

Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 05-01-2015 , and ending 04-30-2016			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GILLILAND FAMILY FUND INC		D Employer identification number 31-1695430
	Doing business as		E Telephone number (901) 728-4600
	Number and street (or P O box if mail is not delivered to street address) 1900 UNION AVENUE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 381044029		
	F Name and address of principal officer ROBERT M FOCKLER 1900 UNION AVENUE MEMPHIS, TN 381044029		G Gross receipts \$ 214,669
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ WWW.CFGM.ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		H(c) Group exemption number ▶	
		L Year of formation 2000	M State of legal domicile TN

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE STATEMENT OF THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO ASSIST THE COMMUNITY FOUNDATION OF GREATER MEMPHIS, INC. IN CARRYING OUT ITS CHARITABLE MISSION			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
b Net unrelated business taxable income from Form 990-T, line 34		7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	271,140	199,358
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,484	15,311
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	301,624	214,669
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	197,050	153,700
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,226	5,740
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	201,276	159,440
	19	Revenue less expenses Subtract line 18 from line 12	100,348	55,229
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	259,762	272,796
21		Total liabilities (Part X, line 26)	5,000	1,000
22		Net assets or fund balances Subtract line 21 from line 20	254,762	271,796

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
Sign Here	*****				2017-03-13
	Signature of officer				Date
	MACK E MCCAUL JR TREASURER				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN A MAY JR		Preparer's signature JOHN A MAY JR		Date 2017-03-12
	Firm's name ▶ DIXON HUGHES GOODMAN LLP		Check ☐ if self-employed PTIN P00210965		
	Firm's address ▶ 999 S SHADY GROVE RD STE 400 MEMPHIS, TN 38120			Firm's EIN ▶ 56-0747981 Phone no (901) 761-3000	

Part III

Statement of Program Service Accomplishments

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

1 Briefly 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?

Yes

No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

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 \$ 153,700 including grants of \$ 153,700) (Revenue \$)

THE FOUNDATION'S ONLY PROGRAM IS TO ACCEPT PROPERTY FOR USE EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES PRIMARIALLY IN AND FOR THE BENEFIT OF MEMPHIS AND SHELBY COUNTY AND THE VICINITY THEREOF

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses

153,700

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised 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? If "Yes," complete Schedule D, Part I 	6	No
7 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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
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 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
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 	11b Yes	
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
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	15	No
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	16	No
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 (see instructions)	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
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 Schedule L, Part I	25b		No
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 "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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

17 List the States with which a copy of this Form 990 is required to be filed **TN**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
COMMUNITY FOUNDATION OF GREATER MEMPHIS INC 1900 UNION AVENUE MEMPHIS, TN 381044029 (901) 728-4600

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(1) JAMES S GILLILAND DIRECTOR	1 00	X						0	0	0	
(2) LUCIA F GILLILAND DIRECTOR	1 00	X						0	0	0	
(3) KATHERINE G CONNELL CHAIR	1 00	X		X				0	0	0	
(4) JAMES S GILLILAND JR DIRECTOR	1 00	X						0	0	0	
(5) ELIZABETH J GILLILAND DIRECTOR	1 00	X						0	0	0	
(6) RACHEL E CHEEK SECRETARY	1 00 37 50	X		X				0	56,154	9,502	
(7) ROBERT M FOCKLER PRESIDENT	1 00 37 50	X		X				0	210,501	47,015	
(8) MACK E MCCAUL JR TREASURER	1 00 37 50	X		X				0	128,932	25,649	
(9) BARBARA S MORA HAYES DIRECTOR	1 00 37 50	X						0	108,628	27,679	
(10) FRANK B HORRELL DIRECTOR	1 00 37 50	X						0	100,381	39,794	
(11) JULIA MCDONALD DIRECTOR	1 00 37 50	X						0	80,470	15,582	

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	685,066	165,221

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	199,358				
	g	Noncash contributions included in lines 1a-1f \$		99,358				
	h	Total. Add lines 1a-1f			199,358			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,111			6,111	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		9,200				
		b	Less cost or other basis and sales expenses	0				
		c	Gain or (loss)	9,200				
	d	Net gain or (loss)		9,200			9,200	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances . .		a				
		b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			214,669	0	0	15,311	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	153,700	153,700		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.	4,430		4,430	
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,290		1,290	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 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 for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.				
24	Other expenses. Itemize expenses not covered 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.)				
a					
b					
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	159,440	153,700	5,740	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. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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) End of year	
Assets	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, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment—cost or other 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	259,762	12	272,796
	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)	259,762	16	272,796	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	5,000	18	1,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (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	5,000	26	1,000
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	254,762	27	271,796
28		Temporarily restricted net assets		28	
29		Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds		30	
31		Paid-in or capital surplus, or land, building or equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	
33		Total net assets or fund balances	254,762	33	271,796
34		Total liabilities and net assets/fund balances	259,762	34	272,796

