on line 1.	j				
Date of ruling or determination letter: (attach copy of letter if nec						·
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ and enter 1	% }	1		5,7	26.
of Part I, line 27b						,
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		ol. (b). 丿				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)		2			<u>0.</u>
3 Add lines 1 and 2			3		5,7	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. 0	thers enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		5,7	<u> 26.</u>
6 Credits/Payments:	1 - 1					:
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a					
b Exempt foreign organizations - tax withheld at source	6b					
c Tax paid with application for extension of time to file (Form 8868)	6c					
d Backup withholding erroneously withheld	6d					
7 Total credits and payments. Add lines 6a through 6d			7		- 4	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched	_	8			<u>37.</u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9		5,8	<u>63.</u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		→	10			
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax		Refunded -	11			
Part VII-A Statements Regarding Activities					Vaa	Na
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it partic	cipate or intervene	ın	 	res	No
any political campaign?			١٥	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos				1b		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	a copies of any n	natenais publisne	ea or			-
distributed by the foundation in connection with the activities						X
c Did the foundation file Form 1120-POL for this year?				1c		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		0.				
(1) On the foundation. \$\begin{align*} 0 \cdot (2) On foundation managers \[\begin{align*} 0 \cdot (2) On foundation managers \]			•			'
e Enter the reimbursement (if any) paid by the foundation during the year for political expending managers.	nure tax imposed of	ii iodiidalioii				1
managers. ► \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the If	peo			- 2		- X
If "Yes," attach a detailed description of the activities	nor			<u>-</u>		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing i	inetriimant articlae	of incorporation of	ır			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		or incorporation, c	,,	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year				4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		,	5		X
If "Yes," attach the statement required by General Instruction T						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	ither:			-		
By language in the governing instrument, or				İ		
By state legislation that effectively amends the governing instrument so that no mandator	v directions that co	nflict with the state	law			
remain in the governing instrument?	,			6	\mathbf{x}	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	mplete Part II, col	(c), and Part XV	,	7	Х	
, , , , , , , , , , , , , , , , , , , ,	•					
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) >			_		
TN				_		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	attorney General (or	designate)			<u>-</u>	
of each state as required by General Instruction G? If "No," attach explanation				8b	Х	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of se			ndar	-		
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," of				9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ule listing their names a	and addresses		10 Form 99 0) D=	(2015)
				rorm 991	<i>,</i> -rr	(2015)

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions) STATEMENT 6 STMT 7	11	Х	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► KENNETH W. HOLBERT Telephone no. ► (865)	525		38
	Located at ► 1810 AILOR AVENUE, KNOXVILLE, TN ZIP+4 ►3	7921		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year .	N	<u>/A</u>	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No	1		İ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		\	
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1		
1	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	- :		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here			
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	۱		v
_	before the first day of the tax year beginning in 2015?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)):		i i	
i	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? Yes X No			
	before 2015?			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		-	
	The provisions of account 4542(a)(2) are being applied to any of the years noted in 22, not the years note.			
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ļ		
-	during the year?	l		
ı	b if "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3ъ		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b_		<u> </u>
	F.	rm QQ) DE	(2015)

orm 990-PF (2015) GENE & FLORENCE MONDAY F		<u>1C • </u>	<u>62-15183</u>	06 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:			(TE)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indi		es X No	
any voter registration drive?	,		S A NO	
(3) Provide a grant to an individual for travel, study, or other similar purposes'		TE	S LALINO	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section		es X No	
4945(d)(4)(A)? (see instructions)	an advectional autococc		S LAL NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No	
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	for the exceptions described		S LAL NU	
section 53.4945 or in a current notice regarding disaster assistance (see instru-	· ·	iii negulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ained		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945		,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				1
a personal benefit contract?	ouy promisino on	☐ Ye	es X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			66 X
If "Yes" to 6b. file Form 8870			 	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y€	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trusto		anagers, Highly		
Paid Employees, and Contractors	<u> </u>			
1 List all officers, directors, trustees, foundation managers and their		1		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(3) Name and address	to position	enter -0-)	and deterred compensation	allowances
			ا ا	
SEE STATEMENT 8	···	0.	0.	<u> </u>
		 		
