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Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

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 Open to Public Inspection

A For the 2016 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number X Address change MEMPHIS EDUCATION FUND INC X Name change 47-3660677 Doing/business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1350 CONCOURSE AVE STE 434 901-435-0400 termin-ated 21,820,323. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended MEMPHIS, TN 38104 H(a) Is this a group return Applica-F Name and address of principal officer TERENCE PATTERSON Yes X No for subordinates? pending SAME AS C ABOVE Yes H(b) Are all subordinates included? 1 Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or) (insert no.) If "No." attach a list (see instructions) J Website: ► WWW.MEMPHISEDUCATIONFUND.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Year of formation: 2015 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: ESTABLISHING INTITIATIVES_AND Expenses & GONNET SCIVILIES & Governance DEVELOPLING STRATEGIES TO ENHANCE PERFORMANCE LEVELS OF PUBLIC Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 6 4 10 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 0. 7 a 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 Prior Year **Current Year** 25,985,210. 21,819,300. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 204. 1,023. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,985,414 21,820,323. 24,556,183. 17,287,581. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 270,993. 815,359. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 88,959. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11ft24er CEIVED 141,727 495,828. 24,968,903. 18,598,768. 18 Total expenses Add lines 13-17 (must equal Part IX column (A), line 25 Š Revenue less expenses. Subtract line 18 from line 1,016,511. 3,221,555. RS-O Ses NÚV **2 8** 2017 **Beginning of Current Year** End of Year 14,761,172. 21,838,700 20 Total assets (Part X, line 16) OGDEN. LIT 20,822,189. 10,523,106. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20. 1.016.511. 4,238,066. 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 former than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TREASURER GREG THOMPSON, Here Type or print name and title Date PTIN Print/Type preparer's name STUART L.KAPLAN, CPA 11/15/17 P00643422 Paid self employed Firm's name CANNON WRIGHT BLOUNT PLI 62-1657946 Firm's EIN Preparer Firm's address > 756 RIDGE LAKE BLVD. SUITE 100 Use Only Phone no. (901)685-7500 MEMPHIS, TN 38120-9420 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

	1990 (2016) MEMPHIS EDUCATION FUND INC	47-3660677	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
1	Briefly describe the organization's mission		
	TO WORK IN PARTNERSHIP WITH THE SHELBY COUNTY SCHOOL DIS	STRICT AND T	HE
	ACHIEVEMENT SCHOOL DISTRICT IN STRATEGIES TO ENABLE HIGH		
	SCHOOL OPERATORS TO CONTINUE TO EXPAND AND TO INVEST IN		TO
	DEVELOP HIGH QUALITY SCHOOL OPERATORS AND PROVIDE STUDE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vac	X No
3	If "Yes," describe these changes on Schedule O	1es	
4		managed by avange	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
4.	revenue, if any, for each program service reported		
4 a	(Code) (Expenses \$ 18,202,883. including grants of \$ 17,287,581.) (Revenue DEFINITION OF TAXABLE PROPERTY OF TAXABLE PROPERT		<i>)</i>
	DEVELOPMENT AND IMPLEMENTATION OF INITATIVES FOCUSED OF		THE
	EDUCATIONAL STANDARDS IN THE GREATER MEMPHIS, TENNESSEE	AREA.	
	\$ ~~1, ~~2* 15		
4b	(Code) (Expenses \$)
	***-		
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe \$)
			
		<u> </u>	
44	Other program services (Describe in Schedule O)		
+u		١	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 18,202,883.		
40	Total program service expenses ► 18,202,883.		90 (2016)
		Form S	2016)

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	i		
	If "Yes," complete Schedule A .	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_	_	
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
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		х
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		х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		'	
	Part VI	11a	X	
þ	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		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		A
f	,	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	<u> </u>	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
-	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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	L
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		X
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		X
		Form	agn.	(2016)

Pa	rt IV Checklist of Required Schedules (continued)		\	T.:
00-	Did the executation energic are as more beautiful facilities? If #Voc # correlate Cahadida II	200	Yes	No X
20a b		20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-21	1	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	į	ļ	ļ
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	-22
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
C	any tax-exempt bonds?	24c		ļ
A	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	\vdash	\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	x
b		204		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		İ	Ì
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	-	
2.0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			!
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	l	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ĺ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X

Form **990** (2016)

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

	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					
	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable			l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	х	ĺ		
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 10					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
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	<u> </u>	X		
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)						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6а	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		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l		
	were not tax deductible?	6b		<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).	{		1		
а	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		X		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282? .	7c	ļ	X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ .				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	li			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1		
_	sponsoring organization have excess business holdings at any time during the year?	. 8				
9	Sponsoring organizations maintaining donor advised funds.	0-				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		İ		
11	Section 501(c)(12) organizations. Enter	1				
	Gross income from members or shareholders			1		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		l		
	amounts due or received from them)			1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
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	[[1		
_	organization is licensed to issue qualified health plans		1			
С	Enter the amount of reserves on hand	\ _	. _ '	<u></u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
		Form	990	(2016)		

Form 990 (2016) MEMPHIS EDUCATION FUND INC 47-3660677 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response 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 0. 6 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8h Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates?

