

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation PROMETHEAN FOUNDATION INC		A Employer identification number 20-1690784
Number and street (or P O box number if mail is not delivered to street address) 624 E REELFOOT AVENUE	Room/suite	B Telephone number (see instructions) (731) 884-0088
City or town, state or province, country, and ZIP or foreign postal code UNION CITY, TN 38261		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 37,347	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,698,973			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	138	138		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,699,111	138			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages	121,766	12,177		109,589
	15 Pension plans, employee benefits	20,649	113		20,536
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	4,665	47		4,618
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	7,621			
	20 Occupancy	11,132			11,132
	21 Travel, conferences, and meetings	25,685			25,685
	22 Printing and publications	8,233			8,233
	23 Other expenses (attach schedule)	156,388	280		156,108
	24 Total operating and administrative expenses. Add lines 13 through 23	356,139	12,617		335,901
	25 Contributions, gifts, grants paid	1,443,998			1,443,998
26 Total expenses and disbursements. Add lines 24 and 25	1,800,137	12,617		1,779,899	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-101,026				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	114,500	18,453	18,453
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ 122,604 Less accumulated depreciation (attach schedule) ▶ 103,710	23,874	18,894	18,894
15 Other assets (describe ▶ _____)	200	200		
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	138,574	37,547	37,347	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	138,574	37,546		
30 Total net assets or fund balances (see instructions)	138,574	37,546		
31 Total liabilities and net assets/fund balances (see instructions) .	138,574	37,546		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	138,574
2 Enter amount from Part I, line 27a	2	-101,026
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	37,548
5 Decreases not included in line 2 (itemize) ▶ _____	5	2
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	37,546

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,769,306	128,284	13 792102
2015	1,592,262	82,643	19 266750
2014	1,726,520	160,612	10 749633
2013	1,676,714	155,182	10 804823
2012	1,708,091	148,149	11 529548

2 Total of line 1, column (d)	2	66 142856
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	13 228571
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	119,396
5 Multiply line 4 by line 3	5	1,579,438
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	1,579,438
8 Enter qualifying distributions from Part XII, line 4	8	1,779,899

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 instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due/overpayment. Includes sub-tables 6a-6d for credits.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and foundation requirements. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of CATHY WAGGONER, FOUNDATION Telephone no (731) 884-0088

Located at 206 E REELFOOT AVENUE UNION CITY TN ZIP+4 38261

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 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶			5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b
				No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ▶

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 ALL FUNDS ARE TO PROVIDE DAYCARE SCHOLARSHIPS FOR QUALIFYING APPLICANTS THESE SCHOLARSHIP RECIPIENTS WILL BE PROVIDED WITH DAYCARE IN A QUALIFYING DAYCARE FACILITY THAT MEETS THE MORAL, SOCIAL, AND EDUCATIONAL VALUES THAT THE FOUNDATION FEELS ARE NECESSARY TO PROVIDE AN EXCELLENT BACKGROUND FOR A SUCCESSFUL LIFE THESE APPLICANTS WILL BE MONITERED THROUGHOUT THEIR SCHOOL YEARS THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE DAYCARE FACILITIES THESE SCHOLARSHIPS WERE PAID TO LITTLE LAMBS TWO	328,124
2 THESE SCHOLARSHIPS WERE PAID TO PUMPKIN PATCH SEE ITEM 1 FOR DETAIL OF SCHOLARSHIP ACTIVITY	262,704
3 THESE SCHOLARSHIPS WERE PAID TO CHILDREN'S CORNER SEE ITEM 1 FOR DETAIL OF SCHOLARSHIP ACTIVITY	227,927
4 THESE SCHOLARSHIPS WERE PAID TO PUMPKIN PATCH TWO SEE ITEM 1 FOR DETAIL OF SCHOLARSHIP ACTIVITY	209,594

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 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	102,320
c	Fair market value of all other assets (see instructions).	1c	18,894
d	Total (add lines 1a, b, and c).	1d	121,214
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	121,214
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,818
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	119,396
6	Minimum investment return. Enter 5% of line 5.	6	5,970

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	5,970
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,970
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	5,970
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	5,970

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,779,899
b	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., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,779,899
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,779,899

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				5,970
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>1,779,899</u>				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				5,970
e Remaining amount distributed out of corpus	1,773,929			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,773,929			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	1,800,138			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

CATHY WAGGONER CO PROMETHEAN FOUND
 115 W MAIN STREET
 UNION CITY, TN 38261
 (731) 884-0088
 PROMETHEAN@BELLSOUTH.NET

b The form in which applications should be submitted and information and materials they should include

MUST COMPLETE THE APPLICATION PROVIDED BY THE FOUNDATION

c Any submission deadlines

PRIOR TO AND FOLLOWING THE BIRTH OF THE CHILD FOR WHICH THE SCHOLARSHIP IS BEING REQUESTED

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SCHOOL APPLICANTS MUST LIVE IN OBION COUNTY, TENNESSEE THE SCHOLARSHIPS ARE FOR QUALIFYING DAYCARE TO NEWBORNS THROUGH SCHOOL AGE, WITH THE REQUIREMENT THAT THEIR PROGRESS BE MONITORED THROUGHOUT THEIR SCHOOL YEARS THE SCHOLARSHIPS ARE ONLY PAID TO DAYCARES WHICH ARE APPROVED AND MONITORED BY THE FOUNDATION

