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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is

2016

F	or cal	lendar year 2016 or tax	year beginning		and its sepa				rormssupr.		Public Inspection	
		of foundation	, <u>.</u>				2016, and e				20	
M	AUI	DE PARKS MEMO	RIAL FUN	ח					yer identif	ication n	umber	
1	lumb	er and street (or P O. box no	umber if mail is not d	olwored to a			I D	62-60				
Ρ	O E	30X 150502	amber it mair is flot u	envered to si	reet address)		Room/suite		B Telephone number (see instructions)			
		town, state or province,	COUNTRY and ZIP	or foreign r	nostal sada		<u> </u>	(615)	917-0			
N	ASH	WILLE TN 372	15	or loreign p	ostai code			i i	ption applicat		_	
		ck all that apply.	Initial return	— т	Instal seture	-1 - 1			iere		′ L	
			Final return	F	Initial return	="	ublic charity	D 1. Fore	eign organiz	ations, ch	eck here ▶ [
			Address chan	<u>"</u> Ի	Name chang			2. Fore	ign organizati	ons meeting	the 85%	
H	Chec	ck type of organization			empt private fo				check here a te foundation			
П		ion 4947(a)(1) nonexemp	t charitable trust		er taxable priva			termina	ated under	section	was . r	
	Fair m	narket value of all assets a				Cash	Accrual	— 507(b)	(1)(A), chec	k here	▶ [
		from Part II, col. (c), line 1			(specify)	y Casii _	Accidal	F If the fo	oundation is	s in a 60-i	month	
	\$. ,,	553,546 (P			on cash has	m)	- termina	ation under	section		
P	art I	Analysis of Revenue a	ind Expenses			Un casii bas		507(b)	(1)(B), chec			
		(The total of amounts in (c), and (d) may not nec	columns (b)	(a) He	evenue and	(b) Net in	vestment	(c) Adjus	ted net	(a) Dis	bursements charitable	
		amounts in column (a) (see instructions))	1 }	enses per oooks	inco	me	inco	me	p	urposes	
	1	Contributions, gifts, grants (attach schedule)	, etc , received			N 8'	* * \ \ \	44 37	4(')	(casn	basis only)	
	2	Check I if the foundar	tion is not required	1 1	¥: 1 50	1 11	3 4 7	1 1 2	7, 1	7,4	<u> </u>	
	3	Interest on savings and tem	ip cash investments	-3 3	<u>``</u> , <u>*_</u> *_			\$< \$< *	**	7.3%.	***	
	4	Dividends and interest		<u> </u>	16,852		16,852		-	75) N		
	58			 		 	10,032			3 (182)		
	6	Net rental income or (loss)		V W .		1 21 18	* 3	yĭ çì	`\\.		34 483	
e	6а	Net gain/(loss) from sale of	assets not on line 10	* * *	-1,401					3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
ē	þ		10,640	* % 41	<u>,5) (4</u>	()	(F)	4.00		42 3		
Revenue	7	Capital gain net income (from	m Part IV, line 2)	7 7 7		2.7 -91.			<u> </u>	100		
_	8	Net short-term capital of		×	3 3 3	. 1	* .*	3 .»" *	<u> </u>		13 40	
	9	Income modifications.					* 440			3		
	10a	Gross sales less returns & allowances	C		. 18. 18. 3		*** **********************************	J. 6.		7.2	51	
	b	Less Cost of goods sold · · · · ·)))		
	C	Gross profit or (loss) (at	tach schedule)	*****	**	s 34 '4		34 138	,7,4	., 4	7	
	11	Other income (attach so)	*.4 \$	- -	0	* **	*	
	12	Total. Add lines 1 throu	gh 11		15,451		16,852			• , .		
	13	Compensation of officers, directors, trustees, etc.			4,539		2,269			*	2,270	
	14	Other employee salaries				_						
es	15	Pension plans, employe	e benefits · · ·				_					
ase E	16a	Legal fees (attach sched	dule)									
<u>ğ</u>	b	Accounting fees (attach	schedule) #1.		900						900	
e E	C	Other professional fees			2,873		2,873					
Ĕ	17	Interest										
stra	18	Taxes (attach schedule) (se						TK_C	<u> </u>	- -		
Ĕ	19	Depreciation (attach sch.)					- 			78	***	
		Occupancy					- 	CED	1 8 261		· à	
٠ 5		Travel, conferences, and					11	JEP JEP	± 8 241	불		
Operating and Administrative Expense		Printing and publications					- 	<u> </u>				
3		Other expenses (attach :					- 	- 063	- 	<u>i</u> j-	_	
8		Total operating and ad										
5		expenses. Add lines 13			8,312		5,142		o		3,170	
	25 26	Contributions, gifts, gran	its paid		25,200			· · · ·			25,200	
		Total exp. & disbursem			33,512		5,142		0		28,370	
Ī	27	Subtract line 26 from line	12	\$.	` `						-, -, -	
J					" " " " " " " " " " " " " " " " " " " "]		j			
	а	Excess of revenue ove and disbursements			-18,061							
	a b	and disbursements Net investment income	(ıf neg., enter -0-)		-18,061		11,710	•				
	a b c	and disbursements	(if neg., enter -0-)		-18,061		11,710	· · · · · · · · · · · · · · · · · · ·				