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ľ		
	exempt status with respect to such arrangements?	16b		

Section	C. Disclosure	

7 i	_ist the states	with which a c	copy of this	Form 990 ıs reqi	ured to be filed 🟲	\cdot TN

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O)

Own website	Another's website	X Upon reques
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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	>
	GREC THOMPSON $-901-237-2429$	

GREG	THOMPSON	<u>- 901-23</u>	7-2429
177 (C MATAL CO	MEMBILLO	mat 20

Form **990** (2016)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization n	or any related	orga	ınıza	tion	cor	nper	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unless person is both an cer and a director/trustee)			ıs bot	h an	compensation	compensation	amount of
	week		Jer au		I ecic	1/1105	ice,	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0 00	ste			sate		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	al trus		yee	шрег		(11 2) 1300 111100)		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	est co loyee	듈			organizations
	line)	ğ	Insti	Officer	Key	Highest compensated employee	Боги			
(1) BEVERLY ROBERTSON	2.00									
CHAIRMAN		X		X				0.	0.	0.
(2) TERESA SLOYAN	1.00	1						_	_	
BOARD MEMBER		X					L	0.	0.	0.
(3) DARRYL COBB	1.00	1						_	_	_
BOARD MEMBER	ļ	X						0.	0.	0.
(4) JAMES R. BOYD	1.00	l								•
BOARD MEMBER	1 00	X				<u> </u>		0.	0.	0.
(5) TERRENCE PATTERSON	1.00		į							_
BOARD MEMBER	1 00	X						0.	0.	0.
(6) NEERAV KINGSLAND	1.00	.						0.	0.	^
BOARD MEMBER	4.00	X						0.	0.	0.
(7) GREG THOMPSON	4.00	1		x				0.	0.	0.
TREASURER	40.00			Δ		├─	-	0.	0.	<u>0 </u>
(8) MARCUS ROBINSON	40.00	1		X				97,310.	0.	0.
CEO				1		 		57,310.	0.	•
		1								
-					-	-	 			
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			<u> </u>		
1b	Sub-total	•	97,310.	0.	C
С	Total from continuation sheets to Part VII, Section A	•	0.	0.	C
d	Total (add lines 1b and 1c)	>	97,310.	0.	C
2	Total number of individuals (including but not limited to those listed above	e) who re	eceived more than \$100,	000 of reportable	
	compensation from the organization			·	

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes." complete Schedule J for such individual

and ta in res, complete concede a for such individual	_ J	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		
rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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) Name and business address	NONE	(B) Description of services	(C) Compensation
			
Total number of independent contractors (including but	not limited to those lis	sted above) who received more than	

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Yes

No

5

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c					
ar Jar	d	Related organizations	1d					
S, E	е	Government grants (contribut	ions) 1e					
r Si	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abor	ve 1f	21,819,300.				
d d	g	Noncash contributions included in lines	1a-1f \$					
<u>3 g</u>	h	Total. Add lines 1a-1f		•	21,819,300.			
				Business Code				
ice	2 a							
er.	b				_			
n S	С							
Re	d							<u> </u>
Program Service Revenue	е							
_		All other program service reve	enue				 .	
\rightarrow		Total. Add lines 2a-2f		- · ·				
1	3	Investment income (including						
		other similar amounts)		1,023.			1,023.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties	(i) Real	(II) Personal				
	6 a	Gross rents	(i) neai	(II) Personal				
		Less rental expenses	 					
		- " " \	-					
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	.,					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
-	d	Net gain or (loss)						
0	8 a	Gross income from fundraising	g events (not					
anue		including \$	of					
ě		contributions reported on line	1c) See					
Other Rever		Part IV, line 18	а					
돌	b	Less direct expenses	b	L				
		Net income or (loss) from fund	_	> _				
	9 a	Gross income from gaming ac	tivities See					
1		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gam	•					
	10 a	Gross sales of inventory, less	returns			-		
	_	and allowances	a					
		Less cost of goods sold	b					
-	<u>c</u>	Net income or (loss) from sale		D				
ŀ	44 -	Miscellaneous Revenu		Business Code				
	11 a							
	b							+
	ч С	All other revenue	-	 		-		+
		Total. Add lines 11a-11d						
	12	Total revenue See instructions.			21 820 323	0.		1,023.
	16	TOTAL TOTALINE OCCURSUOUS.				<u> </u>		Form 000 (0010)

