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DLN: 93491129022198 OMB No 1545-0052

2017

Return of Private Foundation

Department of the Treasury Internal Revenue Service

990-PF

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. Inspection For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number GENE & FLORENCE MONDAY FOUNDATION INC Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (865) 525-0238 City or town, state or province, country, and ZIP or foreign postal code KNOXVILLE, TN 37921 C If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Final return Amended return ☐ Name change Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here J Accounting method of year (from Part II, col (c), line 16)▶\$ 5,658,852 Other (specify) (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per purposes (cash basis only) income books equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach 10.850 schedule) Check ► L $oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{oldsymbol{ol{ol}}}}}}}}}}}}}}}}}}}}$ 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 102,437 102,437 5a Net rental income or (loss) 345,933 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 345,933 Net short-term capital gain Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 **Total.** Add lines 1 through 11 459.220 448.370 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . . Accounting fees (attach schedule) Other professional fees (attach schedule) 17 [چە 9.154 1.169 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 22 Printing and publications . . . 23 Other expenses (attach schedule) 9.267 2,499 6,768 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 18,421 3,668 6,768 25 Contributions, gifts, grants paid 199.999 199,999 26 Total expenses and disbursements. Add lines 24 and 218,420 3,668 206,767 27 Subtract line 26 from line 12 Excess of revenue over expenses and 240,800 disbursements 444,702 Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-)

		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 ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
₹	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	4,538,908	5,288,64	12
	С	Investments—corporate bonds (attach schedule)	446,687	336,53	19
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			

5,288,642 336,539

5,658,852

5,658,852

10,000

10,000

5,648,852

5,648,852

5,658,852

1

2

3

4

5

6

5,017,245

240,800

390,807

5,648,852

5,648,852 Form **990-PF** (2017)

10,000

5,017,245

5,017,245

5,027,245

тт	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 ▶		
	Less accumulated depreciation (attach schedule) ▶		
15	Other assets (describe)		
16	Total assets (to be completed by all filers—see the		
	ınstructions Also, see page 1, item I)	5,027,245	
17	Accounts payable and accrued expenses		
18	Grants payable	10,000	
19	Deferred revenue		

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Liabilities

or Fund Balances

Net Assets

19 20

21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

	(a) the kınd(s) of property sold (e g , re rehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a JP MORGAN LARGE CAP	GROWTH FD		P	2012-06-12	2017-08-10
b BBT CO		P	2009-06-19	2017-06-30	
c TARGET CO		Р	2009-05-20	2017-05-01	
d CAPITAL GAINS DIVIDE	NDS		P		
e			<u>-</u>		
	(f)	<u> </u>	g)	()	h)
(e)	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus expe	nse of sale	(e) plus (f) mınus (g)
a 5	00,000		301,836	<u> </u>	198,164
b	50,000		50,000	<u> </u>	(
c	50,000		50,000		(
d 1	47,769				147,769
e					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	,	1)
	(j)	i	k)	Gains (Col (h) gain minus
(i)	Adjusted hasis		of col (ı)		léss than -0-) or
F M V as of 12/31/69	as of 12/31/69	over col	(j), if any	Losses (fro	om col (h))
a					198,164
b					
С					
d					147,769
e					
•	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructions)		, , , , , , , , , , , , , , , , , , ,	3	345,933
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
	private foundations subject to the sec				
ror optional use by domestic	private roundations subject to the sec	ction 4940(a) tax on her	i invesiment incom	e)	
	leave this part blank he section 4942 tax on the distributal ot qualify under section 4940(e) Do		in the base period?	,	es 🗸 No
	mount in each column for each year,		making any entries		
(a)	1		making any chares	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	e-use assets	Distribution rati (col (b) divided by c	
2016	203,157		4,904,666		0 041421
2015	200,000		5,030,032		0 039761
2014	200,000		4,920,336		0 040648
2013	214,000		4,569,610		0 046831
2012	200,000		4,283,689		0 046689
2 Total of line 1, column			2		0 215350
number of years the fou 4 Enter the net value of ne	o for the 5-year base period—divide s indation has been in existence if less oncharitable-use assets for 2017 from	than 5 years n Part X, line 5	<u>3</u>		0 043070 5,327,290
5 Multiply line 4 by line 3	(40) (50 47 4 27)		5		229,446
	nent income (1% of Part I, line 27b)		<u>6</u>		4,447
7 Add lines 5 and 6			<u>7</u>		233,893
	tions from Part XII, line 4 , eater than line 7, check the box in Pa		<u>8</u> plete that part usin		
				E.	vm 000-BE (2017