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				1,443,998
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
GARY HOUSTON 1212 POLK STREET UNION CITY, TN 38261	VICEPRES/DIR 000 00	0	0	0
JENNY D KIRKLAND 760 SANDERS CHAPEL RD UNION CITY, TN 38261	DIRECTOR 000 00	0	0	0
WILLIAM MARTIN SISCO 800 S FIRST UNION CITY, TN 38261	SECRETARY/DI 000 00	0	0	0
DAN BOYKIN 715 MERCER STREET UNION CITY, TN 38261	DIRECTOR 000 00	0	0	0
ROGER WILLIAMS 5663 OLD TROY HICKMAN ROAD UNION CITY, TN 38261	DIRECTOR 000 00	0	0	0
CHUCK DOSS STONEWALL DRIVE UNION CITY, TN 38261	PRESIDENT/DI 000 00	0	0	0
HADLEY MALONE 334 WYNRIDGE DRIVE TROY, TN 38260	TREASURER/DI 000 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S CORNER 1411 OAK STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	227,927
FIRST FRIENDS 420 EAST MAIN STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	103,525
KARE BARE 500 EAST CHURCH STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	68,226
Total ▶				1,443,998
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LITTLE LAMBS 718 EAST VINE STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	114,441
LITTLE LAMBS TWO 718 EAST VINE STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	328,124
PUMPKIN PATCH 1811 OLD TROY ROAD UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	262,704
Total ▶ 3a				1,443,998

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PUMPKIN PATCH TWO308 BROADWAY SOUTH FULTON, TN 38257	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	209,594
SMALL WORLD1733 OLD RIVES DRIVE UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	119,353
UC KIDS CLUB408 S DEPOT STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	10,104
Total ▶				1,443,998
3a				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: PROMETHEAN FOUNDATION INC

EIN: 20-1690784

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DESK	2004-10-01	668	668	S/L	7 0000				
PRINTER	2004-10-01	280	280	S/L	5 0000				
OFFICE EQUIPMENT	2004-10-01	530	530	S/L	7 0000				
OFFICE FURNITURE	2004-10-01	979	979	S/L	7 0000				
ARTICULATING KEYBOARD	2004-10-01	178	178	S/L	5 0000				
REFRIGERATOR	2004-10-04	112	112	S/L	7 0000				
OFFICE SIGN	2004-11-01	270	270	S/L	7 0000				
CAMERA	2004-12-01	249	249	S/L	7 0000				
COMPUTER - LORI	2005-05-17	1,200	1,200	S/L	5 0000				
OFFICE FURNITURE-LORI	2005-06-08	1,030	1,030	S/L	7 0000				
OFFICE-SOFTWARE	2005-06-21	919	919	S/L	3 0000				
PHONES	2005-06-21	132	132	S/L	7 0000				
DAYCARE COMPUTERS & SOFTWARE	2005-07-18	7,745	7,745	S/L	5 0000				
TIME CLOCK-DAYCARE	2005-08-30	1,930	1,930	S/L	7 0000				
SERVER	2005-08-30	1,133	1,133	S/L	5 0000				
HP PRINTER	2005-08-31	410	410	S/L	5 0000				
PHONES	2005-08-31	198	198	S/L	7 0000				
CHILDRENS DESK	2005-10-04	92	92	S/L	7 0000				
OFFICE FILE CABINET	2005-11-07	285	285	S/L	7 0000				
COMPUTER SYSTEM FOR DAYCARES	2006-03-23	32,322	32,322	S/L	5 0000				

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
5 COMPUTERS FOR DAYCARES	2006-10-23	11,881	11,881	S/L	5 0000				
SOFTWARE	2007-02-05	222	222	200DB	3 0000				
DAYCARE- COMPUTER PARTS	2007-09-11	206	206	200DB	5 0000				
SHELVING, CABINETS, DESK	2007-10-15	1,691	1,691	200DB	7 0000				
LEASEHOLD IMPROVEMENTS	2007-10-15	7,721	2,257	S/L	31 5000	245			
DESKS & FURNITURE	2007-11-06	389	389	200DB	7 0000				
DOOR CHIMES	2007-11-09	63	63	200DB	7 0000				
DELL LAPTOP SYSTEM	2007-11-14	916	916	200DB	5 0000				
PHONES & SIGNAL BOOSTER	2007-11-29	383	383	200DB	7 0000				
CHAIRS & CART	2007-11-29	599	599	200DB	7 0000				
DAYCARE EQUIPMENT	2008-06-01	2,196	2,196	200DB	7 0000				
OFFICE FURNITURE	2008-06-15	303	303	200DB	7 0000				
DELL INSPIRON 537S W/MONITOR-DAYCARE	2009-10-29	1,857	1,857	S/L	5 0000				
KODAK ESP9 PRINTER-DAYCARE	2009-10-29	250	250	S/L	5 0000				
KODAK EASY SHARE Z1485 DIGITAL CAMERA-DAYCARE	2009-10-29	305	305	S/L	7 0000				
TIME CLOCK	2010-03-10	760	753	S/L	7 0000	7			
COMPUTER	2010-12-20	2,515	2,515	S/L	5 0000				
VERIZON - PHONE	2011-01-20	354	299	S/L	7 0000	51			
5 IPADS W/COVERS & CABLE	2011-08-23	2,876	2,876	S/L	5 0000				
DAYCARE EQUIPMENT-IPAD 2	2012-06-15	6,449	5,912	S/L	5 0000	537			