Check if Schedule O contains a respon				<u>L</u>
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	17,287,581.	17,287,581.		
Grants and other assistance to domestic				
individuals See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above, to disqualified			Ì	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	723,478.	630,475.	93,003.	
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	40,996.	35,530.	5,466.	
Payroll taxes	50,885.	42,826.	8,059.	
Fees for services (non-employees)			}	
Management				
Legal	1,316.			
Accounting	6,086.		6,086.	
Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	147,441.	58,482.		88,959
Advertising and promotion				
Office expenses	32,907.	9,372.	23,535.	
Information technology				
Royalties				
Occupancy				
Travel	<u> 26,936.</u>	18,873.	8,063.	
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	42,322.	35,245.	7,077.	
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	962.	658.	304.	
Insurance	9,333.	6,377.	2,956.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	114 305	13.419	100.886.	<u> </u>
	43/=130	2,020	<u> </u>	
All other expenses				
	18.598 768	18,202,883	306.926	88,959
	<u> </u>	20,202,000.	300,320•	00,009
,				
educational campaign and fundraising solicitation.	I			
- vaavaanini tarribaivit arru Turiuralõlliu õulitilaliuli I		i i	1	
	rot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization insurance 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 0.) STAFF RECRUITING & DEVE COMMUNICATIONS MISCELLANEOUS All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	Total expenses and the provided on lines 6b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Fees for services (non-employees) Management Legal Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (filine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses not covered above, (i.st miscellaneous expenses in line 24e. If line 24e apmants to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses not covered above, (i.st miscellaneous expenses in line 24e. If line 24e apmants to affiliates Depreciation, depletion, and amortization Insurance MISCELLANEOUS All other expenses All other expenses All other expenses Ald inner expenses Ald lines of the organization reported in column (B) joint costs from a combined	Total expenses Program service (8b, 9b, and 10b of Part VIII. Total expenses Program service expenses (2x) (2x) (3x) (3x) (3x) (3x) (3x) (3x) (3x) (3	Total expenses Program service Program ser

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4,238,066.

14,761,172.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,016,511.

21,838,700.

33

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

		MEMP	HIS EDUCAT	ION FUND INC				4	<u>7-3660677 </u>
Pa	ırt I	Reason for Public	Charity Status (All organizations must co	omplete th	us part.) S	ee instructions	;	
he	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box)								
1		A church, convention of ch	urches, or association	on of churches described	d in section	n 170(b)(1)(A)(i).		
2		A school described in sect					~ ~ ~		
3		A hospital or a cooperative					ii).		
4		A medical research organiz						(iii). Enter	the hospital's name.
		city, and state	·	,				(,-	,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a a	overnmental u	nıt descrit	ped in
		section 170(b)(1)(A)(iv). (C		,		, ,			
6		A federal, state, or local go	•	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organization that norma						ne general	nublic described in
		section 170(b)(1)(A)(vi). (C		рановино варрони	· • · · · · · · · · · · · · · · · · · ·			go	, pablic described iii
8		A community trust describe		(1)(A)(vi). (Complete Pari	: 11.)				
9	\Box	An agricultural research org				ed in conii	inction with a	land-grant	college
	·	or university or a non-land-g							
		university	J	,			,,	3	,
10	\mathbf{x}	An organization that norma	llv receives (1) more	than 33 1/3% of its sur	port from	contributi	ons. members	hip fees, a	and gross receipts from
		activities related to its exen							- ·
		income and unrelated busii		• •	. ,				•
		See section 509(a)(2). (Cor		,			,	,	
11		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	09(a)(4).		
12		An organization organized a						rry out the	e purposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or truste	es of the s	supporting
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	aving
		control or management o	f the supporting orga	anızatıon vested ın the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with,	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions) You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	ızatıon(s)
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a dist	ribution re	quirement and	l an attent	iveness
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	il, Type III	
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organi	zation			
		r the number of supported o	J						
g		de the following information			(iv) is the orns	nization lieted			
	(i)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your governi		(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	support (see iii	structions)	support (see instructions)
								_	
		-		-					
				-	-			-	

Schedule A (Form 990 or 990-EZ) 2016 MEMPHIS EDUCATION FUND INC 47-36606 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)