				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	. enter "NONE."		
	(b) Title, and average hours per week		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	'hours per week' devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	dovoted to position		Compensation	
		 		
		Į l		
	<u>-</u>			
——————————————————————————————————————				
Total number of other employees paid over \$50,000				0
			Form	990-PF (2015)

Form 990-PF (2015) GENE & FLORENCE MONDAY FOUNDATION, INC.		18306	Page 7
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	У		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	/ice	(c) Com	pensation
NONE			
		1	
Total number of others receiving over \$50,000 for professional services		<u> </u>	0
Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	,
1 N/A			
2			
	 -⊦-		
3			
			
4			
PartixeB Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 N/A			
2			
All other program-related investments. See instructions.	\dashv		
·			
	$\overline{}$		
Total. Add lines 1 through 3	<u> </u>	Form 990-F	0 .
		rorm 990-1	-⊩ (2015)

_	m 990-PF (2015) GENE & FLORENCE MONDAY FOUNDATION, INC.	62	-1518306 Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	5,060,046. 46,585.
	Average of monthly cash balances	1b	46,585.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,106,631.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,106,631.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	76,599.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,030,032.
6	Minimum investment return. Enter 5% of line 5	6	251,502.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	id certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	251,502.
2a	Tax on investment income for 2015 from Part VI, line 5 2a 5,726.		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,726.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	245,776.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	245,776.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	245,776.
F	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		200.000
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	200,000.
t	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
á	Suitability test (prior IRS approval required)	3a	
ŧ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	200,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	200,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	or the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

523581 11-24-15

¢ Excess from 2013 dExcess from 2014 e Excess from 2015

Form **990-PF** (2015)

	FLORENCE MO				18306 Page 10
PartixIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2015, enter the date of t	he ruling	▶		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described in		4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	. (b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for			<u>-</u>		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				_	
d Amounts included in line 2c not		-	_		
used directly for active conduct of			}		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)	<u> </u>			 	
(3) Largest amount of support from					
an exempt organization (4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	nre in assets
at any time during			ii tiic loullaution	ι παα φο,σσο σι ππ	JIC III addeta
Information Regarding Foundation a List any managers of the foundation whyear (but only if they have contributed NONE	on Managers: no have contributed more	than 2% of the total contr	ributions received by the	foundation before the clos	se of any tax
b List any managers of the foundation where entity) of which the foundation has			or an equally large portion	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitable (organizations and does n		
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addres	ssed:	
SEE STATEMENT 9					
b The form in which applications should	be submitted and informati	tion and materials they sh	nould include:	· · · · · · · · · · · · · · · · · · ·	
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographica	al areas, charitable fields,	kınds of institutions, or o	other factors:	

Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year COMMUNITY SCHOOL OF THE ARTS NONE PUBLIC CHARITY ROVIDES QUALITY 620 STATE ST INSTRUCTION IN ALL THE KNOXVILLE, TN 37902 ARTS TO CHILDREN WHO CAN NOT AFFORD IT 5,000. BOYS & GIRLS CLUB OF THE TN VALLEY NONE PUBLIC CHARITY ENHANCE THE LIVES OF 220 CARRICK STREET YOUTHS KNOXVILLE, TN 37917 20,000. THE PHILADELPHIANS PRISON MINISTRY NONE PUBLIC CHARITY OFFER MORAL, SPIRITUAL 4531 OLD BROADWAY NE SUPPORT TO INMATES 4,000. KNOXVILLE, TN 37918 FAMILY CARE FOUNDATION NONE PUBLIC CHARITY HUMANITARIAN RELIEF VORLDWIDE FOR NEEDY 1373 MARRON VALLEY ROAD KNOXVILLE, TN 37917 FAMILIES 12,000. PUBLIC CHARITY PROVIDE VISUAL ARTS FOUNDATION CITY ARTS CENTER, INC. NONE EXPERIENCES AND 213 HOTEL AVENUE OPPORTUNITIES TO THE KNOXVILLE, TN 37918 1,000. SEE CONTINUATION SHEET(S) 200,000. ▶ 3a Total b Approved for future payment NONE Total