Part 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	214,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,440
3	Revenue less expenses Subtract line 2 from line 1	3	55,229
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	254,762
5	Net unrealized gains (losses) on investments	5	-38,195
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior 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	271,796

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization GILLILAND FAMILY FUND INC	Employer identification number 31-1695430
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☒

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

1

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) COMMUNITY FOUNDATION OF GREATER MEMPHIS INC	581723645		Yes		29,980	0
Total1					29,980	

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐						
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1 Yes	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>	2	No

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GILLILAND FAMILY FUND INC

Employer identification number
31-1695430

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part 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" on 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)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				0

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

31-1695430

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE FOUNDATION MONITORS ITS GRANTS AS FOLLOWS A GRANT IS RECOMMENDED BY ONE OF THE DIRECTORS THROUGH A WRITTEN REQUEST TO THE TREASURER THE TREASURER VERIFIES THE RECOMMENDED ENTITY IS A LEGITIMATE 501(C)(3) ORGANIZATION THE GRANT IS SUBSEQUENTLY APPROVED FOR DISBURSEMENT BY 2 OF THE FOLLOWING 3 OFFICERS THE PRESIDENT, TREASURER, OR 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

Additional Data

Software ID:
Software Version:
EIN: 31-1695430
Name: GILLILAND FAMILY FUND INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
A STEP AHEAD FOUNDATION INC PO BOX 41601 MEMPHIS, TN 38174	45-1828684	501(C)(3)	2,000				HUMAN SERVICE
ALLIANCE FOR NONPROFIT EXCELLENCE 1919 LYNNFIELD ROAD SUITE 200 MEMPHIS, TN 381197234	58-2041583	501(C)(3)	2,000				2016 GRANT
ALLIANCE FOR NONPROFIT EXCELLENCE 1919 LYNNFIELD ROAD SUITE 200 MEMPHIS, TN 381197234	58-2041583	501(C)(3)	200				NPO CAPACITY BLD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN AIR MUSEUM IN BRITAIN P O BOX 97055 WASHINGTON, DC 200907055	52-1326048	501(C)(3)	100				2016 GRANT -
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF TN P O BOX 120160 NASHVILLE, TN 37212	62-0988329	501(C)(3)	100				2016 GRANT
AMERICAN RIVERS INC 1101 14TH STREET NW SUITE 1400 WASHINGTON, DC 20005	23-7305963	501(C)(3)	100				IN MEMORY OF WILLIAM H (BILL) STUBBLEFIELD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE 1901 L STREET NW SUITE 400 WASHINGTON, DC 20036	53-0184647	501(C)(3)	100				2016 GRANT
ARTSMEMPHIS (MEMPHIS ARTS COUNCIL) P O BOX 1000 DEPT 882 MEMPHIS, TN 381480882	62-0693547	501(C)(3)	1,000				2016 GRANT
ASU FOUNDATIONINSTITUTE OF HUMAN ORIGINS P O BOX 2260 TEMPE, AZ 852802260	86-6051042	501(C)(3)	250				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASU FOUNDATIONINSTITUTE OF HUMAN ORIGINS P O BOX 2260 TEMPE,AZ 852802260	86-6051042	501(C)(3)	1,000				2016 GRANT
BALLET MEMPHIS 7950 TRINITY ROAD MEMPHIS,TN 38018	62-1018942	501(C)(3)	250				2016 GRANT
BEALE STREET CARAVAN INC 49 UNION AVENUE MEMPHIS,TN 38103	62-1831745	501(C)(3)	100				2016 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BODINE SCHOOL 2432 YESTER OAKS DRIVE GERMANTOWN, TN 38139	62-0868869	501(C)(3)	5,000				2016 GRANT FROM KATHRYN & JIM GILLILAND