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	f) Total						
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 Zalendar year (or fixed year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 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 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)							
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Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 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)							
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Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 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)							
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)	f) Total						
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)							
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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)							
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)							
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)							
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)							
business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
or loss from the sale of capital assets (Explain in Part VI)							
assets (Explain in Part VI)							
13 LOTAL CURPORT AND HOPS (TOTOHOU III)							
12 Gross receipts from related activities, etc. (see instructions)							
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 2016 (line 6, column (f) divided by line 11, column (f))							
15 Public support percentage from 2015 Schedule A, Part II, line 14							
16a 33 1/3% support test - 2016. 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 - 2015. 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	x						
and stop here. The organization qualifies as a publicly supported organization	· •						
• • • • • • • • • • • • • • • • • • • •	ore						
and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part VI how the organization	'a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	n						
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	n ▶「						
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 Schedule A (Form 990 or 99)	▶□						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	ction A. Public Support	iow, piease com	piete Fait II)				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				25,985,210.		25,985,210.
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
					-		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		1				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				25,985,210.		25,985,210.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
_	amount on line 13 for the year				 		0.
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6) ction B. Total Support						25 985 210.
		(-) 0010	(h) 2012	(a) 2014	(4) 2015	(a) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	
-	Amounts from line 6				25,985,210.		25,985,210.
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						004
	and income from similar sources				204.		204.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b				204.		204.
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		+	1	- 		1
_	or loss from the sale of capital						
40	assets (Explain in Part VI)		+	 	05.005.444		05 005 414
	Total support. (Add lines 9, 10c, 11, and 12)		1.6.1		25,985,414.	- 504(-)(0)	25,985,414.
14	First five years. If the Form 990 is for	tne organization	's first, second, thi	ra, tourtn, or tirtn	tax year as a section	1 50 I(c)(3) organ	iization,
<u></u>	check this box and stop here	o Support D		-		<u>-</u>	
	ction C. Computation of Public			. (0)	I	-:	100 00 %
	Public support percentage for 2016 (lir	,	•	column (t))		15	100.00 %
	Public support percentage from 2015					16	100.00 %
	ction D. Computation of Inves						00 ~
	Investment income percentage for 201			ne 13, column (f))		17	.00 %
	Investment income percentage from 2				l	18	<u>%</u>
19a	33 1/3% support tests - 2016. If the o	organization did	not check the box	on line 14, and lir	ne 15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box an	-	-				►LX
b	33 1/3% support tests - 2015. If the o	organization did	not check a box or	n line 14 or line 19	a, and line 16 is mo	re than 33 1/3%	, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check	this box and see ins	tructions	▶□
6320	23 09-21-16	· · · · · · · · · · · · · · · · · · ·					90 or 990-EZ) 2016

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Se	ection	A. Al	I Supporting	Organizations

Yes No 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 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 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За **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 12a or 12b in Part I, answer (b) and (c) below 4a 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 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? 5h c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 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 b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

determine whether the organization had excess business holdings.)
632024 09-21-16

9c

10a

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

supporting organizations)? If "Yes," answer 10b below

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Sche Par	dule A (Form 990 or 990-EZ) 2016 MEMPHIS EDUCATION FUND Type III Non-Functionally Integrated 509(a)(3) Supporting			47-3660677 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions All
•	other Type III non-functionally integrated supporting organizations must co	-		rait vi.) See ilisu uctions. All
Sect	ion A - Adjusted Net Income	Jinpiete Se	(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		· I
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	on 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-functional	lly integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	Distributions		<u> </u>	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets		<u> </u>	
5_	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	•	
	(provid	de details in Part VI) See instructions			
9	Distrib	outable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			· · · · · · · · · · · · · · · · · · ·
			(i)	(ii)	(iii) Dietributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1_		outable amount for 2016 from Section C, line 6			
2		distributions, if any, for years prior to 2016 (reason-			
	able c				
3	Exces	s distributions carryover, if any, to 2016			
<u>a</u>					
b	-	0040	- · · · · ·		
	From		2		
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
i		over from 2011 not applied (see instructions)			
		inder. Subtract lines 3g, 3h, and 3i from 3f			
4		outions for 2016 from Section D,			
	line 7:				
		ed to underdistributions of prior years ed to 2016 distributable amount			
		inder Subtract lines 4a and 4b from 4			
	-	ining underdistributions for years prior to 2016, if			
•		Subtract lines 3g and 4a from line 2 For result greater			
	-	tero, explain in Part VI See instructions			
6		ining underdistributions for 2016 Subtract lines 3h	<u> </u>		
~		b from line 1 For result greater than zero, explain in			
		/I. See instructions			
7		ss distributions carryover to 2017. Add lines 3	=1		
	and 4	•			
8		down of line 7:			
а		100 100 100 100 100 100 100 100 100 100			
	Exces	s from 2013			
		s from 2014			
		ss from 2015			
		s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016 MEMPI	<u> IIS EDUCAT</u>	TON FUND 1	LNC	47-3660677 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c, tion D, lines 2 and	Provide the explana 4b, 4c, 5a, 6, 9a, 9l 3; Part IV, Section	ations required by F b, 9c, 11a, 11b, and E, lines 1c, 2a, 2b,	Part II, line 10, Part II, line d 11c, Part IV, Section B,	17a or 17b; Part III, line 12, lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	(See instructions.)					
						<u> </u>
						