Form **990-PF** (2015)

		d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	- 5545		 		
		-			
С			_		
4	_				
e					
1	_			*	
g Fees and contracts from government agencies	_			-	
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	133,187.	
5 Net rental income or (loss) from real estate:		. ,			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			+		· · · · · · · · · · · · · · · · · · ·
than inventory			18	153,600.	
9 Net income or (loss) from special events			 - -		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			 		
•			1		
		<u> </u>	_		
b	_		+-	<u> </u>	
d					
d e				286.787.	0
d e 12 Subtotal. Add columns (b), (d), and (e)		0		286,787.	286.787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0	•	286,787.	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations				13	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	s to the Acc	omplishment of	Exemp	t Purposes	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Acc	omplishment of I	Exemp	t Purposes	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	s to the Acc	omplishment of I	Exemp	t Purposes	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Acc	omplishment of I	Exemp	t Purposes	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Acc	omplishment of I	Exemp	t Purposes	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Acc	omplishment of I	Exemp	t Purposes	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Acc	omplishment of I	Exemp	t Purposes	286,787
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Acc	omplishment of I	Exemp	t Purposes	286,787
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Acc	omplishment of I	Exemp	t Purposes	286,787

Forn	n 990-PF (2015) GENE & FLORENCE MONDAY FOUNDATION, INC. 62-1516	200	Pa	age 13
Pá	Information Regarding Transfers To and Transactions and Relationships With Nonchar	itable	•	
	Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of	Q 9333	Vac	No
1			103	2204E05
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			1
а	Transfers from the reporting foundation to a noncharitable exempt organization of:	4 A		
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:	1		

1b(1) (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees 1b(6) (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of	transfers, transactions	, and sharing arrang	ements
		N/A					
			· · ·				
	-						
				 			
		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
						<u> </u>	
							
ın se	ction 501(c) of the Code (other es," complete the following sche		ction 527?) Description of rela	Yes	X No
	(a) Name of orga	nization	(b) Type of organization	(0) Description of rela	tionship	
	N/A						
			 				
						<u>.</u>	
Sign Here	Under penalties of perjury, I declare the and belief, it is trible, correct, and come of the signature of officer or trustee	hat I have examined this return, including the properties of the the	ing accompanying schedules and s an taxpayer) is based on all informa 5/16/16 Date	tatements, and to the beation of which preparer had TREASUR	as any knowledge	May the IRS discreturn with the prishown below (see	eparer
	Print/Type preparer's nai	me Prepaser's	- 3 · · · //			PTIN	
Paid	KIM YOUNG	Komber	July, &	3/12/16		P007453	
Prepa Use 0		H & COMPANY, P	C. O		Firm's EIN ► 62	-114215!	5

Phone no. (865)769-0660Form **990-PF** (2015)

Firm's address ▶ 315 N. CEDAR BLUFF RD.; SUITE 200

TN 37923

KNOXVILLE,

Supplementary Information Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	Faundation	Durness of great or	
Name and address (home or husiness)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	1	
		DUDY TO GUADIEN	r a gayoot opening h	
FREEDOM CHRISTIAN ACADEMY	NONE	PUBLIC CHARITI	K-8 SCHOOL OFERING A BIBLE CENTERED	
4615 ASHEVILLE HWY KNOXVILLE, TN 37914			EDUCATION.	6,000
RHOAVIEDE, IN 37514				
TENNESSEE WESLEYAN COLLEGE- FT	NONE	PUBLIC CHARITY	OFFERS A BSN DEGREE TO	
SANDERS NURSING DEPARTMENT			PRE-LICENSURE AND	
9845 COGDILL ROAD			REGISTERED NURSE	
KNOXVILLE, TN 37932			STUDENTS.	10,000
		į		
KNOXVILLE ACADEMY OF MEDICINE	NONE	PUBLIC CHARITY	PROVIDE HEALTH CARE	
115 SUBURBAN ROAD			FOR UNINSURED LOW	
KNOXVILLE, TN 37923		<u> </u>	INCOME RESIDENT	10,000
UNIVERSITY OF TENNESSEE COLLEGE OF	NONE	PUBLIC CHARITY	TO EDUCATE AND TRAIN	
SOCIAL WORK			PERSONS FOR PROFESSIONAL PRACTICE	
1618 CUMBERLAND AV			AND FOR LEADERSHIP	
KNOXVILLE, TN 37996			ROLES IN THE SOCIAL	25,000
				