BRADY CENTER TO PREVENT GUN VIOLENCE 840 FIRST STREET NE SUITE 400 WASHINGTON, DC 20002	52-1285097	501(C)(3)	100				2016 GRANT
BRIDGES INC 477 NORTH FIFTH STREET MEMPHIS, TN 38105	23-7081488	501(C)(3)	1,000				HUMAN SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR INQUIRY INC PO BOX 741 AMHERST, NY 14226	16-1553469	501(C)(3)	100				2016 GRANT
CENTER FOR SCIENCE IN THE PUBLIC INTEREST 1220 L STREET NW SUITE 300 WASHINGTON, DC 20005	23-7122879	501(C)(3)	250				2016 GRANT
CHILDREN'S MUSEUM OF MEMPHIS 2525 CENTRAL AVENUE MEMPHIS, TN 38104	62-1326890	501(C)(3)	100				2016 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHRIST METHODIST DAY SCHOOL 411 SOUTH GROVE PARK ROAD MEMPHIS, TN 38117	62-1449791	501(C)(3)	4,000				2016 GRANT FROM KATHRYN & JIM GILLILAND
CHRIST METHODIST DAY SCHOOL 411 SOUTH GROVE PARK ROAD MEMPHIS, TN 38117	62-1449791	501(C)(3)	500				SPIRIT FUND
CHRISTIAN BROTHERS UNIVERSITY 650 EAST PARKWAY SOUTH BOX 104 MEMPHIS, TN 38104	62-0476666	501(C)(3)	100				2016 GRANT, VANDERHAAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS, TN 38104	58-1716113	501(C)(3)	1,000				2016 GRANT
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS, TN 38104	58-1716113	501(C)(3)	100				IN MEMORY OF VIRGINIA RAINER
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS, TN 38104	58-1716113	501(C)(3)	100				IN MEMORY OF JOHN PIEROTTI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS, TN 38104	58-1716113	501(C)(3)	100				IN MEMORY OF POSEY RHEA WRAPE
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS, TN 38104	58-1716113	501(C)(3)	100				IN MEMORY OF JANE OGDEN
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS, TN 38104	58-1716113	501(C)(3)	100				IN MEMORY OF PENN OWEN, JR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS, TN 38104	58-1716113	501(C)(3)	100				IN MEMORY OF SUSAN BRUNSON
CIVIL WAR TRUST 9001156 15TH STREET NW SUITE WASHINGTON, DC 20005	54-1426643	501(C)(3)	5,000				2016 GRANT
CLIMATE REALITY PROJECT PO BOX 50803 WASHINGTON, DC 20091	87-0745629	501(C)(3)	250				2016 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CONSERVATION FUND 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	52-1388917	501(C)(3)	1,000				2016 GRANT
CREATIVE AGING MID-SOUTH 200 JEFFERSON AVENUE SUITE 707 MEMPHIS, TN 38103	27-0070615	501(C)(3)	100				2016 GRANT
DEFENDERS OF WILDLIFE INC 1130 17TH STREET NW WASHINGTON, DC 20036	53-0183181	501(C)(3)	100				2016 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DIXON GALLERY AND GARDENS 4339 PARK AVENUE MEMPHIS, TN 381179972	62-0943809	501(C)(3)	500				2016 GRANT
ELMWOOD CEMETERY OF MEMPHIS FOUNDATION 824 SOUTH DUDLEY STREET MEMPHIS, TN 38104	45-3250676	501(C)(3)	100				2016 GRANT
ELMWOOD CEMETERY OF MEMPHIS FOUNDATION 824 SOUTH DUDLEY STREET MEMPHIS, TN 38104	45-3250676	501(C)(3)	100				IN MEMORY OF S RICHARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ENVIRONMENTAL LAW INSTITUTE INC 1730 M STREET NW SUITE 700 WASHINGTON, DC 20036	52-0901863	501(C)(3)	1,000				2016 GRANT
FACING HISTORY AND OURSELVES NAT'L FDN INC 115 HULING AVENUE MEMPHIS, TN 38103	04-2761636	501(C)(3)	250				2016 GRANT
FRIENDS & DESCENDANTS OF JOHNSON'S ISLAND INC 3510 CONFEDERATE DRIVE JOHNSONS ISLAND, OH 43440	34-1967431	501(C)(3)	100				2016 GRANT

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FRIENDS OF GREAT SMOKY MOUNTAIN NATIONAL PARK PO BOX 1660 KODAK, TN 377647660	62-1564782	501(C)(3)	100				2016 GRANT
FRIENDS OF THE FOREST 2176 TOMPKINS LANE MILLINGTON, TN 38053	32-0271886	501(C)(3)	100				2016 GRANT
HATTILOO THEATRE 37 SOUTH COOPER MEMPHIS, TN 38104	20-4225394	501(C)(3)	500				ARTS, CULTURE