Part II		Ralance Shoots	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See inst.) (a) Book		End	End of year			
				(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1		earing		<u></u>	ļ			
	2		cash investments	117,222	108,169	108,169			
	3	Accounts receivable ▶_		-	. ** **.				
	i .	Less allowance for dou	btful accts. ▶	<u> </u>					
	4	Pledges receivable ▶							
	l _	Less allowance for dou				<u> </u>			
	1								
			fficers, directors, trustees, and other						
	7	Other notes and loans	ach schedule) (see instructions)						
	1		>	~	4	* * * * * *			
	8	doubtful accounts		 					
Assets	1 ~		Se		 	 			
Ass			deferred charges	501	493	416			
	1		d state govt. obligations (attach sch#dile)	158,805					
	1		te stock (attach schedule) # 4	130,003	145,000	444, 501			
	11	Investments land, building	te bonds (attach schedule)		· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *			
	Į.	and equipment basis Less accumulated depreciat	tion						
	ŀ	(attach schedule)	· · · · · · • <u> </u>						
			e loans			 			
		Land, buildings, and equipme	ttach schedule) · · · · · · · · · · · · · · · · · · ·						
	1	Less accumulated depreciat (attach schedule)	tion _		A STENANT				
		(attach schedule) · · · · · · · Other assets (describe ▶	. •,						
	1		ppleted by all filers see the			 			
			age 1, item I)	276,528	258,467	553,546			
	-		accrued expenses	2,0,020		X () \ \ \ \ \ \			
		· ·							
es									
Ħ) .		rs, trustees, and other disqualified persons						
Liabilities	ſ		tes payable (attach schedule)						
_	3	Other liabilities (describe							
		•	es 17 through 22)	0	0				
			w SFAS 117, check here						
s	l		through 26 and lines 30 and 31.						
lances									
	25	Temporarily restricted .							
or Fund Ba									
Ě		•	ot follow SFAS 117, check here▶⊠						
J.		and complete lines 27				, , , , , , , , , , , , , , , , , , , ,			
ts		Capital stock, trust princi	•	276,528	258,467	÷			
Net Assets	!		s, or land, bldg., and equipment fund						
Ϋ́	ı		ted income, endowment, or other funds						
ž	l		d balances (see instructions)	276,528	258,467	·			
			assets/fund balances (see instructions)	276,528	258,467	`			
Pa			nges in Net Assets or Fund Ba	lances		<u></u>			
			ices at beginning of year Part II, column		with				
			on prior year's return)	- · · · - · · · · · · · · · · · · · · ·	l l	276,528			
2			27a			-18,061			
3		increases not included	in line () (itemine).		3				
4	Add I	ines 1, 2, and 3				258,467			
5		ases not included in line			5_				
6	Total	net assets or fund balan	ces at end of year (line 4 minus line 5)	Part II, column (b), line 3	0 6	258,467			