KNOXVILLE LEADERSHIP FOUNDATION	NONE	PUBLIC CHARITY	PROMOTE LEADERSHIP IN	
901 E. SUMMIT HILL DRIVE			THE KNOXVILLE AREA	
KNOXVILLE, TN 37915				10,000
LADIES OF CHARITY OF KNOXVILLE	NONE	PUBLIC CHARITY	PROVIDE PROPER	
1031 N. CENTRAL STREET			NUTRITION TO HUNGRY	5 000
KNOXVILLE, TN 37917			ADULTS AND CHILDREN	5,000
	10177	PUBLIC CHARITY	VOITMU CUITCIDE	
MENTAL HEALTH ASSOCIATION OF EAST TN	NONE	PUBLIC CHARITI	PREVENTION PROGRAM	
P.O. BOX 32731 KNOXVILLE, TN 37931			THE PROPERTY OF THE PROPERTY O	5,000
SPECIAL SPACES	NONE	PUBLIC CHARITY	PROVIDE A SPECIAL	
9028 MIDDLEBROOK PIKE	10112		BEDROOM FOR CHILDREN	
KNOXVILLE, TN 37923			WITH LIFE THREATENING	
			MEDICAL ILLNESSES	5,000
SECOND HARVEST FOOD BANK OF EAST TN	NONE	PUBLIC CHARITY	DISTRIBUTES FOOD TO	
922 DELAWARE AVE			NON- PROFIT FOOD	
KNOXVILLE, TN 37921			PARTNERS	10,000
SHANGRI LA THERAPEUTIC ACADEMY OF	NONE	PUBLIC CHARITY	FOSTER PERSONAL	
RIDING			ACHIEVEMENT BY	
11800 US-11			PROVIDING THERAPEUTIC EXPERIENCES WITH HORSE	
LENOIR CITY, TN 37772			RELATED ACTIVITES	5,000
Total from continuation sheets				158,000

Supplementary Informatio Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
_ 	or substantial contributor	recipient	 	
TENNESSEE BAPTIST ADULT HOMES	NONE	PUBLIC CHARITY	QUALITY HOUSING FOR	
330 SEVEN SPRINGS WAY	[SENIOR AND	
BRENTWOOD, TN 37027			DEVELOPMENTALLY	
,			DISABLED ADULTS	10,000
THE FIRST TEE OF GREATER KNOXVILLE	NONE	PUBLIC CHARITY	PROGRAMS TO HELP	
2351 DANDRIDGE AVENUE			CHILDREN TO OVERCOME	
KNOXVILLE, TN 37915			CONFLICTS AND	_
		 	CHALLENGES	5,500
		1		
THRIVE LONSDALE	NONE	PUBLIC CHARITY	CHRISTIAN AFTER SCHOOL	
1317 CONNECTICUT			MENTORING PROGRAM	
KNOXVILLE, TN 37921				9,000
VOLUNTEER MINISTRY CENTER	NONE	PUBLIC CHARITY	SUPPORT PROGRAMS FOR	
103 S. GAY STREET			THE HOMELESS	
KNOXVILLE, TN 37901		İ	1	25,000
YOUTH TRANSITIONS INC	NONE	PUBLIC CHARITY	PREPARES INDIVIDUALS	
6900 KINGSTON PIKE			WITH DISABILITIES FOR	
KNOXVILLE, TN 37919			EMPLOYMENT	
		1	OPPORTUNITIES IN THE	
			FOOD SERVICE INDUSTRY	2,500
KNOX COUNTY CHRISTIAN WOMEN'S JOB	NONE	PUBLIC CHARITY	SUPPORT PROGRAM FOR	
CORP			WOMEN WHO SEEK TO	
P O BOX 3216			OVERCOME THEIR PAST BY	
KNOXVILLE, TN 37927			ASSISTING WITH LIFE	
			MANAGEMENT SKILLS AND	3,000
YOKE YOUTH MINISTRIES	NONE	PUBLIC CHARITY	CONNECTS STUDENTS WITH	
PO BOX 3492	Į.	1	ADULT MENTORS THROUGH	
KNOXVILLE, TN 37927			AFTER SCHOOL CLUBS,	
			CAMPS AND SPECIAL	
		 	ACTIVITIES	12,000
	_			
		1		
Total from continuation sheets				
Lords Holls continuation 9110019				