				·- <u>-</u>		
	· · · · · · · · · · · · · · · · · · ·	-				· · · · · · · · · · · · · · · · · · ·
				-		
						
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<u>—</u>		- 				
					-	

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	itions Complete Part III.							
	me of organization			Em	ployer identification number				
	MEMPHIS	EDUCATION FUND	INC		47-3660677				
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(d	c) or is a section 527	organization.				
2	Provide a description of the organic Political campaign activity expendic Volunteer hours for political campa	tures	cal campaign activitie		\$				
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(d	:)(3).					
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	<u> </u>	\$				
2					\$				
3	If the organization incurred a section				Yes No				
4	a Was a correction made?		-		Yes No				
	b If "Yes," describe in Part IV								
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(d	c), except section 50°	(c)(3).				
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fur	ction activities	\$				
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for	section 527					
	exempt function activities			•	\$				
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here	and on Form 1120-PC	L,					
	line 17b			•	\$				
4	Did the filing organization file Form	1120-POL for this year?			Yes No				
5									
		1							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
			. 1						

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Sche Pa l	dule C (Form 990 or 990-EZ) 2016 rt II-A Complete if the org	MEMPH anizatio	IS EDU on is exer	CATION FUND npt under section	INC n 501(c)(3) and file	47-3 ed Form 5768 (el	660677 Page 2 ection under
	section 501(h)).					-	
A CI	neck 🕨 🔲 if the filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share	e of exces	ss lobbying	expenditures)			
B C	neck 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply		
			bying Exper	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence pub	lic opinion (grass roots lobbying)			
b	* · · · · · · · · · · · · · · · · · · ·		•		j		
c	Total lobbying expenditures (add li		_	-) (aoc. 1000)g)	-	0.	
4	Other exempt purpose expenditure		u 10,		-		
0	Total exempt purpose expenditure		e 1c and 1c	n	-	0.	
-	Lobbying nontaxable amount Enter	-			h columns	0.	<u> </u>
·	If the amount on line 1e, column (a) o						
		i (u) is.		bying nontaxable am	ount is:		
	Not over \$500,000 Over \$500,000 but not over \$1,000	2.000		the amount on line 1e	0F00 000		
				00 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exce	ss over \$1,500,000		
	Over \$17,000,000		\$1,000,0	J00			
	Grassroots nontaxable amount (en	tor 250/ c	f line 16			0.	
9	•		•		-		
n :	Subtract line 1g from line 1a. If zer				-		
!	Subtract line 1f from line 1c If zero			lung 1, did the erassim	ation file Form 4700		L
J	If there is an amount other than ze		er line in or	ime n, did the organiza	ation life Form 4720	Г	Yes No
_	reporting section 4911 tax for this	year	4 Voor Aug	eraging Period Under	acetics EO4/b)	<u> </u>	res No
	(Some organizations the		a section 5	~ ~	have to complete all o	f the five columns b	elow.
		Lobi	oying Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount						
	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
	Grassroots Johnving expenditures						

Schedule C (Form 990 or 990-EZ) 2016 MEMPHIS EDUCATION FUND INC 47-3660677 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	<u> </u>	a)	(t	o)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or			1	
local legislation, including any attempt to influence public opinion on a legislative matter		1	1	
or referendum, through the use of.				
a Volunteers?	L		_]	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>	ļ	ļ	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>	
i Other activities?				
j Total Add lines 1c through 1i		<u> </u>	L	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L			
b If "Yes," enter the amount of any tax incurred under section 4912		-		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		L		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ction 501(c)	(5), or s	ection	
			Voo	No
			Yes	, ,,,,
Were substantially all (90% or more) dues received nondeductible by members?		1	ies	1
		1 2	Tes	,,,,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ction 501(c	2 (5), or s	ection	
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Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Open to Public Inspection

Name of the organization

Employer identification number

	MEMPHIS EDUCATION	FUND_INC	47-3660677
Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 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 fi	unde
J	_	_	Yes No
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose com	
Pa	impermissible private benefit?	and the second living and the second living	Yes No
			IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		-
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	janization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic 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 conserva	ation easements during the year
	>	-	-
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶\$		ζ.
8	Does each conservation easement reported on line 2(d) abor	ve 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 conservat	ion easements in its revenue and expense stat	
Ŭ	include, if applicable, the text of the footnote to the organiza		
	conservation easements	and the state of t	organization o abboarting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form		7.555.51
12	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
16	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		of public service, provide, in Part XIII,
		· · · · · · · · · · · · · · · · · · ·	
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	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 tre	easures, or other similar assets for financial gail	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