Telli 550-11 (2010)	PARKS MEMORIAL FUND 62-6042777				Page
	and Losses for Tax on Inv			T. 35	
	the kind(s) of property sold (e.g., rea		(b) How acquired P Purchase	(c) Date acquire	
1a SEE ATTACHMENT	ouse, or common stock, 200 shs. Mi	LC Co.)	D Donation	(mo., day, yr)	(110., day, yi.)
b	#3				
					
d			- 		
e					
(e) Gross sales price	(f) Deprectation allowed (or allowable)		other basis	, , ,	Gain or (loss) is (f) minus (g)
а					
b					
С		1			
d					
е					
Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (Col. (h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (1) . (j), if any	col. (k), but	not less than -0-) or s (from col. (h))
а					
b		 			
С					
d		1			
e					, , , , , , , , , , , , , , , , , , ,
If gain, also enter in Part I, line enter -0- in Part I, line 8 Part V Qualification I For optional use by domestic prosection 4940(d)(2) applies, leave	·	Reduced Tax on 4940(a) tax on	net investment inco	me.)	∑ Yes ∏ No
"Yes," the foundation does not	section 4942 tax on the distributable qualify under section 4940(e). Do no	ot complete this par	n		
(a)	nt in each column for each year, see	the instructions be		ntries.	(d)
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ons nonc	(C) Net value of haritable-use assets	(col	Distribution ratio (b) divided by col (c))
2015					
2014					
2013					
2012					
2011					
3 Average distribution ratio for	the 5-year base period divide the been in existence if less than 5 years	ne total on line 2 by	5, or by the number	er	
4 Enter the net value of nonch	antable-use assets for 2016 from Pa	art X, line 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)				
The tree of the three the the	(1001110 (170 011 at 1, 1110 21 0) 11 1			6	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see	instru	ctions)		
1	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.	T			
	Date of ruling or determination letter (attach copy of letter if necessary see inst.)				
1	Domestic foundations that meet the section 4940(e) requirements in Part V, check				234
	here ▶ and enter 1% of Part I, line 27b	1	٠,	, `	
(All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	**		٠ _	42
_	Part I, line 12, col (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2				0
3	Add lines 1 and 2 3	Д			234
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0				234
6	Credits/Payments	1			, , «, ·
	da la		•		
t	garage and the state of the sta	、			*
•	to exemple the exemple of the transfer of the	\	*		4
~ (The state of the s		٠. ٠		_
7	Total credits and payments. Add lines 6a through 6d 7				0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	┵—			234
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-+			
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ▶ Refunded ▶ 11	ᆚ			
	rt VII-A Statements Regarding Activities				
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate of			Yes	No X
	intervene in any political campaign?		1a	أحجحا	<u> ^</u> _
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the		1 1	į .	×
	definition)?	• ••	1b	 	<u></u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published		3 3	1 2 4	* * *
_	or distributed by the foundation in connection with the activities.			* * *	\
ن	Did the foundation file Form 1120-POL for this year?		1c		<u> </u>
· ·	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				1 . 3
_	(1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0		1333		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1331	, , ,
•	on foundation managers. ▶ \$ 0		18 3 3	333	· 🕉 🖹
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>
3	If "Yes," attach a detailed description of the activities.		3 ~ 3	* , ,	3 7
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		" _		×
40	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		×
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
5	If "Yes," has it filed a tax return on Form 990-T for this year?	N/P			×
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		
6			", "		ĺ .
Ū	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. • By language in the governing instrument, or		1.		` ا
			1 3	<i>.</i> ()	. 4
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law someon in the source and instrument.	N T / 7	اد ا	`, ';*	, , , , , , ,
7	conflict with the state law remain in the governing instrument?	. N / P	-	-,	
_	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col (c), & Part X	V	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		15	* * * * * *	
_	TN			` {	
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	» / ~		-	
	designate) of each state as required by General Instruction G? If "No," attach explanation	. N / A	480		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		11		
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," comple	te		ļ	×
10	Part XIV		9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			}	x
	and addresses · · · · · · · · · · · · · · · · ·		1 10 1		• • • • • • • • • • • • • • • • • • • •