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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

1 List all officers, directors, trustee	es, foundation managers ar	nd 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
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
				
Total number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
-				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
				
2				
All II	<u> </u>			
All other program-related investments 3	See instructions			
Total. Add lines 1 through 3 .		· · · · · · · ·		000 PE (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

2

3a 3h

4

5

206.767

206.767

Form **990-PF** (2017)

Form **990-PF** (2017)

(d)

2017

Page 9

Form 990-PF (2	017)
Part XIII	Undi

2

n 990-PF (2017)				
art XIII	Undis			

b From 2013. . . . c From 2014. . From 2015. . . .

ł	art XIII	Undistr	ibuted I	ncome (see instruc	ctions)
	Distributab	le amount f	or 2017 fro	m Part XI	i, line 7	
	Undistribut	ed income,	ıf any, as c	f the end	of 2017	
ı	Enter amo	unt for 2016	5 only			
)	Total for p	rior years	20,	20,	20	

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

6 Enter the net total of each column as

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) 8 Excess distributions carryover from 2012 not

indicated below:

117 Excess distributions carryover, if any, to 2017

From 2012.

e From 2016.

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part

XII, line 4 🕨 \$ 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

(a)

Corpus

0

0

(b)

Years prior to 2016

(c)

2016

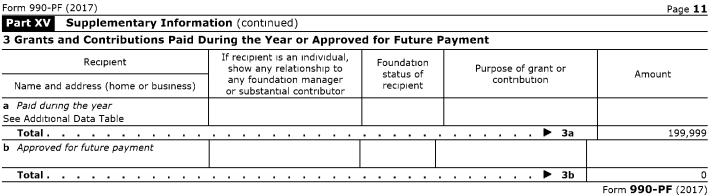
206,767

206,767

RECENT FISCAL YEAR, LIST OF BOARD MEMBER AND OFFICERS OF THE APPLICANT ORGANIZATION, COPY OF MINUTES OF BOARD MEETING AUTHORIZING SUBMISSION OF APPLICATION, COPY OF LETTER OF DETERMINATION OF TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, COPY OF IRS REPORT 990 FOR THE PREVIOUS FISCAL YEAR, COPY OF SOLICITATION PERMIT FROM CITY OF KNOXVILLE AND TN SECRETARY OF STATE, AND MOST RECENT ANNUAL REPORT c Any submission deadlines APPLICATIONS ARE DUE JULY 1 BUT ARE ACCEPTED IF REC'D BEFORE THE GRANTS COMMITTEE MEETING IN SEPT d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