<u>Sche</u>	dule D		EDUCATION								Page 2
Pa	rt III	Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simil	ar Asse	ts(continu	ed)
3	Using	the organization's acquisition, access	on, and other record	ds, check	any of the	following that	are a sig	nıficant	use of its	collection	items
	(chec	k all that apply)									
а		Public exhibition		י וַיַי	oan or exc	hange progran	ns				
b		Scholarly research	•	• 📙	Other						
С	\Box	Preservation for future generations									
4	Provid	de a description of the organization's c	ollections and expla	in how th	ey further t	he organizatioi	n's exem	pt purpo	ose in Parl	t XIII.	
5	During	g the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or other	r sımılar a	assets		_	
		sold to raise funds rather than to be m								Yes	No.
Pa	rt IV	Escrow and Custodial Arran		ete if the	organizatio	n answered "Y	es" on f	orm 990), Part IV,	line 9, or	
		reported an amount on Form 990, Pa									
1a		organization an agent, trustee, custod	ian or other interme	diary for d	contribution	ns or other ass	ets not i	ncluded		٦	<u> </u>
		rm 990, Part X?								」Yes	└─ No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	ollowing to	able						
								-		Amount	
С	-	ning balance						10			
d		ions during the year						1d			
е		outions during the year						1e			
f		g balance						1f		-	
		e organization include an amount on F						λ ₃	<u> </u>	Yes	⊢ No
		s," explain the arrangement in Part XIII									<u> </u>
Га	rt V	Endowment Funds. Complete							b.al.		
	5	a consecutive and the second	(a) Current year	(b) Pi	nor year	(c) Two years	Dack (d) Inree	years back	(e) Four y	ears back
1a	_	ning of year balance	<u> </u>	 		 				 	
þ		ibutions		 		 		.		<u> </u>	
C		evestment earnings, gains, and losses		-		 					
d		s or scholarships				 					
е		expenditures for facilities				1	-				
	-	rograms		 		 					
Τ		nistrative expenses		 		 					
g		f year balance								L	
2		de the estimated percentage of the cur	rent year end balant		g, column (a	a)) neid as					
a		I designated or quasi-endowment anent endowment	%	%							
b		orarily restricted endowment	% %								
Ç	•	ercentages on lines 2a, 2b, and 2c sho									
3-	•	ere endowment funds not in the posse	•	ation tha	t are held a	and administer	ad for the	organi	zation		
va	by.	icie chaowinone lands not in the posse	333011 Of the organiz	anon ma	t are rielu a	ind administere	ed for the	e Organiz	Lation	Γv	es No
	-	nrelated organizations								3a(i)	23 140
	.,	elated organizations								3a(ii)	
h	• •	s" on line 3a(ii), are the related organiza	itions listed as requi	red on So	chedule R?					3b	
4		be in Part XIII the intended uses of the	·							<u> </u>	
	t VI	Land, Buildings, and Equipm									
		Complete if the organization answere		0, Part IV	. line 11a S	See Form 990.	Part X, I	ne 10			
		Description of property	(a) Cost or o			or other		cumulate	ed i	(d) Book	value
			basis (investi		\ -,	(other)		eciation	1	,_, _ 50.0	
1a	Land						<u>·</u>				
	Buildii	nas									
		hold improvements				-					
	Equip	•				6,415.		9	62.	5	,453.
	Other				13	0,283.					,283.
		ines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. colum							.736.

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

(8)

	edule D (Form 990) 2016 MEMPHIS EDUCATION FU	ND INC	47-36	60677 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financia	I 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 statement	ts	1 2	1,820,323.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	{	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,820,323.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			2/020/3230
a		4a	1 1	
				
b	•	4b	 	0
	Add lines 4a and 4b	401	5 2	1,820,323.
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lir rt XII Reconciliation of Expenses per Audited Financia			1,040,343.
Fai		•	s per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a		0 500 500
1	Total expenses and losses per audited financial statements		1 1	8,598,768.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	l l	1 1	
а				
b	Prior year adjustments	2b		
С	Other losses	2c		
đ	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 1	8,598,768.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)		8,598,768.
	rt XIII Supplemental Information.			
Provi	ide 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, I	ne 2, Part XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov			
		•		
				
				
				
				
	•			
				
				

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization MEMPHTS	EDUCATION FUND I	NC			47-3660	ntification number 677
	Complete if the organization answ		es" o	n Form 990, Part IV,		
1 Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	e X Solicit f X Solicit g Speci or oral agreement with any individu Part VII) or entity in connection with ividuals or entities (fundraisers) pur	tation of tation of al fundra ial (includ profess	non-g gover using ding o sonal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
GASKILL STRATEGIES, LLC - 42		Yes	No			
S. MCLEAN, MEMPHIS, TN 38104	CONSULTING		X	0.	88,959.	-88,959.
			-			
Total	L		>		88,959.	-88,959,
List all states in which the organization or licensing	on is registered or licensed to solic	t contrib	utions	s or has been notified	a it is exempt from re	egistration
		——- ——-				
LHA For Paperwork Reduction Act No	tice see the Instructions for Forn	n 990 or	990-1	F7 (Schedule G (Form 9	990 or 990-EZ) 2016