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

2015

Employer identification number

G	ENE & FLORENCE MONDAY FOUNDATION, INC.	62-1518306
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	
	ny one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour Z, line 1 Complete Parts I and II.	or 16b, and that received from
year, total contrit	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 <i>exclusively</i> for religious, chantable, scientific, literary, or educ foruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because if the ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc ,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule E on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Forther the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

GENE :	2	FLODENCE	MONDAV	FOINDATTON	TNC

62-1518306

_	& FLORENCE MONDAY FOUNDATION, INC.		1318300
· Part I	Contributors (see Instructions). Use duplicate copies of Part I if additional and additional additional and additional addition	tional space is needed	,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GFM, INC. P.O. BOX 1 KNOXVILLE, TN 37901	\$11,344.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
523452 10-2	l	Schedule B (Form	990, 990-EZ, or 990-PF) (2015)

Employer identification number

GENE & FLORENCE MONDAY FOUNDATION, INC.

62-1518306

Partill	Noncash Property (see instructions) Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
\$23453 10-26	-15	\$Schedule B (Form S	990, 990-EZ, or 990-PF) (2015)

Name of orga	anization			Employer identification number
CENTE C	ELOBERICE MONDAY FOLIND	AMTON THE		62-1518306
Partille	Exclusively religious, charitable, etc., conf	ributions to organizations described	in section	501(c)(7) (8) or (10) that total more than \$1,000 for
""不是一个	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the folious character etc. contributions of \$1,000 c	owing line ei	1try. For organizations
	Use duplicate copies of Part III if addition	al space is needed		(Little anality Office)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			<u></u> .	
			—— ·	
		(e) Transfer of gi	ft	
	Transferen's name address a	nd 71D . 4	Pol	ationship of transferor to transferee
-	Transferee's name, address, a	nd ZIP + 4	nei	audisinp of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
İ			<u></u>	
			— I ·	
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			.	
			 -	
				
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd 7ID ± 4	Rel	ationship of transferor to transferee
-	Transferee 3 flame, address, a			autonomp or a unionom to a unionome
(a) No.		()		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				
 }			 ·	
	-	(e) Transfer of gi	ft	
1	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of transferor to transferee
<u> </u>				
1				

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM S	ECURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVEN	UE NET INVE	
GFM, INC. HILLIARD LYONS HILLIARD LYONS	68,656. 169,379. 48,471.	108,10	4. 61,	656. 68,6 275. 61,2 256. 3,2	
TO PART I, LINE 4	286,506.	153,31	9. 133,	187.	187.
FORM 990-PF		TAX	ES		STATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
EXCISE TAX FOREIGN TAX ON DIVI	DENDS	1,864.		0. 12.	0.
TO FORM 990-PF, PG	1, LN 18 =	2,376.	5	12.	0.
FORM 990-PF		OTHER E	XPENSES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
ANNUAL REPORT FEE ATTORNEY FEES ACCOUNTING FEES PENALTY	-	20. 4,333. 2,875. 8.		0. 0. 0.	0. 0. 0.
TO FORM 990-PF, PG	1, LN 23	7,236.		0.	0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 4
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
GFM, INC. HILLIARD LYONS - MUTUAL FUNDS		956,904. 3,426,347.	956,904. 3,426,347.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	4,383,251.	4,383,251.
FORM 990-PF	CORPORATE BONDS		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
HILLIARD LYONS - FIXED INCOME		558,364.	558,364.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	558,364.	558,364.