MAUDE PARKS MEMORIAL FUND 62-6042777

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Pa	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	T	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person			
	had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ SEE ATTACHMENT #6 Telephone no. ▶		_	
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here			. ▶
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "yes," enter the name of		· *	*
	the foreign country	'		1
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	73	Yes	No
1a	During the year did the foundation (either directly or indirectly)	1	1, 1,	**
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		3	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	3 3		1
	disqualified person?			(*)
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes)
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1 5	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	133	1 25	1
	the benefit or use of a disqualified person)?	1		2 3
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)	1	100	9.
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	* .	X
	Organizations relying on a current notice regarding disaster assistance check here	17	22 %	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		14.3	3
	that were not corrected before the first day of the tax year beginning in 2016?	1c	^. A.	*x*
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	3 3	1 3	1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		3 3	
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	£ .		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
	6e, Part XIII) for tax year(s) beginning before 2016? Yes	8 1		
	If "Yes," list the years ▶ 20 , 20 , 20		29 3	1
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			2 3
	to all years listed, answer "No" and attach statement — see instructions.)	2b	2 %	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 7 ,	3 5	()
	► 20 , 20 , 20 , 20		1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise) » ^		Ì
	at any time during the year?		;	1
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation	1 3		1
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	,	`	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)	<u> </u>		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	*		l
	If the foundation had excess business holdings in 2016.)	25	-	Ī
4a	- · · · · · · · · · · · · · · · · · · ·	3b	 	X
ча b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4a		
-		45		x
	Purpose that had not been removed from leopardy before the first day of the tax year beginning in 2016?	4b	1 i	·X

Par	t VII	Statements Regarding Act	tivities for Which	Form 4720 May B	e Required (co	ntinued	<u>i) </u>		
5a	Duri	ing the year did the foundation pay or incur	any amount to						!
	(1)	Carry on propaganda, or otherwise attempt	t to influence legislatio	n (section 4945(e))?	··· Yes	⊠ No)		:
	(2)	Influence the outcome of any specific publ	ic election (see section	1 4955), or to carry on,			, ,	1	
		directly or indirectly, any voter registration	drive?		Yes	⊠ No)		,
	(3)					⊠ No)		
	(4)	Provide a grant to an organization other th	an a charitable, etc., o	rganization described in	_				
		section 4945(d)(4)(A)? (see instructions)			Yes	⊠ No) ,	1	
	(5)	Provide for any purpose other than religiou	us, charitable, scientific	, literary, or educational	_	_	,×	1	1
		purposes, or for the prevention of cruelty to	o children or animals?		Yes	⊠ No	o		, 1
b	If an	ny answer is "Yes" to 5a(1)-(5), did any of t	he transactions fail to d	qualify under the exceptio	ns described in				*.
	Reg	ulations section 53.4945 or in a current notic	ce regarding disaster a	ssistance (see instruction	s)?	$\cdot N/A$	5b		
	Org	anizations relying on a current notice regard	ling disaster assistance	check here		. ▶ []		- , ,
c		e answer is "Yes" to question 5a(4), does th					- ×	1.4	. ,
	beca	ause it maintained expenditure responsibility	y for the grant?		. N.∕.A ∏Yes	No	o '`	,,	16
		es," attach the statement required by Regul			_	_	\	3.	* '
6a	Did	the foundation, during the year, receive any	funds, directly or indir	ectly, to pay premiums		_];	*	*, 1
	on a	a personal benefit contract?			· · · · · · · · · · · · · · · · · · ·	X No	o 🖔	\ \cdot \(\cdot \)	٠ ,
þ	Did	the foundation, during the year, pay premiu	ms, directly or indirect	ly, on a personal benefit o	contract?		6b		X
	lf "Y	es" to 6b, file Form 8870.			_		5 3 , 3	3.	``
7a	At a	ny time during the tax year, was the founda	tion a party to a prohib	oited tax shelter transactio	n? Yes	X No	o 🗽 🗋		M.
		es," did the foundation receive any proceed				$\cdot N/A$	7b		
Par	t VII	Information About Officers	s, Directors, Trus	stees, Foundation	Managers, Hig	hly P	aid Emp	oloyee	es,
		and Contractors							
1	List	all officers, directors, trustees, foundation	on managers and the	ir compensation (see in	structions).				
		(a) Name and address	(b) Title, and average	((a) Componibation	(d) Contributions employee benefit ((e) Expense	e accou	unt,
		(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	and deferred cor	mp.	other all	owance	es
SEE	E A	TTACHMENT #7				1			
		I							
						1			
						1			
			<u></u>						
2	Con	npensation of five highest-paid employe	es (other than those	included on line 1 se	ee instructions).				
	If no	one, enter "NONE."							
10) Nar	me and address of each employee paid	(b) Title, and average		(d) Contributions employee bene		(e) Expense	e accoi	unt.
(a	jivai	more than \$50,000	hours per week	(c) Compensation	plans and defer		other all		
			devoted to position		compensation	1			
SEF	: A	TTACHMENT #8				-			
]			
				<u>'</u>		1			
				\		}			
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)			
]		1			
Total	num	ber of other employees paid over \$50,000					▶		0
							Form 990	LPF /	2016)