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HATTILOO THEATRE 37 SOUTH COOPER MEMPHIS, TN 38104	20-4225394	501(C)(3)	250				2016 GRANT
HATTILOO THEATRE 37 SOUTH COOPER MEMPHIS, TN 38104	20-4225394	501(C)(3)	100				IN HONOR OF NANCY BOGATIN'S BIRTHDAY
HAWAII ISLAND HUMANE SOCIETY 74-5225 QUEEN KAAHUMANU HIGHWAY KAILUAKONA, HI 96740	99-6009437	501(C)(3)	1,000				2016 GRANT

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HER FAITH MINISTRIES INC 3396 PARK AVENUE MEMPHIS, TN 38111	26-2605737	501(C)(3)	250				2016 GRANT
HUTCHISON SCHOOL 1740 RIDGEWAY ROAD MEMPHIS, TN 381195397	62-0540400	501(C)(3)	1,000				2016 GRANT
IDLEWILD PRESBYTERIAN CHURCH 1750 UNION AVENUE MEMPHIS, TN 38104	62-0502449	501(C)(3)	1,000				2016 GRANT

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IDLEWILD PRESBYTERIAN CHURCH 1750 UNION AVENUE MEMPHIS, TN 38104	62-0502449	501(C)(3)	1,000				2016 GRANT
IDLEWILD PRESBYTERIAN CHURCH 1750 UNION AVENUE MEMPHIS, TN 38104	62-0502449	501(C)(3)	100				2016 GRANT
IDLEWILD PRESBYTERIAN CHURCH 1750 UNION AVENUE MEMPHIS, TN 38104	62-0502449	501(C)(3)	100				IN MEMORY OF NATHALIE LATHAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IMPACT AMERICA 1203 PEABODY AVENUE MEMPHIS, TN 38104	20-0850212	501(C)(3)	500				2016 GRANT - IMPACT TENNESSEE
ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS 2000 M STREET NW SUITE 650 WASHINGTON, DC 20036	94-2578166	501(C)(3)	250				2016 GRANT
JAPAN-AMERICAN SOCIETY OF TENNESSEE P O BOX 330003 NASHVILLE, TN 37203	62-1797389	501(C)(3)	100				2016 GRANT

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LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION P O BOX 41817 MEMPHIS, TN 381741817	62-1872938	501(C)(3)	1,000				2016 GRANT
LEMOYNE-OWEN COLLEGE 807 WALKER AVENUE MEMPHIS, TN 38126	62-0475690	501(C)(3)	1,000				2016 GRANT
LEMOYNE-OWEN COLLEGE 807 WALKER AVENUE MEMPHIS, TN 38126	62-0475690	501(C)(3)	5,000				IN APPRECIATION OF DR JOHNNIE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEMOYNE-OWEN COLLEGE 807 WALKER AVENUE MEMPHIS, TN 38126	62-0475690	501(C)(3)	800				FOR PUBLIC OUTREACH, PER DR
LEMOYNE-OWEN COLLEGE 807 WALKER AVENUE MEMPHIS, TN 38126	62-0475690	501(C)(3)	100				IN MEMORY OF FRANCES DANCY
LEVITT SHELL P O BOX 982 MEMPHIS, TN 38101	74-3145100	501(C)(3)	500				2016 GRANT

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LIVING WITH WOLVES LTD PO BOX 896 SUN VALLEY, ID 83353	20-4933982	501(C)(3)	5,000				ANIMAL-RELATED
LIVING WITH WOLVES LTD PO BOX 896 SUN VALLEY, ID 83353	20-4933982	501(C)(3)	5,000				ANIMAL-RELATE
LIVING WITH WOLVES LTD PO BOX 896 SUN VALLEY, ID 83353	20-4933982	501(C)(3)	5,000				2016 GRANT

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LORRAINE CIVIL RIGHTS MUSEUM FOUNDATION 450 MULBERRY STREET MEMPHIS, TN 38103	58-1484027	501(C)(3)	1,000				2016 GRANT
MEMPHIS & SHELBY COUNTY BAR FOUNDATION 145 COURT AVENUE 301 MEMPHIS, TN 38103	62-1117968	501(C)(3)	100				2016 GRANT
MEMPHIS AREA LEGAL SERVICES INC 22 NORTH FRONT STREET 11TH FLOOR MEMPHIS, TN 38103	62-0841436	501(C)(3)	1,000				2016 GRANT

