

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
2015
Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation PROMETHEAN FOUNDATION INC		A Employer identification number 20-1690784
Number and street (or P O box number if mail is not delivered to street address) 624 E REELFOOT AVENUE	Room/suite	B Telephone number (see instructions) (731) 884-0088
City or town, state or province, country, and ZIP or foreign postal code UNION CITY, TN 38261		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <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		
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 134,038	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

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))

		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,837,993			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,378	1,378		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,839,371	1,378			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages	97,628	976		96,652
	15 Pension plans, employee benefits	14,278	83		14,195
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).				
	c Other professional fees (attach schedule)	4,005	40		3,965
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	5,121	18,656		
	20 Occupancy	11,232			11,232
	21 Travel, conferences, and meetings				
	22 Printing and publications	8,018			8,018
	23 Other expenses (attach schedule).	173,602	277		27,442
	24 Total operating and administrative expenses. Add lines 13 through 23	313,884	20,032		161,504
25 Contributions, gifts, grants paid	1,430,758			1,430,758	
26 Total expenses and disbursements. Add lines 24 and 25	1,744,642	20,032		1,592,262	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	94,729				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	37,824	134,038	134,038
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ 108,640 Less accumulated depreciation (attach schedule) ▶ 89,983	20,143	18,657	
15 Other assets (describe ▶ _____)	200	200		
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	58,167	152,895	134,038	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	58,167	152,895		
30 Total net assets or fund balances (see instructions)	58,167	152,895		
31 Total liabilities and net assets/fund balances (see instructions)	58,167	152,895		

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	58,167
2	Enter amount from Part I, line 27a	2	94,729
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	152,896
5	Decreases not included in line 2 (itemize) ▶ _____	5	1
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	152,895

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			
b			
c			
d			
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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(i) FMV 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			
b			
c			
d			
e			

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

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,726,520	160,612	10.749633
2013	1,676,714	155,182	10.804823
2012	1,708,091	148,149	11.529548
2011	1,715,274	162,306	10.568149
2010	1,674,555	189,914	8.817438

2 Total of line 1, column (d).	2 52.469591
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 10.493918
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4 82,643
5 Multiply line 4 by line 3.	5 867,249
6 Enter 1% of net investment income (1% of Part I, line 27b).	6
7 Add lines 5 and 6.	7 867,249
8 Enter qualifying distributions from Part XII, line 4.	8 1,592,262

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 page 18 of the instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, tax based on investment income, credits/payments, and tax due/overpayment.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors.

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 ▶ <u>N/A</u>	13	Yes	
14 The books are in care of ▶ <u>CATHY WAGGONER</u> Telephone no ▶ <u>(731) 884-0088</u> Located at ▶ <u>206 E REELFOOT AVENUE UNION CITY TN</u> ZIP+4 ▶ <u>38261</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/>	15		
16 At any time during calendar year 2015, 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.

		Yes	No
1a During the year did the foundation (either directly or indirectly) (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 2015?	1c		
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <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). 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 2015 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>).	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 2015?	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))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes 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? Yes 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)? Yes No **5b**

Organizations relying on a current notice regarding disaster assistance check here.

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? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No **6b** **No**

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **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
See Additional Data Table				

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

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

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

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

Part VIII

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

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

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<p>1 ALL FUNDS ARE TO PROVIDE DAYCARE SCHOLARSHIPS FOR QUALIFYING APPLICANTS THESE SCHOLARSHIP RECIPIENTS WILL BE PROVIDED WITH DAYCARE IN A QUALIFYING DAYCARE FACILITY THAT MEETS THE MORAL, SOCIAL, AND EDUCATIONAL VALUES THAT THE FOUNDATION FEELS ARE NECESSARY TO PROVIDE AN EXCELLENT BACKGROUND FOR A SUCCESSFUL LIFE THESE APPLICANTS WILL BE MONITERED THROUGHOUT THEIR SCHOOL YEARS THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE DAYCARE FACILITIES THESE SCHOLARSHIPS WERE PAID TO LITTLE LAMBS TWO</p>	318,654
<p>2 THESE SCHOLARSHIPS WERE PAID TO CHILDREN'S CORNER SEE ITEM 1 FOR DETAIL OF SCHOLARSHIP ACTIVITY</p>	264,039
<p>3 THESE SCHOLARSHIPS WERE PAID TO PUMPKIN PATCH SEE ITEM 1 FOR DETAIL OF SCHOLARSHIP ACTIVITY</p>	249,441
<p>4 THESE SCHOLARSHIPS WERE PAID TO PUMPKIN PATCH TWO SEE ITEM 1 FOR DETAIL OF SCHOLARSHIP ACTIVITY</p>	190,313