4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total Add has 4 should be	
Total. Add lines 1 through 3	- 200 BE
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3

Form 990-PF (2016) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc... purposes. 538,807 1a **b** Average of monthly cash balances 1b 5,008 1c 543,815 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)... Acquisition indebtedness applicable to line 1 assets . . . 543,815 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 8,157 535,658 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 26,783 6 Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating 26,783 1 1 ** 234 **2a** Tax on investment income for 2016 from Part VI, line 5. 2а Income tax for 2016. (This does not include the tax from Part VI.)....... 2b 234 C 26,549 3 3 4 4 26,549 5 5 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII. 26,549 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc. -- total from Part I, column (d), line 26 28,370 1a Program-related investments -- total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the 3a 28,370 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 0 28,370 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years.

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Par	t XIV Private Operating For	undations (see ins	structions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling of					
	foundation, and the ruling is effective for	or 2016, enter the dat	e of the ruling	▶ 🔼		
b	Check box to indicate whether the four	idation is a private of	perating foundation of	lescribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	year listed · · · · · · · · · · · · · · · · · · ·					0
b	85% of line 2a					0
C	Qualifying distributions from Part XII,	-	-			
_	line 4 for each year listed					0
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					_
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the alternative		i			
	test relied upon					
а	"Assets" alternative test enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)					0
	2/3 of min. investment return shown in Part X, line 6 for each year listed					0
C	"Support" alternative test enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)					0
	(5)), or royalties)(2) Support from general public and 5 or more exempt organizations					
	as provided in section 4942(j)(3) (B)(iii) · · · · · · · · · · · · · · · · · ·	<u>-</u>				0
	an exempt organization					0
	(4) Gross investment income					
Dar	XV Supplementary Inform	nation (Complet	to this part only	if the founds	tion had \$5 000	or more in assets
ı aı	at any time during the			i tile loulida	18011 Had \$5,000	or more in assets
1	Information Regarding Foundation N		100100110.1			
а	List any managers of the foundation wh	-	more than 2% of the	total contributions	received by the found	ation before the
	close of any tax year (but only if they ha					
NON			. , , , , , ,			
	List any managers of the foundation wh	no own 10% or more	of the stock of a cor	poration (or an equ	ually large portion of th	ne ownership
	of a partnership or other entity) of which	h the foundation has	a 10% or greater int	erest.		
NON	IE				<u> </u>	
2	Information Regarding Contribution,					
	Check here ▶ ☐ If the foundation on					
	requests for funds. If the foundation ma	akes gifts, grants, etc	. (see instructions) to	ındıvıduals or orga	anızatıons under othei	r conditions,
	complete items 2a, b, c, and d.					
а	The name, address, and telephone nur	nber or e-mail of the	person to whom ap	plications should b	e addressed	
SEE	ATTACHMENT # 10					
b	The form in which applications should I	be submitted and inf	ormation and materia	als they should incl	ude:	
c	Any submission deadlines					
d	Any restrictions or limitations on awards	s, such as by geogra	phical areas, charital	ble fields, kinds of	institutions, or other fa	actors:

FDA

Form 990-PF (2016) MAUDE PARKS MEMORIAL FUND 62-6042777 Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year SEE ATTACHMENT #11 25,200 .. . ▶ 3a Approved for future payment