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MEMPHIS AREA LEGAL SERVICES INC 22 NORTH FRONT STREET 11TH FLOOR MEMPHIS, TN 38103	62-0841436	501(C)(3)	250				CAMPAIGN FOR EQUAL JUSTICE,
MEMPHIS AREA LEGAL SERVICES INC 22 NORTH FRONT STREET 11TH FLOOR MEMPHIS, TN 38103	62-0841436	501(C)(3)	250				IN MEMORY OF HAL GERBER
MEMPHIS AREA WOMEN'S COUNCIL 2574 SAM COOPER BLVD MEMPHIS, TN 38112	20-0297872	501(C)(3)	250				2016 GRANT

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MEMPHIS BOTANIC GARDEN FOUNDATION INC 750 CHERRY ROAD MEMPHIS, TN 381174699	23-7159172	501(C)(3)	500				2016 GRANT
MEMPHIS BROOKS MUSEUM OF ART INC 1934 POPLAR AVENUE MEMPHIS, TN 381042765	62-6063304	501(C)(3)	1,000				2016 GRANT
MEMPHIS CENTER FOR REPRODUCTIVE HEALTH INC (CHOICES) 1726 POPLAR AVENUE MEMPHIS, TN 38104	62-0931089	501(C)(3)	500				HEALTH, GENERAL

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MEMPHIS CENTER FOR REPRODUCTIVE HEALTH INC (CHOICES) 1726 POPLAR AVENUE MEMPHIS, TN 38104	62-0931089	501(C)(3)	500				2016 GRANT
MEMPHIS COLLEGE OF ART 1930 POPLAR AVE MEMPHIS, TN 38104	62-0544854	501(C)(3)	2,000				2016 GRANT
MEMPHIS COUNCIL NAVY LEAGUE OF THE UNITED STATES 6000 POPLAR AVENUE MEMPHIS, TN 38119	58-2235565	501(C)(3)	100				2016 GRANT

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MEMPHIS DEVELOPMENT FOUNDATION PO BOX 3370 MEMPHIS, TN 381730370	62-0983983	501(C)(3)	6,250				HONOR LUCIA F GILLILAND
MEMPHIS LIBRARY FOUNDATION 3030 POPLAR AVENUE 3RD FLORR MEMPHIS, TN 38111	62-1590768	501(C)(3)	10,000				CLOUD 901 PROJECT
MEMPHIS MUSEUMS INC 3050 CENTRAL AVENUE MEMPHIS, TN 381113399	62-0801926	501(C)(3)	500				2016 GRANT -PINK PALACE

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MEMPHIS ROTARY FOUNDATION 2693 UNION EXTD SUITE 102 MEMPHIS, TN 38112	62-6096310	501(C)(3)	500				PHILANTHROPY
MEMPHIS ROTARY FOUNDATION 2693 UNION EXTD SUITE 102 MEMPHIS, TN 38112	62-6096310	501(C)(3)	1,000				FOR FISCAL YEAR 2016-17
MEMPHIS SYMPHONY ORCHESTRA 585 SOUTH MENDENHALL ROAD MEMPHIS, TN 38117	62-6015885	501(C)(3)	2,500				TO BRING 2014

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MEMPHIS TEACHER RESIDENCY 2181 UNION AVENUE MEMPHIS, TN 38104	26-4440905	501(C)(3)	1,000				2016 GRANT
MEMPHIS UNIVERSITY SCHOOL 6191 PARK AVENUE MEMPHIS, TN 38119	62-0545618	501(C)(3)	1,000				2016 GRANT
METROPOLITAN INTER-FAITH ASSOCIATION (MIFA) PO BOX 3130 MEMPHIS, TN 381730130	62-0803601	501(C)(3)	550				HONORIA

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METROPOLITAN INTER-FAITH ASSOCIATION (MIFA) PO BOX 3130 MEMPHIS, TN 381730130	62-0803601	501(C)(3)	1,000				2016 GRANT
METROPOLITAN INTER-FAITH ASSOCIATION (MIFA) PO BOX 3130 MEMPHIS, TN 381730130	62-0803601	501(C)(3)	100				IN MEMORY OF NORFLEET RAGLAND
MID-SOUTH PEACE AND JUSTICE CENTER 3573 SOUTHERN AVENUE MEMPHIS, TN 38111	62-1140695	501(C)(3)	250				2016 GANDHI-KING CONFERENCE

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MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION (WKNO) 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	450				FREEDOM AWARDS
MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION (WKNO) 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	1,500				2016 GRANT
MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION (WKNO) 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	500				VOTING RIGHTS ACT ANNIVERSARY

