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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
GRAHAM FOUNDATION

A Employer identification number
31-1497257

Number and street (or P O box number if mail is not delivered to street address)
PO BOX 12489

Room/suite

B Telephone number (see instructions)
(865) 693-7000

City or town, state or province, country, and ZIP or foreign postal code
KNOXVILLE, TN 379120489

C If exemption application is pending, check here

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here

2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

H Check type of organization

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 494,921

J Accounting method

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis)

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(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)

160,000

2

Check If the foundation is not required to attach Sch B

3

Interest on savings and temporary cash investments

439

439

4

Dividends and interest from securities

5a

Gross rents

21,725

21,725

b

Net rental income or (loss)

4,063

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)

0

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

182,164

22,164

Operating and Administrative Expenses

13

Compensation of officers, directors, trustees, etc

0

0

0

14

Other employee salaries and wages

15

Pension plans, employee benefits

16a

Legal fees (attach schedule)

100

0

0

b

Accounting fees (attach schedule)

c

Other professional fees (attach schedule)

17

Interest

18

Taxes (attach schedule) (see instructions)

2,395

2,252

0

19

Depreciation (attach schedule) and depletion

7,819

7,819

20

Occupancy

21

Travel, conferences, and meetings

22

Printing and publications

23

Other expenses (attach schedule)

7,591

7,591

0

24

Total operating and administrative expenses. Add lines 13 through 23

17,905

17,662

0

25

Contributions, gifts, grants paid

252,002

252,002

26

Total expenses and disbursements. Add lines 24 and 25

269,907

17,662

252,002

27

Subtract line 26 from line 12

a

Excess of revenue over expenses and disbursements

-87,743

b

Net investment income (if negative, enter -0-)

4,502

c

Adjusted net income(if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2017)

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	376,644	297,021		297,021	
	3 Accounts receivable ▶ <u>200</u>					
	Less allowance for doubtful accounts ▶ _____		200		200	
	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 ▶ <u>260,000</u>						
Less accumulated depreciation (attach schedule) ▶ <u>53,936</u>	213,883	206,064		197,700		
15 Other assets (describe ▶ _____)						
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	590,527	503,285		494,921		
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 ▶ _____)	2,125	2,625			
	23 Total liabilities (add lines 17 through 22)	2,125	2,625			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24 Unrestricted	588,402	500,660			
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input 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					
	30 Total net assets or fund balances (see instructions)	588,402	500,660			
31 Total liabilities and net assets/fund balances (see instructions) .	590,527	503,285				

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	588,402
2 Enter amount from Part I, line 27a	2	-87,743
3 Other increases not included in line 2 (itemize) ▶ _____	3	1
4 Add lines 1, 2, and 3	4	500,660
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	500,660

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) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	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	287,944	490,433	0 587122
2015	175,550	454,019	0 386658
2014	115,630	382,065	0 302645
2013	243,340	482,771	0 504049
2012	179,001	300,224	0 596225
2 Total of line 1, column (d)			2 2 376699
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 0 475340
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 488,132
5 Multiply line 4 by line 3			5 232,029
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 45
7 Add lines 5 and 6			7 232,074
8 Enter qualifying distributions from Part XII, line 4			8 252,002

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	45
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of 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	45
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	45
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	64
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	64
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	19
11	Enter the amount of line 10 to be Credited to 2018 estimated tax 19 Refunded 11	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ _____ 0 (2) On foundation managers \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ TN		
b 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? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of RAY WARREN Telephone no (865) 693-7000			

Located at **PO BOX 12489 KNOXVILLE TN**ZIP+4 **37912**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation 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) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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)?		5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
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?		6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>				
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		

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	Expense account, (e) other allowances
TIM A GRAHAM PO BOX 12489 KNOXVILLE, TN 379120489	TRUSTEE 2 00	0	0	0

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	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

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. **0**

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	
2	
3	
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 lines 1 through 3 **0**

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	297,665
c	Fair market value of all other assets (see instructions).	1c	197,900
d	Total (add lines 1a, b, and c).	1d	495,565
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	495,565
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	7,433
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	488,132
6	Minimum investment return. Enter 5% of line 5.	6	24,407

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	24,407
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	45
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	45
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	24,362
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	24,362
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	24,362

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	252,002
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	252,002
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	45
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	251,957

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				24,362
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	164,037			
b From 2013.	216,466			
c From 2014.	96,527			
d From 2015.	152,963			
e From 2016.	263,534			
f Total of lines 3a through e.	893,527			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 252,002				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				24,362
e Remaining amount distributed out of corpus	227,640			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,121,167			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
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).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	164,037			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	957,130			
10 Analysis of line 9				
a Excess from 2013.	216,466			
b Excess from 2014.	96,527			
c Excess from 2015.	152,963			
d Excess from 2016.	263,534			
e Excess from 2017.	227,640			