.... ▶ 3b

Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) (b) (d) (c) function income Business **Amount** Excl. Amount (See instructions.) 1 Program service revenue code code g Fees & contracts from government agencies 2 Membership dues and assessments...... ${f 3}$ Interest on savings and temporary cash investments . . . 4 Dividends and interest from securities 14 16,852 5 Net rental income or (loss) from real estate: a Debt-financed property **b** Not debt-financed property 6 Net rental income or (loss) from personal property . . 8 Gain or (loss) from sales of assets other than inventory -1,4019 Net income or (loss) from special events. 10 Gross profit or (loss) from sales of inventory . . 11 Other revenue a 12 Subtotal. Add columns (b), (d), and (e) 15,451 13 Total. Add line 12, columns (b), (d), and (e) ... (See worksheet in line 13 instructions to verify calculations.) Part XVI-B

Relationship of Activities to the Accomplishment of Exempt Purposes

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

	VAII	Exempt Organization	-	S IO aliu IIa	iisacuuiis a	nu neialio	nsinps with No	lichan	labie	
1	Did the	organization directly or indirectly		of the following v	vith any other or	ganization de	scribed in section		Yes	No
!	501(c) c	f the Code (other than section 5	i01(c)(3) organı	zations) or in sect	ion 527, relating	to political or	ganizations?	\ .		
8	Transfei	s from the reporting foundation	to a noncharita	ble exempt organ	ızatıon of			3	, ,	
((1) Ca	sh · · · · · · · · · · · · · · · · · · ·						1a(1)		X
((2) Oth	er assets · · · · · · · · · · · · · · · · ·						1a(2)		X
b	Other tr	ansactions						\$ 30.50		`
((1) Sa	les of assets to a noncharitable	exempt organiz	ation				1b(1)	<u> </u>	X
	(2) Pu	rchases of assets from a nonch	arıtable exempt	organization .				1b(2)		X
	(3) Re	ntal of facilities, equipment, or o	ther assets					1b(3)		X
		imbursement arrangements						1b(4)		Х
		ans or loan guarantees						1b(5)		Х
		formance of services or member						1b(6)		Х
		of facilities, equipment, mailing		-				10		X
		swer to any of the above is "Ye							of the	
		other assets, or services given b			•					
(a) Line	eno (k)Amount involved (c) Name	of nonchantabl	e exempt organiza	ation (d) Descr	ription of transfe	rs, transactions, and sha	ring arran	gements	
	- 1									
	- 1									
	1	}								
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	- }									
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	- 1	İ			-					
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	- 1									
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	1				}					
2a i	s the fo	undation directly or indirectly af	filiated with, or	related to, one or	more tax-exem	pt organizatior	ns described in	_	_	,
5	section :	501(c) of the Code (other than s	ection 501(c)(3)) or in section 52	7?			. Ye	s X	No
b_!	f "Yes,"	complete the following schedul	e.							
	(a	Name of organization		(b) Type of organ	ization	(c) Description of rela	tionship		
			l			Į				
)			ĺ				
			}			ļ				
	Unc	er penalties of perjury, I declare that	I have examined t	his return, including :	accompanying sch	edules and state	ments, and to the best of	my know	ledge ar	nd
Sign	beli	ef, it is true, correct, and complete. D	eclaration of prep	arer (other than taxp	ayer) is based on a	II information of	which preparer has any l	nowledge). 	
Here	1 1	Haman R	Harba	10-17-7	J7 DRFC	SIDENT	May the IF with the p			
		Signature of officer or trustee	1 WINS	Date	Title	, <u>, , , , , , , , , , , , , , , , , , </u>	(see instru		Yes	M M
			Drome			Date	Check If	PTIN	1,03	
Paid		Print/Type preparer's name		rer's signature		Dale			1126	. 1 1
Prepa	arer	E. J. S. STED BOST		E HARPER			self-employed			<u> </u>
Han	Ai	Firm's name ► HRB TAX	GROUP 1	INC		1	Firm's EIN ▶ 4318	1 7 2 4	ŧŲ	