Sch P:	edu art	le G (Form 990 or 990 EZ) 2016 MEMPHIS Fundraising Events. Complete if the				3660677 Page 2
<u></u>		of fundraising event contributions and gr	=		•	· · · · · · · · · · · · · · · · · · ·
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
en			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)		<u> </u>		
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	-			
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	ì	Direct expense summary Add lines 4 through	• •	•	>	ļ
P	11 art l	Net income summary Subtract line 10 from lill Gaming. Complete if the organization		n 000 Part IV line 10 or	reported more than	<u> </u>
<u></u>		\$15,000 on Form 990-EZ, line 6a.	answered les on on	11 950, Fait IV, IIIIe 15, OI	reported more than	
			(a) Pingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue	}		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Ř						
	1	Gross revenue		 	 	
ses	2	Cash prizes				
ct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			<u> </u>	
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	Yes% No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u></u>	
_	r-,					
9		er the state(s) in which the organization condu he organization licensed to conduct gaming ar		states?		Yes No
b	If " 	No," explain				
		re any of the organization's gaming licenses re	·	-	•	Yes No
6320	B2 09	9-12-16			Schedule G (For	m 990 or 990-EZ) 2016

Schedule G (Form 990 or 990 EZ) 2016 MEMPHIS EDUCATION FUND INC	47-3660677 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name	
Address	···· <u>-</u> ···
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
139 5555 the digarization have a contract with a time party from whom the digarization receives gaining revenue.	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	·
Address	
Address >	
16 Gaming manager information	
To daming manage mornation	
Name	
Gaming manager compensation > \$	
Description of services provided	
	
Durates/effices Dr. Familianes District and state of the	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
632083 09-12-16 Schedule	G (Form 990 or 990-EZ) 2016

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Schedule G (Form 990 or 990-EZ)	MEMPHIS EDUCATI	ON FUND INC	47-3660677 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continued)		
	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		
		3444	
			·····
			
		——————————————————————————————————————	
			
			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

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

▶ Attach to Form 990.

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

Name of the organization							Employer identification number
MEMPHIS EDUCATION FUND INC	DUCATION	FUND INC					47-3660677
Part I General Information on Grants and Assistance	and Assistance						, , , , , , , , , , , , , , , , , , ,
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	v for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assistance?	stance?)			X X X X
2 Describe in Part IV the organization's procedures for monitoring the use of	ocedures for moni	toring the use of grant	grant funds in the United States	d States			
Part II Grants and Other Assistance to Domestic Organizations and Do	Domestic Organi	izations and Domesti	c Governments.	Complete of the org	anization answered "	mestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV line 21 for any	t IV line 21 for any
recipient that received more than \$5,000. Part II can be duplicated if	\$5,000. Part II car	n be duplicated if addit	additional space is needed	ded			
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of	4.	(f) Method of valuation (book	(g) Description of	(h) Purpose of grant
		(ii applicable)	cash grant	non-cash assistance	FMV, appraisal, other)	noncash assistance	or assistance
STAND FOR CHILDREN							
516 SE MORRISON STREET, STE 420							

EDUCATIONAL SUPPORT

o

550,000.

52-1957214 501(C)(3)

TENNESSEE CHARTER SCHOOL CENTER 209 10TH AVENUE SOUTH, STE 416

PORTLAND, OR 97214

NASHVILLE, TN 37203

LEADING EDUCATORS

650,000

27-1799465 501(C)(3)

EDUCATIONAL SUPPORT

		45-144/048 501(C)(3)	306,000.	0		EDUCATIONAL SUPPORT
THE NEW TEACHER PROJECT, INC.		-	-			
186 JORALEMON STREET						
BROOKLYN, NY 11201	13-3850158 50	501(C)(3)	525,000.	0		EDUCATIONAL SUPPORT
ACCELERATE INSTITUTE				-		
328 S. JEFFERSON, STE 570					-	
CHICAGO, IL 60661 36	36-3764476 501(C)(3)	01(C)(3)	1,110,000.	0		EDUCATIONAL SUPPORT
ACHIEVEMENT SCHOOL DISTRICT			_			
477 S MAIN ST						
MEMPHIS, TN 38103 46	46-2487106 501(C)(3)	01(C)(3)	600,000	0		EDUCATIONAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government orga	inizations listed in the	line 1 table			
3 Enter total number of other organizations listed in the line 1 table	ted in the line 1 t	able		i		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990,	e the Instruction	ns for Form 990.				Schodule Liferm 000) (2015)

