Depart	990-T	E	xempt Organization Bus	sine der se	ss Income ction 6033(e))	Tax Retur	n	2010
Internal	I Revenue Service	Forc	alendar year 2010 or other tax year beginning		, and ending			Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (				(Em;	loyer identification number aloyees' trust, see uctions.)
	empt under section	Print	TENNESSEE, INC.					52-1471789
	501(C)(3) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. bo 3833 CLEGHORN AVE., NO					instructions.)
	N		-					
			City or town, state, and ZIP code				E 4 1	000
	529(a)	- 0	NASHVILLE, TN 37215				D41	.900
at e			exemption number (See instructions.)	<b>&gt;</b>	Twee various			120-1
	2697685.	G Check	corganization type X 501(c) corporation	on L	501(c) trust	401(a) trust	ı ı	Other trust
_		ala ndas		ישים	STATEMENT	1		
			ary unrelated business activity.   Soration a subsidiary in an affiliated group or a pare					es X No
			ifying number of the parent corporation.	HIL-SUUS	анту соптонеа дтовр	£	Ш	es X No
			ELLEN LEHMAN		Tolo	phone number	1615	1221-4939
100000000000000000000000000000000000000	- Carlot and the carl		le or Business Income		(A) Income	(B) Expense		(C) Net
	Gross receipts or sale		2,580.		(A) modilio	(b) Expuisi		(o) net
	Less returns and allo		c Balance	10	2,580			
			A, line 7)	2	2,300	•		
3 (	Cross or goods sold (3	line 2 fr	om line 1c	3	2,580		on districts	2,580.
			n Schedule D)	4a	2,300	•		2,300.
+a C	Japital gain net incon Vist gain (loce) (Eerm	4707 D	art II, line 17) (attach Form 4797)	4a 4b				
c C	ver yanı (1055) (FUIIII Panital laço daduətion	4191, F	to	40 4c				
5 li	nooms (loss) from n	rtoarchi	ts	5	<7,548	.> STMT	2	<7,548.>
				6	17,540	· DIM	4	7,340.2
7 1	tem income (acheuu Inrolated dabt financ	ed incom	ne (Schedule E)	7				
				8				-
			nd rents from controlled organizations (Sch. F) n 501(c)(7), (9), or (17) organization	8				
10 E	voluited everent activ	ihi ingg	ne (Schedule I)	9				
				10			-	
			J)s; attach schedule.)	12				<u> </u>
			th 12	13	<4,968	>	0000000000	<4,968.>
			t Taken Elsewhere (See instructions for					14/20012
100000000000000000000000000000000000000			tions, deductions must be directly connected					
14	181218631861771 6	2001120DAPSE	ectors, and trustees (Schedule K)	Perintral Control	ACCUSAGE OF THE MANAGE STREET, AND ASS.	E-T-10-H-19-L-F-10-L-F-10-L-F-1	14	
							15	159,852.
			***************************************				16	160.
							17	
							18	
19	Taxes and licenses	(30) 15 Million					19	
20 (	Charitable contributio	ns (See	instructions for limitation rules.)				20	
			52)			2,876.		
			Schedule A and elsewhere on return				22b	2,876.
							23	30
			pensation plans				24	
25 E	Employee benefit pro	grams			***************************************	*******************************	25	
26 E	Excess exempt expen	ses (Sch	edule I)		********************	•••	26	
27 E	Excess readership co	sts (Sch	edule J)		************************		27	
28 (	Other deductions (att	ach sche	dule)	*********	SEE STAT	TEMENT 3	28	165,361.
29 T	Total deductions.	Add line:	14 through 28				29	328,249.
30 U	Inrelated business ta	xable inc	ome before net operating loss deduction. Subtract	t line 29	from line 13		30	<333,217.>
31 N	let operating loss de	duction (	limited to the amount on line 30)				31	0.
32 U	Inrelated business ta	xable inc	ome before specific deduction. Subtract line 31 fro	om line 3	0	***************************************	32	<333,217.>
			\$1,000, but see instructions for exceptions.)				33	1,000.
			le income. Subtract line 33 from line 32. If line 3					
	f zero or line 32			******			34	<333,217.>
023701	LHA For Pape	rwork R	eduction Act Notice, see instructions.					Form 990-T (2010)