FORM 990-PF 7	FRANSFERS FROM CONTROLLED ENTITIES PART VII-A, LINE 11	STATEMENT 6
NAME OF CONTROLLED E	ENTITY	EMPLOYER ID NO
GFM, INC.		62-0352375
ADDRESS		
6440 PAPERMILL DRIVE	E	
KNOXVILLE, TN 37919 DESCRIPTION OF TRANS	SFER	
DIVIDENDS IN THE AMO	OUNT OF \$68,656. HE AMOUNT OF \$11,344.	
		AMOUNT OF TRANSFER
		80,000.
TOTAL AMOUNT OF TRAN	SFERS FROM CONTROLLED ENTITIES	80,000.

FORM 990-PF LIST OF CONTROLLED ENTITIES STATEMENT PART VII-A, LINE 11

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

GFM, INC.

62-0352375

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

6440 PAPERMILL DRIVE KNOXVILLE, TN 37919

	LIST OF OFFICERS, DIE AND FOUNDATION MANAG		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RON CUNNINGHAM P.O. BOX 1 KNOXVILLE, TN 37901	PRESIDENT 1.00	0.	0.	0.
WILLIAM E. MONDAY III 208 BUSBEE ROAD KNOXVILLE, TN 37920	VICE PRESIDENT/ 1.00	DIRECTOR 0.	0.	0.
KENNETH W. HOLBERT P.O. BOX 1 KNOXVILLE, TN 37901	TREASURER 1.00	0.	0.	0.
JOAN VESTAL ELLIS 7914 GLEASON DR, APT. 1053 KNOXVILLE, TN 37919	SECRETARY 1.00	0.	0.	0.
JAMES S. MONDAY 208 BUSBEE ROAD KNOXVILLE, TN 37920	DIRECTOR 0.00	0.	0.	0.
ROBERT W. MONDAY 902 KERMIT DRIVE KNOXVILLE, TN 37912	DIRECTOR 0.00	0.	0.	0.

GENE & FLORENCE MONDAY	FOUNDATION, INC.		62	2-1518306
JOHN LACY, MD 1932 ALCOA HWY KNOXVILLE, TN 37920	DIRECTOR 0.00	0.	0.	0.
JAMES STOGNER 1044 CRAIGLAND COURT KNOXVILLE, TN 37919	DIRECTOR 0.00	0.	0.	0.
WILLIAM E. MONDAY IV 208 BUSBEE ROAD KNOXVILLE, TN 37920	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF	, PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

q

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RON CUNNINGHAM, PRESIDENT

P.O. BOX 1

KNOXVILLE, TN 37901

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

865-525-0238

SEE THE ATTACHED GRANT APPLICATION FORM

FORM AND CONTENT OF APPLICATIONS

SEE THE ATTACHED GRANT APPLICATION FORM

ANY SUBMISSION DEADLINES

APPLICATIONS ARE DUE JULY 1 BUT ARE ACCEPTED IF REC'D BEFORE THE GRANTS COMMITTEE MEETING IN SEPT.

RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS MUST BE USED FOR CHARITABLE, RELIGIOUS OR EDUCATIONAL PURPOSES. SEE THE ATTACHED GRANT APPLICATION FORM.