AWARDS MUST BE USED FOR CHARITABLE, RELIGIOUS OR EDUCATIONAL PURPOSES

factors



ter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies					
Intere	rship dues and assessments					
	ds and interest from securities			14	102,437	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notes or (loss) from personal property					
	nvestment income.					
	r (loss) from sales of assets other than					
	ory			18	345,933	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
b						
e			0		440.270	
e			0		448,370	
e Subtota Total. / (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Adstructions to verify calcul	lations)		13	448,370	448,370
eSubtota Total. / (See woo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
e Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
eSubtota Total. / (See woo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
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eSubtota Total. / (See woo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
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e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
eSubtota Total. / (See woo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
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eSubtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
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e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		pt Purposes Part XVI-A contribu	ted importantly to	
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orm 9	90-PF	(2017)							Pa	ige 13
Pari	: XVI	Information Re Exempt Organi		ers To a	ind Transact	ions and	Relationships With Nonchari	table		
		organization directly or in e Code (other than sectio					rganization described in section 501 o political organizations?		Yes	No
a Tra	nsfer	s from the reporting foun	dation to a noncha	rıtable exe	empt organizatio	n of				
(1) Cas	h						1a(1)		No
(2) Oth	er assets						1a(2)		No
b Oth	ner tra	ansactions								
(1) Sale	es of assets to a nonchar	table exempt orgai	nızatıon.				1b(1)		No
(2) Pur	chases of assets from a r	oncharitable exem	pt organız	ation			1b(2)		No
(3) Ren	ital of facilities, equipmer	it, or other assets.					1b(3)		No
(4) Reii	mbursement arrangemen	ts					1b(4)		No
(5) Loa	ns or loan guarantees.						1b(5)		No
(6) Perfo	ormance of services or m	embership or fundr	raising soli	icitations			1b(6)		No
c Sh	arıng	of facilities, equipment, n	nailing lists, other a	assets, or	paid employees			1c		No
in . (a) Lin	· .	ansaction or sharing arra (b) Amount involved	ngement, show in (-			other assets, or services received scription of transfers, transactions, and sha	arıng arra	ngemer	nts
de	scribe	undation directly or indired in section 501(c) of the complete the following se	Code (other than				• •	□Yes	✓	No
	•	(a) Name of organization	n	(b) Type of organiza	tion	(c) Description of relat	onship		
	of		, it is true, correct,				companying schedules and statemer er (other than taxpayer) is based or			
Sign Here		****			2018-05-03	b -	retur with	the prepa		
		Signature of officer or t	rustee		Date	/ .	belov Tit le (see	nstr)? [√ Yes	□ _{No}

Paid

Preparer

Use Only

Firm's name ▶ PUGH & COMPANY PC

Firm's address ► 315 N CEDAR BLUFF RD SUITE 200

Preparer's Signature Print/Type preparer's name Date PTIN Check if self-P00745372 employed ▶ □ KIMBERLY W YOUNG CPA

> Phone no (865) 769-0660 KNOXVILLE, TN 37923

Firm's EIN ▶62-1142155

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation RON CUNNINGHAM PRESIDENT ٥ 0 1 00 PO BOX 1 KNOXVILLE, TN 37901 O O WILLIAM E MONDAY III VICE PRESIDENT/ DIRECTOR 208 BUSBEE ROAD 1 00 KNOXVILLE, TN 37920 KENNETH W HOLBERT TREASURER 0 1 00 PO BOX 1 KNOXVILLE, TN 37901 JOAN VESTAL ELLIS **SECRETARY** 0 0 1 00 DIRECTOR ROBERT W MONDAY 0 0.00 902 KERMIT DRIVE KNOXVILLE, TN 37912 JOHN LACY MD DIRECTOR 0 0 0.00 1932 ALCOA HWY KNOXVILLE, TN 37920 JAMES STOGNER DIRECTOR ٥ 0.00

7914 GLEASON DR APT 1053 KNOXVILLE, TN 37919				
JAMES S MONDAY	DIRECTOR	0	0	
208 BUSBEE ROAD KNOXVILLE, TN 37920	0 00			

0

0

DIRECTOR

0 00

1044 CRAIGLAND COURT KNOXVILLE, TN 37919 WILLIAM E MONDAY IV

208 BUSBEE ROAD KNOXVILLE, TN 37920

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	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
BIG BROTHERS BIG SISTERS OF EAST TN 318 N GAY ST SUITE 100 KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	TO PROVIDE CHILDREN FACING ADVERSITY WITH ONE TO ONE RELATIONSHIPS	15,000		
CENTRO HISPANO DE EAST TN 2455 SUTHERLAND AVE KNOXVILLE, TN 37919	NONE	PUBLIC CHARITY	COMMUNITY CENTER SERVING AS A SOURCE OF ESSENTIAL INFORMATION FOR MULTICULTURAL FAMILIES	10,000		
COMPASSION COALITION 318 N GAY ST SUITE 207 KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	TO INFORM, EQUIP, AND CONNECT CHURCHES TO TRANSFORM LIVES AND COMMUNITIES THRU JESUS	6,000		
FAMILY CARE FOUNDATION 10174 AUSTIN DR 1039 SPRING VALLEY, CA 91979	NONE	PUBLIC CHARITY	TO ENHANCE THE QUALITY OF LIFE FOR ALL MEMBERS ESP THOSE WHO ARE DISADVANTAGED	12,000		

PUBLIC

CHARITY

PROVIDE VISUAL ARTS

OPPORTUNITIES TO THE PUBLIC

EXPERIENCES AND

1,000

199,999

			MULTICULTURAL FAMILIES	
COMPASSION COALITION 318 N GAY ST SUITE 207 KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	TO INFORM, EQUIP, AND CONNECT CHURCHES TO TRANSFORM LIVES AND COMMUNITIES THRU JESUS	6,0
FAMILY CARE FOUNDATION	NONE	PUBLIC	TO ENHANCE THE QUALITY OF	12.0

FOUNDATION CITY ARTS CENTER INC

213 HOTEL AVENUE

Total . .