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 <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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)) TIM A GRAHAM	
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 <input type="checkbox"/> 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 TIM A GRAHAM PO BOX 12489 KNOXVILLE, TN 379120489 (865) 693-7000	
b The form in which applications should be submitted and information and materials they should include LETTER ALONG WITH CHARITABLE EXEMPTION	
c Any submission deadlines NO	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NO	

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	252,002
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-11-12 Date	***** Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name VAN T ELKINS CPA	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01062029	
	Firm's name ▶ VAN ELKINS AND ASSOCIATES CPAS					Firm's EIN ▶ 62-1017975
	Firm's address ▶ 800 S GAY STREET 2150 KNOXVILLE, TN 37929					Phone no (865) 523-8700

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>				
AFRICAN INLAND MISSIONPO BOX 178 PEARL RIVER, NY 10965	N/A	PC	MISSIONARY PROGRAMS	2,000
AMERICAN FAMILY ASSOCIATION PO DRAWER 2440 TUPELO, MS 38803	N/A	PC	FOR PROGRAMS	1,000
ANDY WILSON SCHOLARSHIP FUND 455 NORTH WOODDALE STRAWBERRY PLAINS, TN 37871	N/A	PC	SCHOLARSHIP FUNDRAISER VIA GOLF TOURNAMENT	200
Total ▶ 3a				252,002

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>				
ANGELIC MINISTRIES 1218 N CENTRAL STREET KNOXVILLE, TN 37917	N/A	PC	FOR PROGRAMS	1,000
APPALACHIA SERVICE PROJECT 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	N/A	PC	MISSIONARY PROGRAM - REPAIR HOMES FOR LOW-INCOME PEOPLE THAT CANNOT AFFORD REPAIRS	1,000
BETHANYSFFC OF EAST TN 318 ERIN DRIVE KNOXVILLE, TN 37909	N/A	PC	SPONSORSHIP - LUNCHEON	2,500
Total ▶ 3a				252,002

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>				
BIG BROTHERS BIG SISTER OF EAST TN 119 W SUMMIT HILL DRIVE STE 101 KNOXVILLE, TN 37902	N/A	PC	ASSISTANCE FOR INDIGENT CHILDREN	5,000
CALLAHAN ROAD BAPTIST CHURCH 1317 CALLAHAN ROAD KNOXVILLE, TN 37912	N/A	PC	SUPPORT OF SPIRITUAL GROWTH AND DYNAMIC MINISTRY	30,000
CARTER HIGH ALUMNI FUND 210 N CARTER SCHOOL ROAD STRAWBERRY PLAINS, TN 37871	N/A	PC	GOLF TOURNAMENT	200
Total ▶ 3a				252,002

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>				
CARTER HIGH FOOTBALL BOOSTER CLUB CLUB 210 N CARTER SCHOOL RD STRAWBERRY PLAINS, TN 37871	N/A	PC	FOR PROGRAMS	1,000
CENTRAL MISSIONARY CLEARINGHOUSE PO BOX 219228 HOUSTON, TX 77218	N/A	PC	MISSIONARY ENDEAVORS	5,000
CEREBRAL PALSY CENTER 241 E WOODLAND AVENUE KNOXVILLE, TN 37917	N/A	PC	HELPING INDIVIDUALS WITH DISABILITIES ACHIEVE AS MUCH INDEPENDENCE AS POSSIBLE	1,000
Total ▶ 3a				252,002

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>				
EAST TN FRIENDS OF NRA 1909 WINTERGREEN DRIVE KNOXVILLE, TN 37912	N/A	PC	BANQUET - SUPPORTS CHARITABLE GOALS OF THE NRA FOUNDATION	2,285
EMERALD AVE YOUTH FOUNDATION 1718 N CENTRAL STREET KNOXVILLE, TN 37917	N/A	PC	YOUTH PROGRAMS	40,000
FELLOWSHIP OF CHRISTIAN ATHLETES 502 S GAY ST STE 401 KNOXVILLE, TN 37902	N/A	PC	FOR PROGRAMS	50,000
Total ▶ 3a				252,002

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 Paid during the year				
FOREVER FAMILIESPO BOX 7368 KNOXVILLE, TN 37921	N/A	PC	FOR PROGRAMS	10,000
FRIENDS OF LITERACY 900 E HILL AVENUE KNOXVILLE, TN 37915	N/A	PC	HIGH QUALITY ADULT EDUCATION PROGRAM	1,000
GREAT SCHOOLS PARTNERSHIP- NORWOOD COMMUN 1909 MERCHANT DR KNOXVILLE, TN 37912	N/A	PC	MAKING KNOX COUNTY SCHOOLS GLOBALLY COMPETATIVE	1,047
Total ▶ 3a				252,002


