

Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2019**Open to Public
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning July 1 , 2019, and ending June 30 , 20 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Minerva Foundation, Inc
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O Box 281153
	City or town, state or province, country, and ZIP or foreign postal code Nashville, TN 37228
	F Name and address of principal officer: Rev. Olivia M. Cloud, President 1024 Nesbitt Drive Nashville, TN 37207
D Employer identification number 62-1760618	
E Telephone number 615-426-9542	
G Gross receipts \$ 56808	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1999	
M State of legal domicile: TN	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Engage in public service programs that promote and encourage high intellectual, cultural, and moral standards among residents in the Metro Nashville community. Establish, foster and organize educational and cultural programs and improve the quality of scholarship awards.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 0
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 100
b	Net unrelated business taxable income from Form 990-T, line 39	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 175469 Current Year 43350
	9	Program service revenue (Part VIII, line 2g)	14100 13270
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4584 (405)
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5868 143
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200021 56808
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0 0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0 0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1500 1275
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	213131 140895
19	Revenue less expenses. Subtract line 18 from line 12	(13110) (84087)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 708926 End of Year 612260
	21	Total liabilities (Part X, line 26)	319271 308353
	22	Net assets or fund balances. Subtract line 21 from line 20	389655 303907

Part II Signature Block				
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 officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer <i>Indria V. White</i>		Date 2-22-21	
	Type or print name and title Indria V. White			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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