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	64,367
c	Fair market value of all other assets (see instructions).	1c	19,535
d	Total (add lines 1a, b, and c).	1d	83,902
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	83,902
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,259
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	82,643
6	Minimum investment return. Enter 5% of line 5.	6	4,132

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	4,132
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	4,132
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	4,132
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	4,132

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,592,262
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,592,262
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,592,262

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				4,132
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ <u>1,592,262</u>				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				4,132
e Remaining amount distributed out of corpus	1,588,130			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,588,130			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	1,588,130			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

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 2015, enter the date of the ruling. . . . ▶

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

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

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test—enter				
(1) Value of all assets				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.				
c "Support" alternative test—enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 CATHY WAGGONER CO PROMETHEAN FOUND
 115 W MAIN STREET
 UNION CITY, TN 38261
 (731) 884-0088
 PROMETHEAN@BELLSOUTH.NET

b The form in which applications should be submitted and information and materials they should include
 MUST COMPLETE THE APPLICATION PROVIDED BY THE FOUNDATION

c Any submission deadlines
 PRIOR TO AND FOLLOWING THE BIRTH OF THE CHILD FOR WHICH THE SCHOLARSHIP IS BEING REQUESTED

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 THE APPLICANTS MUST LIVE IN OBION COUNTY, TENNESSEE THE SCHOLARSHIPS ARE FOR QUALIFYING DAYCARE TO NEWBORNS THROUGH SCHOOL AGE, WITH THE REQUIREMENT THAT THEIR PROGRESS BE MONITORED THROUGHOUT THEIR SCHOOL YEARS THE SCHOLARSHIPS ARE ONLY PAID TO DAYCARES WHICH ARE APPROVED AND MONITORED BY THE FOUNDATION

Part XV Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	1,430,758
b <i>Approved for future payment</i>				
Total			▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main 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, Interest on savings, Dividends, and Subtotal.

Part XVI-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 XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes...

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... 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...

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) of the Code (other than section 501(c)(3)) or in section 527? [X] No [] Yes

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

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. Sign Here [Signature] 2016-05-09 [Title] May the IRS discuss this return with the preparer shown below (see instr)? [] Yes [X] No

Paid Preparer Use Only. Print/Type preparer's name ALFRED CRESWELL. Preparer's Signature. Date 2016-11-14. Check if self-employed []. PTIN P00068584. Firm's name ALEXANDER THOMPSON ARNOLD PLLC. Firm's EIN 62-1110839. Firm's address 624 EAST REELFOOT AVENUE UNION CITY, TN 38261. Phone no (731) 885-3661

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
HENRY CLAY WOODS III 1102 POLK STREET UNION CITY, TN 38261	PRES/DIR 5 00	0	0	0
GARY HOUSTON 1212 POLK STREET UNION CITY, TN 38261	VICEPRES/DIR 4 00	0	0	0
JENNY D KIRKLAND 760 SANDERS CHAPEL RD UNION CITY, TN 38261	DIRECTOR 5 00	0	0	0
WILLIAM MARTIN SISCO 800 S FIRST UNION CITY, TN 38261	SECRETART/DI 3 00	0	0	0
DAN BOYKIN 715 MERCER STREET UNION CITY, TN 38261	DIRECTOR 3 00	0	0	0
ROGER WILLIAMS 5663 OLD TROY HICKMAN ROAD UNION CITY, TN 38261	DIRECTOR 3 00	0	0	0
CHUCK DOSS STONEWALL DRIVE UNION CITY, TN 38261	TREASURER/DI 3 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S CORNER 1411 OAK STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	264,039
FIRST FRIENDS 420 EAST MAIN STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	94,731
KARE BARE 500 EAST CHURCH STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	69,494
LITTLE LAMBS 718 EAST VINE STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	122,388
LITTLE LAMBS TWO 718 EAST VINE STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	318,654
PUMPKIN PATCH 1811 OLD TROY ROAD UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	249,441
PUMPKIN PATCH TWO 308 BROADWAY SOUTH FULTON, TN 38257	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	190,313
SMALL WORLD 1733 OLD RIVES DRIVE UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	110,446
UC KIDS CLUB 408 S DEPOT STREET UNION CITY, TN 38261	NONE		QUALIFYING DAYCARE SCHOLARSHIPS	11,252
Total				▶ 3a 1,430,758

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

TY 2015 Depreciation Schedule

Name: PROMETHEAN FOUNDATION INC

EIN: 20-1690784

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DESK	2004-10-01	668	603	S/L	7 0000	47	18		
PRINTER	2004-10-01	280	280	S/L	5 0000				
OFFICE EQUIPMENT	2004-10-01	530	479	S/L	7 0000	37	14		
OFFICE FURNITURE	2004-10-01	979	884	S/L	7 0000	70	25		
ARTICULATING KEYBOARD	2004-10-01	178	178	S/L	5 0000				
REFRIGERATOR	2004-10-04	112	101	S/L	7 0000	8	3		
OFFICE SIGN	2004-11-01	270	244	S/L	7 0000	19	7		
CAMERA	2004-12-01	249	225	S/L	7 0000	17	7		
COMPUTER - LORI	2005-05-17	1,200	1,200	S/L	5 0000				
OFFICE FURNITURE-LORI	2005-06-08	1,030	1,030	S/L	7 0000				
OFFICE-SOFTWARE	2005-06-21	919	919	S/L	3 0000				
PHONES	2005-06-21	132	132	S/L	7 0000				
DAYCARE COMPUTERS & SOFTWARE	2005-07-18	7,745	7,745	S/L	5 0000				
TIME CLOCK-DAYCARE	2005-08-30	1,930	1,930	S/L	7 0000				
SERVER	2005-08-30	1,133	1,133	S/L	5 0000				
HP PRINTER	2005-08-31	410	410	S/L	5 0000				
PHONES	2005-08-31	198	198	S/L	7 0000				
CHILDRENS DESK	2005-10-04	92	92	S/L	7 0000				
OFFICE FILE CABINET	2005-11-07	285	285	S/L	7 0000				
COMPUTER SYSTEM FOR DAYCARES	2006-03-23	32,322	32,322	S/L	5 0000				

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
5 COMPUTERS FOR DAYCARES	2006-10-23	11,881	11,881	S/L	5 0000				
SOFTWARE	2007-02-05	222	222	200DB	3 0000				
DAYCARE- COMPUTER PARTS	2007-09-11	206	206	200DB	5 0000				
SHELVING, CABINETS, DESK	2007-10-15	1,691	1,691	200DB	7 0000				
LEASEHOLD IMPROVEMENTS	2007-10-15	7,721	1,767	S/L	31 5000	245	5,709		
DESKS & FURNITURE	2007-11-06	389	389	200DB	7 0000				
DOOR CHIMES	2007-11-09	63	63	200DB	7 0000				
DELL LAPTOP SYSTEM	2007-11-14	916	916	200DB	5 0000				
PHONES & SIGNAL BOOSTER	2007-11-29	383	383	200DB	7 0000				
CHAIRS & CART	2007-11-29	599	599	200DB	7 0000				
DAYCARE EQUIPMENT	2008-06-01	2,196	2,147	200DB	7 0000	49			
OFFICE FURNITURE	2008-06-15	303	296	200DB	7 0000	7			
DELL INSPIRON 537S W/MONITOR-DAYCARE	2009-10-29	1,857	1,857	S/L	5 0000				
KODAK ESP9 PRINTER-DAYCARE	2009-10-29	250	250	S/L	5 0000				
KODAK EASY SHARE Z1485 DIGITAL CAMERA-DAYCARE	2009-10-29	305	225	S/L	7 0000	44	36		
TIME CLOCK	2010-03-10	760	645	S/L	7 0000	54	61		
COMPUTER	2010-12-20	2,515	2,515	S/L	5 0000				
VERIZON - PHONE	2011-01-20	354	198	S/L	7 0000	51	105		
5 IPADS W/COVERS & CABLE	2011-08-23	2,876	1,918	S/L	5 0000	575	383		
DAYCARE EQUIPMENT-IPAD 2	2012-06-15	6,449	3,332	S/L	5 0000	1,290	1,827		

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
VACUUM	2013-01-11	322	92	S/L	7 0000	46	184		
TABLES FOR BOARD	2013-01-11	300	86	S/L	7 0000	43	171		
APPLE IPADS FOR DAYCARE	2013-03-22	3,461	1,211	S/L	5 0000	693	1,557		
COMPUTER FOR CATHY	2013-07-19	2,133	604	S/L	5 0000	427	1,102		
BOOKCASES AND METAL SHELF	2013-11-15	1,660	277	S/L	7 0000	237	1,146		
IPADS	2014-01-27	1,532	281	S/L	5 0000	306	945		
COMPUTER EQUIP	2014-04-06	2,352	353	S/L	5 0000	470	1,529		
FURNITURE	2014-04-07	645	69	S/L	7 0000	92	484		
EQUIPMENT	2015-06-03	2,445		S/L	7 0000	175	2,270		
DELL COMPUTER	2015-09-04	1,192		S/L	5 0000	119	1,073		

**TY 2015 Land, Etc.
Schedule****Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTERS	82,029	73,612	8,417	
FURNITURE & EQUIPMENT	18,890	14,359	4,531	
LEASEHOLD IMPROVEMENTS	7,721	2,012	5,709	

TY 2015 Other Assets Schedule**Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784

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

TY 2015 Other Decreases Schedule**Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784

Description	Amount
ROUNDING	1

TY 2015 Other Expenses Schedule

Name: PROMETHEAN FOUNDATION INC

EIN: 20-1690784

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BOARD EXP-ADVISORY	21,854	219		21,635
DAYCARE IMP-COMPLIANCE INC	9,373			
DAYCARE IMP-CURRICULUM MATERI	10,040			
DAYCARE IMP-TEACHER TRAINING	12,831			
OFFICE-BUILDING MAINTENANCE&S	11,317			
OFFICE-CONTENT INSURANCE	-2,919			
OFFICE-PHONE & INTERNET	11,258			
BOARD EXP-PROMETHEAN	4,935	49		4,886
BOARD EXP-OTHER BOARD EXP	930	9		921
OFFICE-EXPENDABLE OFFICE SUPP	8,112			
EDUCATION-PROFESSIONAL CONSUL	8,267			
OFFICE-EQUIPMENT & COMPUTER E	5,561			
OFFICE-FURNITURE	1,859			
SALARIES - EXPENSES	1,659			
BUSINESS INS-PROFESSIONAL INS	2,757			
DAYCARE IMP-CAPITAL EXP/REPAI	1,065			
EDUCATION	64,703			

TY 2015 Other Professional Fees Schedule**Name:** PROMETHEAN FOUNDATION INC**EIN:** 20-1690784

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE-LEGAL & PROFESSIONAL FEES	4,005	40		3,965

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2015

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

Name of the organization PROMETHEAN FOUNDATION INC

Employer identification number 20-1690784

Organization type (check one)

Filers of:

Section:

- Form 990 or 990-EZ [] 501(c)() (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [x] 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

- [x] 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 33 1/3% 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 Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
 PROMETHEAN FOUNDATION INC

Employer identification number
 20-1690784

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT E&JENNY D KIRKLAND FOUNDATION 760 SANDERS CHAPEL ROAD UNION CITY, TN 38261	\$ 1,836,666	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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

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

Name of organization

PROMETHEAN FOUNDATION INC

Employer identification number

20-1690784

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