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MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION (WKNO) 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	250				IN MEMORY OF JIM EIKNER
MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION (WKNO) 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	500				A CAPITOL FOURTH SATURDAY
MUSEUM OF THE AMERICAN REVOLUTION 123 CHESTNUT STREET SUITE 401 PHILADELPHIA, PA 19106	23-2773714	501(C)(3)	250				EDUCATIONAL

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NARAL PRO-CHOICE AMERICA FOUNDATION 1156 15TH STREET NW SUITE 700 WASHINGTON, DC 20005	52-1100361	501(C)(3)	500				2016 GRANT
NATIONAL CENTER FOR SCIENCE EDUCATION 420 40TH STREET SUITE 2 OAKLAND, CA 94609	11-2656357	501(C)(3)	500				2016 GRANT
NATIONAL FOREST FOUNDATION BUILDING 27 SUITE 3 FORT MISSOULA ROAD MISSOULA, MT 59804	52-1786332	501(C)(3)	100				2016 GRANT

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NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW SUITE 700 WASHINGTON, DC 200013723	53-0225165	501(C)(3)	100				2016 GRANT
NATURE CONSERVANCY INC 210 25TH AVENUE NORTH SUITE 810 NASHVILLE, TN 37203	53-0242652	501(C)(3)	500				2016 GRANT
NEW BALLET ENSEMBLE 2157 YORK AVENUE MEMPHIS, TN 38104	62-1866526	501(C)(3)	1,000				2016 GRANT

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NEW MEMPHIS INSTITUTE 22 NORTH FRONT SUITE 500 MEMPHIS, TN 38103	58-1607228	501(C)(3)	1,000				2016 GRANT
OVERTON PARK CONSERVANCY 1914 POPLAR AVENUE SUITE 2020 MEMPHIS, TN 38104	45-2031097	501(C)(3)	3,000				2016 GRANT -
PARK FRIENDS INC 165 MADISON AVENUE SUITE 2000 MEMPHIS, TN 38103	62-1564118	501(C)(3)	1,000				2016 GRANT

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PARK FRIENDS INC 165 MADISON AVENUE SUITE 2000 MEMPHIS, TN 38103	62-1564118	501(C)(3)	250				IN MEMORY OF MICHAEL SHANNON
PEOPLE FOR THE AMERICAN WAY FOUNDATION 1101 15TH STREET NW SUITE 600 WASHINGTON, DC 20005	13-3065716	501(C)(3)	250				2016 GRANT
PLANNED PARENTHOOD GREATER MEMPHIS REGION INC 2430 POPLAR AVENUE MEMPHIS, TN 38112	62-6073178	501(C)(3)	2,000				HUMAN SERVICE

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PLANNED PARENTHOOD GREATER MEMPHIS REGION INC 2430 POPLAR AVENUE MEMPHIS, TN 38112	62-6073178	501(C)(3)	1,000				2016 GRANT
PLAYBACK MEMPHIS 1000 SOUTH COOPER MEMPHIS, TN 38104	30-0527070	501(C)(3)	500				2016 GRANT
POPULATION CONNECTION 2120 L STREET NW SUITE 500 WASHINGTON, DC 20037	94-1703155	501(C)(3)	500				2016 GRANT

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PUBLIC CITIZEN FOUNDATION INC 1600 20TH STREET NW WASHINGTON,DC 20009	52-1263996	501(C)(3)	100				2016 GRANT
RISE FOUNDATION INC 2650 THOUSAND OAKS BLVD SUITE 2400 MEMPHIS,TN 38118	31-1712061	501(C)(3)	100				2016 GRANT
SHELBY COUNTY BOOKS FROM BIRTH PO BOX 17008 MEMPHIS,TN 381870008	20-2962326	501(C)(3)	1,000				2016 GRANT

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SKEPTICS SOCIETY PO BOX 338 ALTADENA, CA 91001	95-4550781	501(C)(3)	100				2016 GRANT
SOUTHERN COMMUNICATION VOLUNTEERS (WEVL) PO BOX 40952 MEMPHIS, TN 38174	23-7396659	501(C)(3)	100				2016 GRANT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET SUITE 14 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	100				2016 GRANT

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TEACH FOR AMERICA (MEMPHIS) 175 TOYOTA PLAZA SUITE 350 MEMPHIS, TN 38103	13-3541913	501(C)(3)	2,500				2016 GRANT
TENNESSEE CIVIL WAR PRESERVATION ASSOCIATION PO BOX 148535 NASHVILLE, TN 372148535	62-1739404	501(C)(3)	100				2016 GRANT
TENNESSEE PARKS & GREENWAYS FOUNDATION 117 30TH AVENUE SOUTH NASHVILLE, TN 37212	62-1557574	501(C)(3)	250				2016 GRANT