За

KNOXVILLE, TN 37918

NONE

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	Foundation Purpose of grant or status of contribution		Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
IJAMS NATURE CENTER 2915 ISLAND HOME AVE KNOXVILLE, TN 37920	NONE	PUBLIC CHARITY	A SANCTUARY FOR VISITORS TO LEARN AND CONNECT WITH THE NATURAL WORLD	5,000	
KNOXVILLE ACADEMY OF MEDICINE 115 SUBURBAN ROAD KNOXVILLE, TN 37923	NONE	PUBLIC CHARITY	PROVIDE HEALTH CARE FOR UNINSURED LOW INCOME RESIDENT	10,000	
LADIES OF CHARITY OF KNOXVILLE 1031 N CENTRAL STREET KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	PROVIDE PROPER NUTRITION TO HUNGRY ADULTS AND CHILDREN	5,000	
LISTENING HEARTS 120 HUSKEY VALLEY ROAD KNOXVILLE, TN 37865	NONE	PUBLIC CHARITY	PROGRAM ENABLING PEOPLE WITHIN THE COMMUNITY OF FAITH TO HELP SEEK GOD'S GUIDANCE RELATED TO LIFE ISSUES	5,000	
MENTAL HEALTH ASSOCIATION OF EAST TN PO BOX 32731 KNOXVILLE, TN 37931	NONE	PUBLIC CHARITY	YOUTH SUICIDE PREVENTION PROGRAM	5,000	

Total . . . 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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
OPENS ARMS MINISTRY 1112 MCGHEE LANE JACKSBORO, TN 37757	NONE	PUBLIC CHARITY	FOOD PANTRY FOR RESIDENTS OF CAMPBELL, SCOTT AND CLAIBORNE COUNTIES	5,000
SECOND HARVEST FOOD BANK 136 HARVEST LANE MARYVILLE, TN 37801	NONE	PUBLIC CHARITY	HUNGER RELIEF CHARITY IN EAST TENNESSEE	10,000
SENIOR CITIZENS HOME ASSISTANCE SERVICE 215 BEARDEN PLACE KNOXVILLE, TN 37927	NONE	PUBLIC CHARITY	SERVICES PROVIDED TO THE ELDERLY AND DISABLED	3,500
THE PHILADELPHIANS PRISON MINISTRY 4531 OLD BROADWAY NE KNOXVILLE, TN 37918	NONE	PUBLIC CHARITY	OFFER MORAL SPIRITUAL SUPPORT TO INMATES	3,000
VOLUNTEER MINISTRY CENTER 103 S GAY STREET KNOXVILLE, TN 37901	NONE	PUBLIC CHARITY	SUPPORT PROGRAMS FOR THE HOMELESS	25,000

Total . 3a

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WC TWO DVA THE FIRST TEE OF GREATER KNOXVILLE 2351 DANDRIDGE AVENUE KNOXVILLE, TN 37901	NONE	PUBLIC CHARITY	PROGRAMS TO HELP CHILDREN TO OVERCOME CONFLICTS AND CHALLENGES	4,500
YOKE YOUTH MINISTRIESPO BOX 3492 KNOXVILLE, TN 37927	NONE	PUBLIC CHARITY	CONNECTS STUDENTS WITH ADULT MENTORS THROUGH AFTER SCHOOL CLUBS, CAMPS AND SPECIAL ACTIVITIES	15,000
YOUTH TRANSITIONS INC 6900 KINGSTON PIKE KNOXVILLE, TN 37919	NONE	PUBLIC CHARITY	PREPARES YOUTHS WITH DISABILITIES FOR EMPLOYMENT OPPORTUNITIES IN THE FOOD SERVICE INDUSTRY	3,339
				2