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Schedule I (Form 990) MEMPHIS EDUCATION FUND INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	EDUCATION FUND er Assistance to Governmer	FUND INC	nizations in the U	nited States (Sche	dule I (Form 990), Par		47-3660677 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS TEACHER RESIDENCY 1346 BRYAN ST MEMPHIS, TN 38108	26-4440905	501(C)(3)	3,075,000.	0			EDUCATIONAL SUPPORT
TEACH FOR AMERICA 6175 TOYOTA PLAZA STE 350 MEMPHIS, TN 38103	13-3541913	501(C)(3)	3,000,000.	0			EDUCATIONAL SUPPORT
NEW LEADERS 30 WEST 26TH ST 10TH FL NEW YORK, NY 10010	04-3519203	501(C)(3)	930,000.	0			EDUCATIONAL SUPPORT
NEW MEMPHIS INSTITUTE 22 N. FRONT ST STE 500 MEMPHIS, TN 38103	58-1607228	501(C)(3)	615,000.	0			EDUCATIONAL SUPPORT
EDUCATION REFORM NOW 222 BROADWAY FL 19 NEW YORK, NY 10038	20-3687838	501(C)(3)	800,000	•0			EDUCATIONAL SUPPORT
50CAN INC 1625 K STREET NW SUITE 400 WASHINGTON, DC 20006	27-3069592	501(C)(3)	800,000	0			EDUCATIONAL SUPPORT
CAMPAIGN FOR SCHOOL EQUITY 1350 CONCOURSE AVE STE 434 MEMPHIS, TN 38104	81-2808840	501(C)(3)	800,000	0			EDUCAȚIONAL SUPPORT
LEADERSHIP FOR EDUCATIONAL EQUITY 1805 7TH STREET NW, 6TH FLOOR WASHINGTON, DC 20001	46-2093041	501(C)(3)	1,300,000,	0			EDUCATIONAL SUPPORT
THE NATIONAL ACADEMY OF ADVANCED TEACHER EDUCATION - 11A BRIDGE STREET - NEWPORT, RI 02840	27-1565143	501(C)(3)	86,500.	0			EDUCATIONAL SUPPORT Schedule I (Form 990)

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HIS and Oth	EDUCATION FUND	FUND INC	nizations in the U	nited States (Sche	edule I (Form 990), Pa		47-3660677 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY LEADERSHIP 1350 CONCOURSE AVE STE 463 MEMPHIS, TN 38104	46-4337862	501(C)(3)	545,167.	0			EDUCATIONAL SUPPORT
INSTRUCTION PARTNERS 604 GALLATIN AVE NASHVILLE, TN 37206	47-5380182	501(c)(3)	320,000	0			EDUCATIONAL SUPPORT
CASTLE HALEY BLVD LA 70113	47-1412351	501(0)(3)	187,500.	0			EDUCATIONAL SUPPORT
LIBERTAS SCHOOL OF MEMPHIS 3777 EDENBURG DR MEMPHIS, TN 38127	46-4684942	501(C)(3)	87,800.	0.			EDUCATIONAL SUPPORT
GESTALT COMMUNITY SCHOOLS 2650 THOUSAND OAKS BLVD, STE 2370 MEMPHIS, TN 38118	26-2794676	501(C)(3)	45,000.	0		ļ	EDUCATIONAL SUPPORT
					}		Schedule I (Form 990)

MEMPHIS EDUCATION FUND INC Schedule | (Form 990) (2016)

Part III Grants and Other

Page 2

47-3660677

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	(book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	

Schedule I (Form 990) (2016)

SCHEDULE 0 (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.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization MEMPHIS EDUCATION FUND INC	Employer identification number 47-3660677
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SCHOOLS IN THE GREATER MEMPHIS TENNESSEE AREA.	•
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
MEMPHIS REGIONAL SCHOOLS WITH VIABLE OPTIONS AND ACCESS TO	O FACILITIES
THAT ARE EQUIPPPED WITH HIGH QUALITY TEACHER TALENT SOURCE	ES AND
EDUCATORS IN COMPANION WITH EFFORTS TO ACHIEVE THE HIGHES	T POSSIBLE
QUALITY SCHOOL OPERATIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S FORM 990 IS PREPARED BY A THIRD PARTY	CERTIFIED PUBLIC
ACCOUNTING FIRM AND IS REVIEWED BY THE TREASURER BEFORE F	ILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
PERIODICALLY, OFFICERS, BOARD MEMBERS AND DIRECTORS ARE G	IVEN A
QUESTIONNAIRE TO COMPLETE REGARDING BUSINESS RELATIONSHIP	S
FORM 990, PART VI, SECTION B, LINE 15:	
SALARIES OF PERSONNEL ARE DETERMINED AND APPROVED BY THE	BOARD OF
DIRECTORS. THE BOARD OF DIRECTORS MEET QUARTERLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST	