

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.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No. 1545-0047
2021
Open to Public Inspection

For calendar year 2021, or tax year beginning 01-01-2021, and ending 12-31-2021

Name of foundation GENE & FLORENCE MONDAY FOUNDATION INC		A Employer identification number 62-1518306	
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 1810 AILOR AVENUE		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 <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) ▶ \$ <u>7,463,318</u>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	
		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)	36,342			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	79,473	79,473		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	441,300			
	b Gross sales price for all assets on line 6a	649,146			
	7 Capital gain net income (from Part IV, line 2)		441,300		
	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	557,115	520,773			
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)	1,815	907		908
	b Accounting fees (attach schedule)	3,435	0		3,435
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	12,828	1,765		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	18,078	2,672		4,343
	25 Contributions, gifts, grants paid	339,834			339,834
26 Total expenses and disbursements. Add lines 24 and 25	357,912	2,672		344,177	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	199,203				
b Net investment income (if negative, enter -0-)		518,101			
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	453,956	66,601	66,601
	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)	6,071,710	7,345,514	7,345,514
	c Investments—corporate bonds (attach schedule)	78,112	51,203	51,203
	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 ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,603,778	7,463,318	7,463,318	
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	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	6,603,778	7,463,318	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	6,603,778	7,463,318		
30 Total liabilities and net assets/fund balances (see instructions) .	6,603,778	7,463,318		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	6,603,778
2 Enter amount from Part I, line 27a	2	199,203
3 Other increases not included in line 2 (itemize) ▶ _____	3	660,337
4 Add lines 1, 2, and 3	4	7,463,318
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 29 .	6	7,463,318

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.)
1 a JPM NOTE	P	2020-12-14	2021-11-17
b GECC MTN	P	2011-03-15	2021-01-07
c JPM NOTE	P	2019-12-31	2021-11-17
d CAPITAL GAINS DIVIDENDS	P		
e			

(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 3,611		2,827	784
b 25,000		25,000	0
c 242,369		180,019	62,350
d 378,166			378,166
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			784
b			0
c			62,350
d			378,166
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	441,300
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 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 fields for exempt foundations, tax under section 511, subtitle A tax, credits/payments, and total tax due/overpayment. Total tax due is 1,118.

Part VI-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 VI-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 1810 AILOR AVENUE KNOXVILLE TN ZIP+4 37921

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 VI-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.

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

Part VI-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:		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?.	5a(1)		No
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?.	5a(2)		No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?.	5a(3)		No
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	5a(4)		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?.	5a(5)		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		
c	Organizations relying on a current notice regarding disaster assistance check <input type="checkbox"/>			
d	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>	5d		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		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		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		No
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?.	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?.	8		No

Part VII 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	(b) Title, and average hours per week 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	(b) Title, and average hours per week 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. **0**

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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 VIII-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 VIII-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 IX 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	6,931,312
b	Average of monthly cash balances.	1b	315,080
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	7,246,392
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	7,246,392
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	108,696
5	Net value of noncharitable-use assets. Subtract line 4 from line 3.	5	7,137,696
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	356,885

Part X 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 IX, line 6.	1	356,885
2a	Tax on investment income for 2021 from Part V, line 5.	2a	7,202
b	Income tax for 2021. (This does not include the tax from Part V.).	2b	
c	Add lines 2a and 2b.	2c	7,202
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	349,683
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	349,683
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 XII, line 1.	7	349,683

Part XI 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	344,177
b	Program-related investments—total from Part VIII-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 XII, line 4.	4	344,177

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				349,683
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.			269,403	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2021:				
a From 2016.				
b From 2017.				
c From 2018.				
d From 2019.				
e From 2020.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>344,177</u>				
a Applied to 2020, but not more than line 2a			269,403	
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 2021 distributable amount.				74,774
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2021. (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	0			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				274,909
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 2016 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9:				
a Excess from 2017.				
b Excess from 2018.				
c Excess from 2019.				
d Excess from 2020.				
e Excess from 2021.				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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 IX for each year listed

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV Supplementary Information (Complete this part only if the foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

ROB MONDAY PRESIDENT
 PO BOX 1
 KNOXVILLE, TN 37901
 (865) 525-0238

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

GRANT APPLICATION FORM, PROGRAM DESCRIPTION, BUDGET FOR THE PROGRAM, CURRENT FINANCIAL REPORT, AUDIT FOR THE MOST 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 factors:

AWARDS MUST BE USED FOR CHARITABLE, RELIGIOUS OR EDUCATIONAL PURPOSES.

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				339,834
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Membership dues, Interest on savings, Dividends and interest from securities, Net rental income, Other investment income, Gain or (loss) from sales of assets, and Subtotal.

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes. The table is mostly empty with a few header rows.

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

Part XVI

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, and 1b(1) through 1b(6) Other transactions.

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
(2) Other assets.

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Schedule table with 4 columns: (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) (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule.

Schedule table with 3 columns: (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.

Paid Preparer Use Only section containing fields for preparer's name, signature, date, firm's name, address, and PTIN.

Form 990PF Part VII 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
ROBERT A MONDAY	PRESIDENT 1.00	0	0	0
902 KERMIT DRIVE KNOXVILLE, TN 37912				
WILL ROTHERMEL	TREASURER 1.00	0	0	0
5306 RIVERBRIAR RD KNOXVILLE, TN 37919				
CARA KNAPP	SECRETARY 1.00	0	0	0
9048 SHALLOWFORD RD KNOXVILLE, TN 37923				
JAMES S MONDAY	DIRECTOR 1.00	0	0	0
208 BUSBEE ROAD KNOXVILLE, TN 37920				
SETH KEHNE	VICE PRESIDENT 1.00	0	0	0
7910 HIGH HEATH KNOXVILLE, TN 37919				
JACK LACEY MD	DIRECTOR 1.00	0	0	0
1932 ALCOA HWY KNOXVILLE, TN 37920				
RON CUNNINGHAM	DIRECTOR 1.00	0	0	0
PO BOX 1 KNOXVILLE, TN 37901				
WILLIAM E MONDAY IV	DIRECTOR 1.00	0	0	0
208 BUSBEE ROAD KNOXVILLE, TN 37920				
ROBERT W MONDAY	DIRECTOR 1.00	0	0	0
902 KERMIT DRIVE KNOXVILLE, TN 37912				
KEN HOLBERT	DIRECTOR 1.00	0	0	0
PO BOX 1 KNOXVILLE, TN 37901				
JOHN LACEY	DIRECTOR 1.00	0	0	0
1645 BOTSFORD DR KNOXVILLE, TN 37922				

Form 990PF Part XIV 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 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
BOYS AND GIRLS CLUBS OF TENNESSEE VALLEY 220 CARRICK ST KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	ENHANCE THE LIVES OF YOUTHS	15,000
CENTRO HISPANO DE EAST TN 2455 SUTHERLAND AVE KNOXVILLE, TN 37919	NONE	PUBLIC CHARITY	EMPOWER THROUGH EDUCATION, WORKFORCE DEVELOPMENT, YOUTH & FAMILY ENGAGEMENT	20,000
Total ▶ 3a				339,834

Form 990PF Part XIV 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>				
FAMILY PROMISE OF BLOUNT CO PO BOX 4457 MARYVILLE, TN 37802	NONE	PUBLIC CHARITY	HELP HOMELESS FAMILIES ACIEVE SUSTAINABLE INDEPENDENCE	10,000
FAMILY PROMISE OF KNOXVILLE 3545 MIDDLEBROOK KNOXVILLE, TN 37921	NONE	PUBLIC CHARITY	HELP HOMELESS FAMILIES ACIEVE SUSTAINABLE INDEPENDENCE YOUNG PEOPLE	15,000
FRIENDS OF LITERACY 4630 HOLSTON DR KNOXVILLE, TN 37914	NONE	PUBLIC CHARITY	HELP ADULTS LEARN TO READ AND WRITE.	2,500
Total ▶ 3a				339,834

Form 990PF Part XIV 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>				
HOPE RESOURCE CENTER 2700 PAINTER AVE SW KNOXVILLE, TN 37919	NONE	PUBLIC CHARITY	HEALTHCARE CENTER FOR WOMEN OFFERING MEDICAL CARE BY LICENSED PROFESSIONALS	15,000
FRIENDS OF TN BABIES 2915 ISLAND HOME AVE KNOXVILLE, TN 37920	NONE	PUBLIC CHARITY	WORKING TO ENHANCE THE POTENTIAL OF INFANTS WITH DISABILITIES BY OFFERING SUPPORT TO FAMILIES	5,000
INTERFAITH HEALTH CLINIC 315 GILL AVE KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	PROVIDE AFFORDABLE MEDICAL, DENTAL AND MENTAL HEALTH CARE TO THOSE WITHOUT INSURANCE	6,249
Total ▶ 3a				339,834

Form 990PF Part XIV 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 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 120 W BAXTER AVE KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	TO PROVIDE EMERGENCY ASSISTANCE TO THOSE IN NEED	2,500
KNOXVILLE INTERNATIONAL NETWORK 104 EAST OLD AJ HWY JEFFERSON CITY, TN 37760	NONE	PUBLIC CHARITY	FAITH BASED NETWORK OF CHURCHES TO HELP INTERNATIONALS TO INTERGRATE INTO A LIFE OF PURPOSE AND HOPE	10,000
Total ▶ 3a				339,834

Form 990PF Part XIV 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>				
REMOTE AREA MEDICAL 220 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	PUBLIC CHARITY	MEDICAL CLINICS DELIVERING FREE DENTAL, VISION, AND MEDICAL CARE TO UNDER SERVED AND UNINSURED INDIVIDUALS	20,000
RENEW CLINIC KNOXVILLE 1601 WESTERN AVE KNOXVILLE, TN 37921	NONE	PUBLIC CHARITY	TO GLORIFY GOD BY SUPPORTING THE HOLISTIC RESTORATION OF PEOPLE AFFECTED BY SUBSTANCE ABUSE.	5,000
RESTORATION HOUSE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	PUBLIC CHARITY	RESTORE SINGLE MOTHERS AND THEIR CHILDREN.	10,000
Total ▶ 3a				339,834

Form 990PF Part XIV 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>				
THE SAFESPACE 636 MIDDLE CREEK RD SUITE 3 SEVIERVILLE, TN 37862	NONE	PUBLIC CHARITY	DOMESTIC VIOLENCE ORGANIZATION SERVING APPALACHIA DISABILITIES	2,500
SOAR YOUTH MINISTRIES DBA THRIVE LONSDALE 1317 CONNECTICUT KNOXVILLE, TN 37921	NONE	PUBLIC CHARITY	TO SHARE THE GOSPEL THROUGH RELATIONSHIPS ANCHORED IN THE LOVE OF CHRIST THROUGH AFTERSCHOOL, SUMMER PROGRAMS AND MENTORING.	22,000
STREET HOPE TENNESSE PO BOX 1170 POWELL, TN 37849	NONE	PUBLIC CHARITY	MISSION TO ELIMINATE SEX TRAFFICKING & EXPLOITATION OF CHILDREN IN EAST TN & TO PROVIDE A SAFE ENVIRONMENT TO FOSTER HEALING THROUGH JESUS	25,000
Total				339,834

Form 990PF Part XIV 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>				
SCHAS (SENIOR CITIZENS HOME ASSISTANCE) 215 BEARDEN PLACE KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	IMPROVE THE QUALITY OF LIFE FOR THE ELDERLY, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS	12,000
VOLUNTEER MINISTRY CENTER 103 S GAY STREET KNOXVILLE, TN 37901	NONE	PUBLIC CHARITY	SUPPORT PROGRAMS FOR THE HOMELESS	25,000
YOKE YOUTH MINISTRIES PO BOX 3492 KNOXVILLE, TN 37927	NONE	PUBLIC CHARITY	CONNECTS STUDENTS WITH ADULT MENTORS FOR AFTERSCHOOL CLUBS, CAMPS AND SPECIAL EVENTS	16,000
Total				339,834