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>				
HALLS HIGH SCHOOL ACADEMIC BOOSTER CLUB 4321 EAST EMORY ROAD KNOXVILLE, TN 37938	N/A	PC	PROGRAM SPONSORSHIP	1,000
HOLSTON UNITED METHODIST HOME FOR CHILDREN PO BOX 188 GREENEVILLE, TN 37744	N/A	PC	CARE OF CHILDREN	10,000
HOPE RESOURCE CENTER 2700 PAINTER AVENUE KNOXVILLE, TN 37919	N/A	PC	CONFIDENTIAL SERVICES REGARDING PREGNANCY AND SEXUAL HEALTH CONCERNS	5,000
Total ▶ 3a				252,002

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>				
JUSTICE AND MERCY INTERNATIONAL 1810 COLUMBIA AVE STE 100 FRANKLIN, TN 37064	N/A	PC	MISSIONARY PROGRAM - ORPHANAGES IN FOREIGN COUNTRIES	1,000
KNOX AREA URBAN LEAGUE 1415 EAST 5TH AVENUE KNOXVILLE, TN 37917	N/A	PC	PROGRAM SPONSORSHIP	5,000
KNOXVILLE FIREFIGHTERS ASSOCIATION 614 NORTH CENTRAL STREET KNOXVILLE, TN 37917	N/A	PC	FOR PROGRAMS	250
Total ► 3a				252,002

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>				
KNOXVILLE JEWISH DAY SCHOOL 1529 DOWNTOWN WEST BLVD KNOXVILLE, TN 37919	N/A	PC	EDUCATIONAL - ANNE FRANKS SISTER SPOKE ABOUT HOLOCAUST	5,000
KNOXVILLE LEADERSHIP FOUNDATION 318 NORTH GAY ST 210 KNOXVILLE, TN 37917	N/A	PC	FOR PROGRAMS	2,000
KNOXVILLE YOUTH FALCONS 2509 N BROADWAY KNOXVILLE, TN 37917	N/A	PC	FOSTER AMATEUR SPORTS COMPETITION	200
Total ▶ 3a				252,002

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>				
KROGER COMMUNITY FUND 2620 ELM HILL PIKE NASHVILLE, TN 37214	N/A	PC	GOLF TOURNAMENT	2,000
MANE SUPPORT2919 DAVIS FORD ROAD MARYVILLE, TN 37804	N/A	PC	ASSISTANCE TO INDIGENT CHILDREN	5,000
NORTH KNOXVILLE YOUNG MARINES 700 IRWIN RD POWELL, TN 37849	N/A	PC	YOUTH EDUCATION AND DEVELOPMENT PROGRAM	1,000
Total ▶ 3a				252,002

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>				
PARKINSONS FOUNDATION 200 SE 1ST STREET MIAMI, FL 33131	N/A	PC	MEDICAL RESEARCH - IN HONOR OF TOM GRAHAM	1,000
POWELL BUSINESS & PROFESSIONAL ASSOCIATION PO BOX 771 POWELL, TN 37849	N/A	PC	SPONSORSHIP OF POWELL 4TH OF JULY PARADE	250
POWELL MIDDLE SCHOOL 3329 W EMORY ROAD POWELL, TN 37849	N/A	PC	EDUCATIONAL ENRICHMENT	500
Total ▶ 3a				252,002


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>				
PRISON FELLOWSHIPPO BOX 1550 MERRIFIELD, VA 221161550	N/A	PC	MISSIONARY PROGRAM - CHRISTMAS GIFTS FOR CHILDREN OF PRISONERS	1,000
RCE INTERNATIONALPO BOX 4528 WHEATON, IL 60189	N/A	PC	ASSIST/EQUIP CHRISTIAN EDUCATION MINISTRIES	2,500
RESCUE 1 GLOBAL 6688 NOLENSVILLE RD STE 108/167 BRENTWOOD, TN 37027	N/A	PC	MISSIONARY PROGRAM - HUMAN TRAFFICKING AWARENESS	1,200
Total 				252,002
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>				
SALVATION ARMYPO BOX 669 KNOXVILLE, TN 37901	N/A	PC	MINISTRY AND MEETING HUMAN NEEDS	15,270
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	N/A	PC	FOR PROGRAMS	5,000
SERTOMA CENTER INC 1400 EAST FIFTH AVE KNOXVILLE, TN 37917	N/A	PC	MINISTRY	10,000
Total ▶ 3a				252,002