GENERAL EXPLANATION

STATEMENT 10

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART II, LINE 10B AND LINE 10C - DETAIL INFO REQUEST

EXPLANATION:

THE INSTRUCTIONS FOR FORM 990-PF REQUIRE A SCHEDULE THAT LISTS EACH SECURITY HELD AT THE END OF THE YEAR, AND TO SHOW WHETHER THAT SECURITY IS REPORTED AT COST BASIS OR FMV. ALL SECURITIES ARE HELD IN A BROKERAGE ACCOUNT THROUGHOUT THE YEAR AND ARE REPORTED AT FMV. THIS SCHEDULE CAN BE PROVIDED TO THE IRS AT THEIR REQUEST.

GENE AND FLORENCE MONDAY FOUNDATION SUITE 500, 612 GAY STREET POST OFFICE BOX 1 KNOXVILLE, TLANESSEE 37901

	GRANT APPLICATION FORM					
ORGANIZATION:_		·	•			
ADDRESS:		·				
NAME OF CONTAC PERSON:	-	TITLE	TELEPHONE			
GRANT R SERVICE	EQUESTED IN THI S IN THE FOLLOW	E AMOUNT OF \$_ ING CATEGORY (PLEASE CHECK)	TO FOR			
	CHARITA		DOWNING NO DOWN DOWN			
			DRINKING, NO DRUGS PROGRAMS ITHING, SHELTER AND EMPLOYMENT			
		ENCOURAGE CHILDREN & YOUT	H IN BASIC MORAL VALUES			
		HELP RELIEVE SUFFERING BEYO OTHER (Specify)	OND OUR IMMEDIATE GEOGRAPHICAL AREA			
P						
	EDUCAT					
PLEASE ATTACH T	O THIS APPLICAT	ON THE FOLLOWING INFORMATIO	ON IN SUPPORT OF YOUR REQUEST			
1 .	A PROGRAM DES	CRIPTION INCLUDING NEED FOR	FUNDS, OF HOW THESE FUNDS WILL BE USED AND THE			
	POPULATION TO I BUDGET FOR THE					
· ·	CURRENT FIANCE					
		RECENT FISCAL YEAR	ADDITIONAL TODOLOGICA			
·		<u>embers</u> and officers of the A <u>8 of Board Meeting</u> authorizi	ING SUBMISSION OF APPLICATION			
		OF DETERMINATION OF TAX EXE	MPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL			
	REVENUE CODE. COPY OF IRS REP	ORT 990, "REPORT OF ORGANIZA"	TION EXEMPT FROM INCOME TAX" FOR PREVIOUS FISCAL YEAR			
		ATION PERMITS FROM CITY OF KI	NOXVILLE AND TENNESSEE SECRETARY OF STATE (IF			
	appropriate) Most recent <u>an</u>	INUAL REPORT				
	UN	NDERSTANDING A	ND COMMITMENT			
		UDERSTAND AND AGREE THAT CO	HOLLD OUR DECUEST BE ARRESTED WE WILL			
IN MARING THIS AF	PLICATION WE U	TUERSTAND AND AGREE THAT SP	HOULD OUR REQUEST BE APPROVED WE WILL			
		<u>INT NOT USED</u> FOR THE PURPOSE				
	SUBMIT FULL AND PROGRESS OF TH		N THE MANNER IN WHICH THE FUNDS ARE SPENT AND THE			
			AND MAKE BOOKS AND RECORDS AVAILABLE TO THE			
	GRANTOR AT REA					
_	D NOT USE ANY OF THE FUNDS TO INFULUENCE LEGISLATION,					
1	INFLUENCE THE C	OUTCOME OF ELECTIONS,				
	CARRY ON VOTER REGISTRATION DRIVES, MAKE GRANTS TO INDIVIDUALS OR OTHER ORGANIZATIONS, OR					
		NON-EXEMPT ACTIVITY				
		CERTIFIC	ATION			
THIS IS TO CERTIFY IF APPROVED, THE	THAT THE INFOR	MATION INCLUDED IN THIS REQUE JSED AS APPLIED FOR	EST IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			
DATE		SI	IGNATURE			
		Ti	TLE			

NOTICE

GRANT APPLICATIONS SHOULD BE RECEIVED BY JULY 1 IN ORDER TO BE CONSIDERED FOR FUNDING IN THE NEXT CALENDAR YEAR