Use Only

Firm's address ▶ 1010 MURFREESBORO RD

Phone no. 6157940764

2016 FORM 990 SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number MAUDE PARKS MEMORIAL FUND 62-6042777 Disbursements for Adjusted Net Investment **Accounting Category** Amount Net Income Charity Income ACCOUNTING 900 900 900 900 Total:

2016 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number MAUDE PARKS MEMORIAL FUND 62-6042777 Adjusted Disbursements for Net Investment Category Amount Net Income Charity Income 2,873 ADVISORY FEES 2,873 2,873 2,873 Total:

2016 FORM 990 SCHEDULE OF INVESTMENTS - GOVERNMENT OBLIGATIONS

ATTACHMENT 3: PAGE 1 - 990-PF PAGE 2,	PAR	T II,	LINE	10A		
OPEN TO PUBLIC INSPECTION For calendar year 2016, or tay period becomes						_
Tor calendar year 2016, or lax period beginning			, and end	ıng		
Name of Organization					Employer Ider	ntification Number
MAUDE PARKS MEMORIAL FUND					62-6042	777
Description	Cost	FMV at End of Ye	l l	Book	Value	Fair Market Value
U.S. Government Obligations					493	416
State and Municipal Government Obligations				_		
Total U.S. and State Government Obligations					493	416

2016 FORM 990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

ATTACHMENT 4: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10B OPENTO PUBLIC

INSPECTION , and ending For calendar year 2016, or tax period beginning

Name of Organization MAUDE PARKS MEMORIAL FUND		, and end	Employer Identification Number 62-6042777				
Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value			
January Link Source Company January Link Sou	X X X X X X X X X X X		750 1,004 15,706 2,166 12,052 34,901 15,004 15,009	148,345 452 5,869 121,587 7,762 584 10,048 44,502 6,164 37,259 33,117			
	L	Total:	149,805	444,961			

2016 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ATI	CACHMENT 5: PAGENTO PUBLIC	E 1 - 990-PF PAGE	3, PART I	, LINE 1		
		year 2016, or tax period beginning		, and ending	n	
Name	e of Organization	year 2010, or tax period beginning		, 4,7,5 0,74,11,	Employer Identific	cation Number
MAU	<u>IDE PARKS MEMOR</u>	IAL FUND			62-604277	7
<u> </u>		the Kind(s) of Property Sold (e.g. ehouse, or Common Stock, 200 s		(b) How Acquired P Purchase D Donation	(c) Date Acquired (mo., day, yr.)	(d) Date Sold (mo., day, yr.)
1 2 3 4	29 ALCATEL LUC 400 MERRILL LY FANNIE MAE RET CAPITAL GAIN D	ENT NCH URN OF PRIN	is. MEC GO.)	P P	12-22-2005	06-02-2016 01-19-2016
	(e) Gross Sales Price	(f) Depreciation Allowed (or allowable)	(g) Cost or Ot Plus Expen		(h) Gain o	or (loss)) Minus (g)
1 2 3 4	79 10,000 8 553			2,029 10,004 8		-1,950 -4 553
ļ	0			40/04/60	(I) Gains (Col. (h) Gain Minus
	(i) F.M.V. as of 12/31/69	owing gain in column (h) and owi (j) Adjusted Basis as of 12/31/69	(k) Excess I Over Col.	f Col. (ı)	Col (k), But No	t Less Than -0-) or
1 2 3 4		45 01 12/01/03	3,0,00	gyy		-1,950 -4 553

2016 FORM 990 BOOKS ARE IN CARE OF

	CHMENT 6 - 990-PF PAGE 5, PART VII-A, LINE	14
OPEN	I TO PUBLIC	
INSPE	For calendar year 2016, or tax period beginning	, and ending
Name of	f Organization	Employer Identification Number
MAUD	E PARKS MEMORIAL FUND	62-6042777
Part VII	-A - Line 14	
Individua or Business		RANDOLPH PARKS
Street A	ddress	BTH AVE S APT 20
U.S. Add	dress	
	Zip code <u>37212</u>	State <u>TN</u>
	City	
ı	Province or State	
,	Country	<u> </u>
ı	Postal code	·····
ı	Phone Number	<u>(615)</u> 917-0685
I	Fax Number	·······