6900 KINGSTON PIKE KNOXVILLE, TN 37919		CHARITY	DISABILITIES FOR EMPLOYMENT OPPORTUNITIES IN THE FOOD SERVICE INDUSTRY	-/
SERTOMA CENTER1400 E 5TH AVE KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	PROVIDES LIFE SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES	3,500
SHANGRI LA THERAPEUTIC ACADEMY	NONE	PUBLIC CHARITY	PROVIDE THERAPEUTIC	5,160

			SERVICE INDUSTRY	
SERTOMA CENTER1400 E 5TH AVE KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	PROVIDES LIFE SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES	3,
SHANGRI LA THERAPEUTIC ACADEMY 11800 US 11 LENOIR CITY TN 37772	NONE	PUBLIC CHARITY	PROVIDE THERAPEUTIC EXPERIENCE USING HORSE RELATED ACTIVITIES FOR	5,

SERTOMA CENTER1400 E 5TH AVE KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	PROVIDES LIFE SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES	3,
SHANGRI LA THERAPEUTIC ACADEMY 11800 US 11	NONE	PUBLIC CHARITY	PROVIDE THERAPEUTIC EXPERIENCE USING HORSE	5,

PERSONS WITH DISABILITIES 199,999 Total .

За

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
UNIVERSITY OF TENNESSEE COLLEGE OF SOCIAL WORKERS 409 HENSON HALL KNOXVILLE, TN 37996	NONE	PUBLIC CHARITY	EQUIP PROFESSIONAL SOCIAL WORKERS WITH SKILLS NEEDED TO SERVE DIVERSE & VULNERABLE POPULATIONS	15,000
BOYS AND GIRLS CLUBS OF TENNESSEE VALLEY 220 CARRICK ST KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	ENHANCE THE LIVES OF YOUTHS	25,000
FREEDOM CHRISTIAN ACADEMY 4615 ASHEVILLE HIGHWAY	NONE	PUBLIC CHARITY	TRAIN STUDENTS TO LOVE GOD AND OTHERS , TO SERVE AND	8,000

VALLEY 220 CARRICK ST KNOXVILLE, TN 37917	NONE	CHARITY	ENHANCE THE LIVES OF YOUTHS	
FREEDOM CHRISTIAN ACADEMY 4615 ASHEVILLE HIGHWAY	NONE	PUBLIC CHARITY	TRAIN STUDENTS TO LOVE GOD AND OTHERS , TO SERVE AND	

KNOXVILLE, IN 3/91/				
FREEDOM CHRISTIAN ACADEMY 4615 ASHEVILLE HIGHWAY KNOXVILLE, TN 37914	NONE	PUBLIC CHARITY	TRAIN STUDENTS TO LOVE GOD AND OTHERS , TO SERVE AND TO EXCEL	

Total . . . 199,999

anation Attachment

Name: GENE & FLORENCE MONDAY FOUNDATION INC

EIN: 62-1518306

General E	General Explanation Attachment					
Identifier	Return Reference	Explanation				
1	DETAIL INFO REQUEST	FORM 990-PF, PART II, LINE 10B AND LINE 10C	THE INSTRUCTIONS FOR FORM 990-PF REQUIRE A SCHEDULE THAT LISTS EACH SECURITY HELD AT THE END OF THE YEAR, AND TO SHOW WHETHER THAT SECURITY IS REPORTED AT COST BASIS OR FMV ALL SECURITIES ARE HELD IN A BROKERAGE ACCOUNT THROUGHOUT THE YEAR AND ARE REPORTED AT FMV THIS SCHEDULE CAN BE PROVIDED TO THE IRS AT THEIR REQUEST			

| Identifier | Return | Explanation | Reference | Reference |

2	CONTROLLED	FORM 990-PF,	GFM, INC EIN# 62-0352375EXCESS BUSINESS HOLDING - NO6440 PAPERMILL
	ENTITY	PART VII-A, LINE	DRIVEKNOXVILLE, TN 37919DESCRIPTION OF TRANSFERS DIVIDENDS IN THE AMOUNT
	INFORMATION	11	OF \$39,150CASH DONATION IN THE AMOUNT OF \$10,850TOTAL AMOUNT OF
			TRANSFER FROM CONTROLLED ENTITIES \$ 50,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491129022198				
TV 2017 Investments Corporate Bonds Schodule						
TY 2017 Investments Corporate Bonds Schedule						
	SENE A EL ODENO	F MONDAY FOLINDATION INC				