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>				
SPECIAL OLYMPICS-KNOXVILLE CHAPTER PO BOX 34024 KNOXVILLE, TN 37930	N/A	PC	FOR PROGRAMS	2,500
ST JUDE'S CHILDREN RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	N/A	PC	FOR PROGRAMS	1,000
TEAM BRITTON INC 10629 HARDIN VALLEY RD STE 175 KNOXVILLE, TN 37932	N/A	PC	SPONSORSHIP GOLF TOURNAMENT - FUNDRAISER COLON CANCER ALLIANCE	1,000
Total ► 3a				252,002

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 Paid during the year				
THE GIDEONS INTERNATIONAL PO BOX 560 POWELL, TN 37849	N/A	PC	FOR PROGRAMS	5,000
THE MUSE KNOXVILLE 516 N BEAMAN STREET KNOXVILLE, TN 37914	N/A	PC	INTERACTIVE MUSEUM FOR KIDS OF EXHIBITS ON LIFE, PHYSICAL & EARTH SCIENCES	1,500
THRIVE LONSDALE 1317 CONNECTICUT AVENUE KNOXVILLE, TN 37921	N/A	PC	MISSIONARY PROGRAM - AFTERSCHOOL PROGRAM FOR AT RISK CHILDERN	1,000
Total ▶ 3a				252,002

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>				
TIM LEE MINISTRIESPO BOX 461674 GARLAND, TX 75046	N/A	PC	FOR PROGRAMS	1,000
UNIVERSITY OF TENNESSEE 2121 MEDICAL CTR WAY STE 110 KNOXVILLE, TN 37920	N/A	PC	CANCER RESEARCH - IN MEMORY OF CAROL LARSON	100
WEARS VALLEY RANCHONE FINE PLACE SEVIERVILLE, TN 37862	N/A	PC	CONTRIBUTION CHRISTIAN CHILDREN'S HOME	10,000
Total ▶ 3a				252,002

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>				
WEST KNOX COUNTY LITTLE LEAGUE 6912 CHARTWELL RD KNOXVILLE, TN 37931	N/A	PC	SPONSORSHIP TO FOSTER AMATEUR SPORTS COMPETITION	500
Total 				252,002
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: GRAHAM FOUNDATION

EIN: 31-1497257

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
3228 HAGGARD	2008-12-31	15,000		L		0	0		
3228 HAGGARD	2008-12-31	95,000	27,633	SL	27 5000000000000	3,455	3,455		
3232 HAGGARD	2012-01-01	15,000		L		0	0		
3232 HAGGARD	2012-01-01	55,000	9,917	SL	27 5000000000000	2,000	2,000		
3234 HAGGARD	2008-12-31	15,000		L		0	0		
3234 HAGGARD	2013-05-01	65,000	8,567	SL	27 5000000000000	2,364	2,364		

**TY 2017 Land, Etc.
Schedule****Name:** GRAHAM FOUNDATION**EIN:** 31-1497257

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
3228 HAGGARD	15,000	0	15,000	16,600
3228 HAGGARD	95,000	31,088	63,912	59,900
3232 HAGGARD	15,000	0	15,000	11,900
3232 HAGGARD	55,000	11,917	43,083	50,800
3234 HAGGARD	15,000	0	15,000	12,300
3234 HAGGARD	65,000	10,931	54,069	46,200

TY 2017 Legal Fees Schedule**Name:** GRAHAM FOUNDATION**EIN:** 31-1497257

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	100	0		0

TY 2017 Other Expenses Schedule**Name:** GRAHAM FOUNDATION**EIN:** 31-1497257**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	0	0		0
INSURANCE	189	189		0
REPAIRS AND MAINTENANCE	5,538	5,538		0
INSURANCE	143	143		0
REPAIRS AND MAINTENANCE	748	748		0
INSURANCE	134	134		0
REPAIRS AND MAINTENANCE	839	839		0

TY 2017 Other Increases Schedule

Name: GRAHAM FOUNDATION

EIN: 31-1497257

Description	Amount
ROUNDING	1

TY 2017 Other Liabilities Schedule**Name:** GRAHAM FOUNDATION**EIN:** 31-1497257

Description	Beginning of Year - Book Value	End of Year - Book Value
TENANT DEPOSITS	2,125	2,625

TY 2017 Taxes Schedule**Name:** GRAHAM FOUNDATION**EIN:** 31-1497257

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	143	0		0
REAL ESTATE TAXES	871	871		0
REAL ESTATE TAXES	714	714		0
REAL ESTATE TAXES	667	667		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491319006058	
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 GRAHAM FOUNDATION				Employer identification number 31-1497257	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 GRAHAM FOUNDATION	Employer identification number 31-1497257
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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	GRAHAM GP PO BOX 12489 KNOXVILLE, TN 379120489	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	CROWN INVESTORS GP PO BOX 12489 KNOXVILLE, TN 379120489	\$ 100,000	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)

Name of organization
GRAHAM FOUNDATION**Employer identification number**

31-1497257

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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		
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