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
VACUUM	2013-01-11	322	184	S/L	7 0000	46			
TABLES FOR BOARD	2013-01-11	300	171	S/L	7 0000	43			
APPLE IPADS FOR DAYCARE	2013-03-22	3,461	2,596	S/L	5 0000	692			
COMPUTER FOR CATHY	2013-07-19	2,133	1,458	S/L	5 0000	427			
BOOKCASES AND METAL SHELF	2013-11-15	1,660	751	S/L	7 0000	237			
IPADS	2014-01-27	1,532	894	S/L	5 0000	306			
COMPUTER EQUIP	2014-04-06	2,352	1,293	S/L	5 0000	471			
FURNITURE	2014-04-07	645	253	S/L	7 0000	92			
EQUIPMENT	2015-06-03	2,445	524	S/L	7 0000	349			
DELL COMPUTER	2015-09-04	1,192	358	S/L	5 0000	238			
TABLES	2016-07-08	422	30	S/L	7 0000	60			
OUTDOOR EQUIPMENT	2016-08-16	920	44	S/L	7 0000	131			
KITCHEN EQUIPMENT	2016-04-19	1,092	104	S/L	7 0000	156			
OUTDOOR EQUIPMENT	2016-05-24	817	68	S/L	7 0000	117			
PLAYGROUND EQUIP - LITTLE LAMBS 1	2016-03-29	1,948	209	S/L	7 0000	278			
PROJECTORS	2016-06-21	724	52	S/L	7 0000	103			
PLAY WITH A PURPOSE	2016-02-08	3,213	421	S/L	7 0000	459			
CHAIRS	2016-05-27	681	57	S/L	7 0000	97			
FILING CABINET	2016-06-21	479	34	S/L	7 0000	69			
RUBBER MATS-KARE BEAR	2016-10-25	657	16	S/L	7 0000	94			

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
KINDLES	2016-06-21	368	37	S/L	5 0000	74			
DELL COMPUTER	2017-04-18	1,000		200DB	5 0000	600			
RIDING TOYS	2017-09-29	1,642		200DB	5 0000	1,642			

**TY 2017 Land, Etc.
Schedule****Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTERS	83,398	80,802	2,596	2,596
FURNITURE & EQUIPMENT	31,485	20,406	11,079	11,079
LEASEHOLD IMPROVEMENTS	7,721	2,502	5,219	5,219

TY 2017 Other Assets Schedule**Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
RENT & UTILITY DEPOSITS	200	200	

TY 2017 Other Decreases Schedule**Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784

Description	Amount
ROUNDING	2

TY 2017 Other Expenses Schedule**Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BOARD EXP-ADVISORY	20,074	200		19,874
DAYCARE IMP-COMPLIANCE INC	12,524			12,524
DAYCARE IMP-CURRICULUM MATERI	13,006			13,006
DAYCARE IMP-TEACHER TRAINING	20,846			20,846
OFFICE-BUILDING MAINTENANCE&S	14,050			14,050
OFFICE-CONTENT INSURANCE				
OFFICE-PHONE & INTERNET	6,482			6,482
BOARD EXP-PROMETHEAN	5,890	60		5,830
BOARD EXP-OTHER BOARD EXP	1,984	20		1,964

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE-EXPENDABLE OFFICE SUPP	12,159			12,159
EDUCATION-PROFESSIONAL CONSUL	5,562			5,562
OFFICE-EQUIPMENT & COMPUTER E	10,757			10,757
OFFICE-FURNITURE	3,770			3,770
SALARIES - EXPENSES	9,781			9,781
DAYCARE IMP-CAPITAL EXP/REPAI				
EDUCATION-PROF DEVELOPMENT	14,503			14,503
RESEARCH - UTM	5,000			5,000

TY 2017 Other Professional Fees Schedule**Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE-LEGAL & PROFESSIONAL FEES	4,665	47		4,618

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017

Name of the organization
PROMETHEAN FOUNDATION INC

Employer identification number
20-1690784

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization PROMETHEAN FOUNDATION INC	Employer identification number 20-1690784
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT E&JENNY D KIRKLAND FOUNDATION 760 SANDERS CHAPEL ROAD UNION CITY, TN38261	\$ 1,698,010	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization PROMETHEAN FOUNDATION INC	Employer identification number 20-1690784
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____

Name of organization PROMETHEAN FOUNDATION INC	Employer identification number 20-1690784
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
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