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TENNESSEE SHAKESPEARE COMPANY PO BOX 382143 GERMANTOWN, TN 381832143	26-2113887	501(C)(3)	500				IN MEMORY OF DANIEL NOYES
THE COTTON MUSEUM INC 65 UNION AVENUE MEMPHIS, TN 38103	62-1828260	501(C)(3)	250				2016 GRANT
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 022383780	04-2535767	501(C)(3)	100				2016 GRANT

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UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL MEMPHIS, TN 381523760	62-6048540	501(C)(3)	5,000				2016 GRANT
UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL MEMPHIS, TN 381523760	62-6048540	501(C)(3)	250				GROUND WATER INSTITUTE
UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL MEMPHIS, TN 381523760	62-6048540	501(C)(3)	5,000				OPPORTUNITY SCHOLARSHIP, HERFF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF MISSISSIPPI FOUNDATION 406 UNIVERSITY AVENUE OXFORD, MS 38655	23-7310293	501(C)(3)	100				GREEN FUND
UNIVERSITY OF TENNESSEE FOUNDATION 600 HENLEY STREET SUITE B022-A KNOXVILLE, TN 379964103	62-1844686	501(C)(3)	100				SWAFFORD SCHOLARSHIP ENDOWMENT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	62-0476822	501(C)(3)	1,000				2016 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VOLLINTINE-EVERGREEN COMMUNITY ASSOC 1680 JACKSON AVENUE MEMPHIS, TN 38107	62-1577284	501(C)(3)	100				2016 GRANT
WEBB SCHOOL PO BOX 488 BELL BUCKLE, TN 370200488	62-0401875	501(C)(3)	100				IN MEMORY OF WEBB F BANKS
WEST TENNESSEE VETERANS HOME INC 2161 MADISON AVENUE MEMPHIS, TN 38104	80-0607721	501(C)(3)	1,000				2016 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WILLIAM R MOORE COLLEGE OF TECHNOLOGY 1200 POPLAR AVENUE MEMPHIS, TN 38104	62-0497613	501(C)(3)	1,000				2016 GRANT
WILLIAM R MOORE COLLEGE OF TECHNOLOGY 1200 POPLAR AVENUE MEMPHIS, TN 38104	62-0497613	501(C)(3)	1,000				EDUCATIONAL
WOLF RIVER CONSERVANCY INC PO BOX 11031 MEMPHIS, TN 381110031	62-1245975	501(C)(3)	1,000				2016 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WOLF RIVER CONSERVANCY INC PO BOX 11031 MEMPHIS, TN 381110031	62-1245975	501(C)(3)	250				IN MEMORY OF
WOMEN'S FOUNDATION FOR A GREATER MEMPHIS INC 40 SOUTH MAIN STREET SUITE 2280 MEMPHIS, TN 38103	58-2207247	501(C)(3)	1,000				2016 GRANT
ZION COMMUNITY PROJECT INC PO BOX 74 MEMPHIS, TN 381010074	62-1798201	501(C)(3)	100				ZION CHRISTIAN CEMETERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVENUE MEMPHIS, TN 381044029	58-1723645	501(C)(3)	25,550				2016 GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GILLILAND FAMILY FUND INC

Employer identification number
31-1695430

Part 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 on 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT M FOCKLER PRESIDENT	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	210,501	0	0	22,500	24,515	257,516	0
2 MACK E MCCAUL JR TREASURER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	128,932	0	0	13,400	12,249	154,581	0

Part III **Supplemental Information**

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.

Return Reference	Explanation
FORM 990, SCHEDULE J	THE COMPENSATED OFFICERS OF THE FOUNDATION ARE EMPLOYED BY THE RELATED SUPPORTED ORGANIZATION. ALL EMPLOYEES ARE COMPENSATED BASED ON INFORMATION OBTAINED FROM JOB PERFORMANCE, SALARY COMPARABILITY STUDIES (INCLUDING COMPARISONS TO OTHER ORGANIZATIONS' FORM 990), AND 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)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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

Department of the Treasury
Internal Revenue Service

Name of the organization
GILLILAND FAMILY FUND INC

Employer identification number
31-1695430

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	99,358	STOCK EXCHANGE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

33

Yes

No

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)****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.