2016 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-PF PAGE 6, PART VIII OPEN TO PUBLIC INSPECTION and ending For calendar year 2016, or tax period beginning Name of Organization Employer Identification Number MAUDE PARKS MEMORIAL FUND 62-6042777 (C) Compensation (If (E) Expense Account (D) Cont. to Employee (A) Name and Address (B) Title and Average & Other Allowances Hrs. per Week not paid, enter 0) Ben. Plans & Def. Comp. NORMAN RANDOLPH PARKS PRESIDENT 1606 18TH AVE S APT 20 1.50 4,539 NASHVILLE, TN 37212 JUDITH E PARKS 1109 GRAYBAR LANE SECRETARY/TRE NASHVILLE, TN 37204

2016 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT	8: PAGE 1 990-PF	PAGE 6, PART VI	II, LINE 1			
OPEN TO PUBLIC INSPECTION	i	46	and and	00		
INSPECTION For calendar year 2016, or tax period beginning , and ending . Name of Organization Employer Identification Number						
MAUDE PARKS MEMORIAL FUND 62-6042777						
	pensation of the Five Highest Paid	Employees Other Than Office				
	dress of Each Employee Paid More Than \$50,000	(b) Title and Average Hours Per Week Devoted to Position	(c) Compensation	(d) Contributions to Empl Benefit Plans & Deferred Compensation	(e) Expense Account and Other Allowances	
NONE						
}						
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}						
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2016 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

ATTACHMENT 9: PAGE 1 990-PF PAGE 6, PART VI	III, LINE 2				
INSPECTION For calendar year 2016, or tax period beginning	, and ending	<u> </u>			
Name of Organization	Employer Identification Number				
		(a) Componentian			
MAUDE PARKS MEMORIAL FUND Part VIII Compensation of the Five Highest Paid Independent Contractors for (a) Name and address of each independent contractor paid more than \$50,000 NONE	62-6042				
	!				

2016 FORM 990 APPLICATION SUBMISSION INFORMATION

OPEN TO PUBLIC	For Calendar year 2016, or tax year period beginning	guuuig	and ending	
Name of Organization MAUDE PARKS MEMORTAL	FIJND		Employer Identification Number	ton Number
Name	Phone Number or E-mail	Info and Materials Included	Submission Deadlines	Restrictions on Awards
NORMAN RANDOLPH PARK PO BOX 150502 NASHVILLE TN 37215	615-917-0685	NO SPECIFICATIONS	NO DEADLINES	CHARITABLE AND RELIGIACTES OF CHURCHES CHRIST
FDA Form Software Copyright 1996 - 2017 HRB Tax Group, Inc.	17 HBB Tax Group Inc. S0205N			

2016 FORM 990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 11: PAGE 1 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

INSPECTION For calendar year 2016, or tax period beginning , and ending

Name of Organization

Employer Identification Number
62-6042777

MAUDE PARKS MEMORIAL FUND			62-6042777		
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount	
Name and Address (home or business)	or Substantial Contributor	Recipient	 		
ACKLEN AVE CHURCH OF CHRIST 900 ACKLEN AVE NASHVILLE TN 37203	NONE	5 – P0	CPROVIDE SUPPORT FOR FAMILIES IN NEED	7,000	
GREEN STREET CHURCH OF CHRIST 146 GREEN STREET NASHVILLE TN 37210	NONE	5 - P	CHELP FOR THOSE IN NEED	4,000	
NASHVILLE IN 3/210		ł		4,000	
LIPSCOMB LIFE PROGRAM 1 UNIVERSITY PARK DRIVE NASHVILLE TN 37204	NONE	5 - P	PROMOTE CHRISTIAN EDUCATION	4,000	
SILOAM 820 GALE LANE NASHVILLE TN 37204	NONE	5 - P	CFAITH BASED HEALTHCARE FOR IMMIGRANT	4,200	
WAYNE REED CHRISTIAN CHILDCARE CENT 11 LINDSEY AVE NASHVILLE TN 37210	NONE	5 - P	COMMUNITIES CEDUCATIONAL AND DEVELOPMENT SERVICES FOR THE LOW INCOME	6,000	
			Total:	25,200	