Form 990PF Part XIV 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>				
WESLEY HOUSE COMMUNITY CENTER 17191 REYNOLDS ST KNOXVILLE, TN 37921	NONE	PUBLIC CHARITY	PROVIDE CHILDCARE FOR CHILDREN	20,000
KONTAKT MISSION USA PO BOX 825 HUMBOLT, TN 38343	NONE	PUBLIC CHARITY	CHURCH PLANTING, TRAINING FOR CHURCH LEADERS AND NETWORKING	20,000
KNOXVILLE YOUNG LIFE PO BOX 4457 MARYVILLE, TN 37802	NONE	PUBLIC CHARITY	FAITH BASED MINISTRY FOR MIDDLE, HIGH SCHOOL AND COLLEGE STUDENTS	20,000
Total ▶ 3a				339,834

Form 990PF Part XIV 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>				
METRO DRUG COALITION 4930 LYONS VIEW DR KNOXVILLE, TN 37919	NONE	PUBLIC CHARITY	STRIVE TO CREATE A HEALTH AND SAFE COMMUNITY FREE OF SUBSTANCE MISUSE.	5,000
RAISING A VOICE 1209 E MAGNOLIA AVE KNOXVILLE, TN 37917	NONE	PUBLIC CHARITY	END HUMAN TRAFFICKING THROUGH GOSPEL-CENTERED COMMUNITY TRANSFORMATION	11,085
Total ▶ 3a				339,834

TY 2021 Accounting Fees Schedule**Name:** GENE & FLORENCE MONDAY FOUNDATION INC**EIN:** 62-1518306

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,435	0		3,435

TY 2021 General Explanation Attachment**Name:** GENE & FLORENCE MONDAY FOUNDATION INC**EIN:** 62-1518306**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.

TY 2021 Investments Corporate Bonds Schedule**Name:** GENE & FLORENCE MONDAY FOUNDATION INC**EIN:** 62-1518306**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
HILLIARD LYONS - FIXED INCOME	51,203	51,203

TY 2021 Investments Corporate Stock Schedule**Name:** GENE & FLORENCE MONDAY FOUNDATION INC**EIN:** 62-1518306

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
HILLIARD LYONS - MUTUAL FUNDS	7,345,514	7,345,514

TY 2021 Legal Fees Schedule**Name:** GENE & FLORENCE MONDAY FOUNDATION INC**EIN:** 62-1518306

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ATTORNEY FEES	1,815	907		908

TY 2021 Other Increases Schedule**Name:** GENE & FLORENCE MONDAY FOUNDATION INC**EIN:** 62-1518306**Other Increases Schedule**

Description	Amount
UNREALIZED GAIN/LOSS ON INVESTMENTS	660,337

TY 2021 Taxes Schedule**Name:** GENE & FLORENCE MONDAY FOUNDATION INC**EIN:** 62-1518306**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	11,063	0		0
FOREIGN TAX ON DIVIDENDS	1,765	1,765		0

Schedule B
(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2021

Name of the organization
GENE & FLORENCE MONDAY FOUNDATION INC

Employer identification number
62-1518306

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
 GENE & FLORENCE MONDAY FOUNDATION INC

Employer identification number
 62-1518306

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	GFM INC <hr/> PO BOX 1 <hr/> KNOXVILLE, TN 37901	<hr/> \$ 36,342	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 GENE & FLORENCE MONDAY FOUNDATION INC

Employer identification number
 62-1518306

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
 GENE & FLORENCE MONDAY FOUNDATION INC

Employer identification number
 62-1518306

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

(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	
_____ _____		_____ _____	

(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	
_____ _____		_____ _____	

(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	
_____ _____		_____ _____	