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

2015**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
GILLILAND FAMILY FUND INC

Employer identification number

31-1695430

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING DIRECTORS ARE EMPLOYED BY THE SAME ORGANIZATION WHICH IS THE SUPPORTED ORGANIZATION RACHEL E CHEEK, ROBERT M FOCKLER, FRANK B HORRELL, MACK E MCCAUL, JR, BARBARA S MORA HAYES 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	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORM 990, PART VI, LINE 12A ON AN ANNUAL BASIS, ALL DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN IT TO ACKNOWLEDGE INTENT OF COMPLIANCE
FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION DOES NOT HAVE ANY PAID STAFF ALL COMPENSATED OFFICERS ARE EMPLOYED BY THE RELATED SUPPORTED ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE FOUNDATION'S FORM 990 RETURN IS MAINTAINED IN THE ORGANIZATIONS OFFICE THIS DOCUMENT IS AVAILABLE UPON REQUEST ADDITIONALLY, IT IS ALSO AVAILABLE ON THE WEB SITE WWW GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MAINTAINED IN THE ORGANIZATION'S OFFICE THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FOUNDATION IS NOT AUDITED AS A SEPARATE ENTITY. HOWEVER, IT IS SUBJECT TO A AUDIT DURING THE COMBINED AUDIT OF THE SUPPORTED ORGANIZATION AND ITS AFFILIATED ORGANIZATIONS. THESE AUDITED STATEMENTS WERE REVIEWED IN DETAIL BY THE SUPPORTED ORGANIZATION'S AUDIT COMMITTEE, AND SUBSEQUENTLY ACCEPTED BY THE SUPPORTED ORGANIZATION'S DIRECTORS. AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT ACCOUNTING FIRM THAT PERFORMED THE AUDIT. THESE ARE THE SAME PROCEDURES AS PRIOR YEAR.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Name of the organization GILLILAND FAMILY FUND INC	Employer identification number 31-1695430
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Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

1a

No

b

Gift, grant, or capital contribution to related organization(s)

1b

Yes

c

Gift, grant, or capital contribution from related organization(s)

1c

No

d

Loans or loan guarantees to or for related organization(s)

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k

Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m

Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o

Sharing of paid employees with related organization(s)

1o

No

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

Other transfer of cash or property to related organization(s)

1r

No

s

Other transfer of cash or property from related organization(s)

1s

No

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)COMMUNITY FOUNDATION OF GREATER MEMPHIS INC	B	25,500	DONOR INTENT
(2)COMMUNITY FOUNDATION OF GREATER MEMPHIS INC	M	4,430	FEE CALCULATION

Schedule R (Form 990) 2015

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-1695430

Name: GILLILAND FAMILY FUND INC

Form 990, Schedule R, Part II - 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 charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
COMMUNITY FOUNDATION OF GREATER MEMPHIS INC 1900 UNION AVENUE MEMPHIS, TN 38104 58-1723645	TO SERVE AS A COMMUNITY FOUNDATION FOR MEMPHIS AND THE MID SOUTH VICINTY	TN	501(C)(3)	509(A)(1)			No
THE CANALE FOUNDATION INC 1900 UNION AVENUE MEMPHIS, TN 38104 62-1670425	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
COMMUNITY FOUNDATION REALTY INC 1900 UNION AVENUE MEMPHIS, TN 38104 62-1493663	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
THE CLARENCE DAY FOUNDATION 1900 UNION AVENUE MEMPHIS, TN 38104 62-1441490	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
THE DUNAVANT FOUNDATION 1900 UNION AVENUE MEMPHIS, TN 38104 58-1528504	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
GAYLE S ROSE FOUNDATION INC 1900 UNION AVENUE MEMPHIS, TN 38104 31-1691553	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
JENIAM II FOUNDATION 1900 UNION AVENUE MEMPHIS, TN 38104 62-1651848	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
MARCH FOUNDATION 1900 UNION AVENUE MEMPHIS, TN 38104 31-1654850	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
MEMPHIS-PLOUGH COMMUNITY FOUNDATION 1900 UNION AVENUE MEMPHIS, TN 38104 23-7047899	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
PORTER-LEATH EARLY CHILDHOOD FOUNDATION 1900 UNION AVENUE MEMPHIS, TN 38104 20-1045305	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
THE PICTSWEET FOUNDATION 1900 UNION AVENUE MEMPHIS, TN 38104 62-1248225	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
TEACHER TOWN USA INC 1900 UNION AVENUE MEMPHIS, TN 38104 46-5497662	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No
THE TURLEY FOUNDATION INC 1900 UNION AVENUE MEMPHIS, TN 38104 62-1557849	ASSIST THE COMM FDTN OF GRTR MEM TO CARRY OUT ITS CHARITABLE ACTIVITIES	TN	501(C)(3)	509(A)(3)			No