336,539

336,539

Name: GENE & FLORENCE MONDAY FOUNDATION INC. **EIN:** 62-1518306

HILLIARD LYONS - FIXED INCOME

Investments Corporate Bonds Schedule Name of Bond **End of Year Book End of Year Fair** Market Value

Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491129022198
TY 2017 Investments Corporat	e Stock Sche	dule

Name: GENE & FLORENCE MONDAY FOUNDATION INC.

883,120

4,405,522

883,120

4,405,522

EIN: 62-1518306	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Stock	End of Year Book Value	End of Year Fair Market Value

GFM, INC.

HILLIARD LYONS - MUTUAL FUNDS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491129022198		
TY 2017 Other Expenses Schedule						
Name: GENE & FLORENCE MONDAY FOUNDATION INC						
EIN: 62-1518306						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ANNUAL REPORT FEE	20	0		20			

2,975

2,499

3,773

2,975

ATTORNEY FEES

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491129022198		
TY 2017 Other Increases Schedule					
Name:	GENE & FLORE	ENCE MONDAY FOUNDATION I	INC		
EIN: 62-1518306					
De	escription		Amount		
UNREALIZED GAIN/LOSS ON INVESTME	NTS		390,807		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491129022198		
TY 2017 Taxes Schedule						
Name: GENE & FLORENCE MONDAY FOUNDATION INC						
Category Amount Net Investment Income Income Purposes Disbursements for Charitable Purposes						
EXCISE TAX	7,985	0		0		
FOREIGN TAX ON DIVIDENDS	1,169	1,169		0		

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491129022198	
Schedule B		Schedu	ule of Contributors			OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	bout Schedule B (F	Form 990, 990-EZ, or 990-PF Form 990, 990-EZ, or 990-PF) and www.irs.gov/form990	ıts ınstructıon	ıs ıs at	2017	
Name of the organizat GENE & FLORENCE MON					Employer id	entification number	
				(52-1518306		
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	m 990 or 990-EZ						
	☐ 4947(a)(1) nonexempt char	ritable trust not treated as a priv	ate foundation	on		
	☐ 527 politic	cal organization					
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation				
	☐ 4947(a)(1) nonexempt char	ritable trust treated as a private	foundation			
	☐ 501(c)(3)	taxable private fo	undation				
			PF that received, during the yea omplete Parts I and II See insti				
Special Rules							
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vı), that che urıng the year, tota	g Form 990 or 990-EZ that met cked Schedule A (Form 990 or al contributions of the greater of plete Parts I and II	990-EZ), Par	t II, line 13,	16a, or 16b, and that	
during the year	, total contributions of	more than \$1,000	or (10) filing Form 990 or 990-E Dexclusively for religious, charit animals Complete Parts I, II, a	able, scientifi			
during the year If this box is che purpose Don't	, contributions <i>exclusi</i> ecked, enter here the complete any of the p	ively for religious, total contributions parts unless the G o	or (10) filing Form 990 or 990-to charitable, etc., purposes, but no s that were received during the y eneral Rule applies to this orga or more during the year	io such contri year for an <i>ex</i> inization beca	ibutions tota <i>clusively</i> rel ause it receiv	led more than \$1,000 igious, charitable, etc, ved nonexclusively	
990-EZ, or 990-PF), bu	ıt ıt must answer "No'	on Part IV, line 2	lle and/or the Special Rules doe , of its Form 990, or check the b it it doesn't meet the filing requir	oox on line H	of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedule	B (Form 990,	990-EZ, or 990-PF) (2017)	

Name of organi GENE & FLORENC	ZATION E MONDAY FOUNDATION INC	62-1518306	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PO BOX 1	\$ 10,850	Person Payroll Noncash
	KNOXVILLE, TN37901		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person
	<u> </u>	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)