THE COMMUNITY FOUNDATION OF MIDDLE 62-1471789 TENNESSEE, INC. Form 990-T (2010) Part III Tax Computation 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here 
See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (2) |\$ (1) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) |\$ (2) Additional 3% tax (not more than \$100,000) \_\_\_\_\_\_\$ 0. 350 c Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 36 Tax rate schedule or Schedule D (Form 1041) 37 37 Proxy tax. See instructions 38 Alternative minimum tax 0. Total. Add lines 37 and 38 to line 35c or 36, whichever applies ...... 39 Part IV Tax and Payments 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40h b Other credits (see instructions) 40c c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e e Total credits. Add lines 40a through 40d 0. 41 Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 42 42 0. 43 43 Total tax. Add lines 41 and 42 44 a Payments: A 2009 overpayment credited to 2010 44b b 2010 estimated tax payments 44c C Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) 441 Form 2439 q Other credits and payments: Other Form 4136 45 Total payments. Add lines 44a through 44g 45 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □ 46 0. Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account Yes No (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ VARIOUS X During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust if YES, see instructions for other forms the organization may have to file. Х Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 2 h

Inventory at beginning of year	1	6 Inventory at end of year6		
Purchases	2	7 Cost of goods sold. Subtract line 6		
Cost of labor	3	from line 5. Enter here and in Part I, line 2 7		
Additional section 263A costs	4a	8 Do the rules of section 263A (with respect to	Yes	No
Other costs (attach schedule)	4b	property produced or acquired for resale) apply to		
Total. Add lines 1 through 4b	5	the organization?		X
under ponalties of periory, I declare the correct kind complete. Qeclaration of	at I have examined this preparer (other than tax	return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is payer) is based on all information of which preparer has any knowledge.	true,	

Sign May the IRS discuss this return with Here the preparer shown below (see Instructions)? X Yes

	Print/Type preparer's name	Prepager's signafure	Date	Check	if PTIN
Paid	WATER TO GUELTON	Valuistitti	OPA 127/2011	self- employed	
Droparar	VALERIE SHELTON	VUXUUSANIVV	AN 1 0 1 / 50 / TT		P00075603
Preparer	Firm's name ► KRAFTCPAS	PLLC		Firm's EIN	62-0713250

Firm's name ► KRAFTCPAS PLLC Firm's EIN

555 GREAT CIRCLE ROAD Firm's address ► NASHVILLE, TN 37228

Form 990-T (2010)

615-242-7351

Phone no

Use Only

5

Comparing the property (attach scheduler)   Comparing the proper	1. Description of property	ine il roin rieal	. roporty and						-UAN
(2) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	11. 2 8 8								
(9) From personal prosperty of the percentage of another personal prosperty of the percentage of another personal prosperty of the percentage of another personal prosperty is more than one to based on pipelity or becomes 60% or if the personal prosperty is more than one to based on pipelity or becomes 60% or if the personal prosperty is more than one to based on pipelity or becomes 60% or if the personal prosperty is more than based on pipelity or becomes 60% or if the personal prosperty or in	0.1								
Commonweal property									
(1) From personal property if the presental property of the presental property is more than one of the property of the presental property of the presental property is more than one of the property of the presental property of the presental property of the presental property is more than one of the presental property of the presental property is more than one of the presentation of the pres	1740								
(b) From personal property for the possessage of children and and personal property and property from the property of the proceeding of the processing of children and property (and the process of the p	(4)	2. Rent receiv	ed or accrued				400 M		11 60 400143 fg.) - 42
(2) (3) (4) (4) (5) (7) Total Income. Add totals of columns 2(g) and 2(b). Enter here and on page 1, Part I, line 6, column (A) (7) Total Income. Add totals of columns 2(g) and 2(b). Enter here and on page 1, Part I, line 6, column (B) (8) (8) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	rent for personal property i	the percentage of	of rent for p	tersonal property ex	ceeds 50% or	ntage If	3(a) Deductions direc columns 2(a)	and 2(b	nected with the income in a) (attach schedule)
(g) Total income. Add totals of columns 2(g) and 2(p). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see instructions)  1. Description of debt-financed property  1. Description of debt-financed property  1. Description of debt-financed property  2. dissa income from financed property  (a) Stealing time depreciation (b) Description of debt-financed property  (b) Total deductions. Enter new and on page 1, Part I, line 6, column (B)  (c) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property  (d) Stealing time depreciation (B) Description of debt-financed property (B) Description of debt-financed debt-financed property (B) Description of debt-financed property (B) Description of debt-financed debt-financed debt-financed financed finance	(1)								
(g) Total income. Add totals of columns 2(g) and 2(p). Enter here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Financed Income (see Instructions)  1. Description of debt-financed property  1. Description of debt-financed property  1. Description of debt-financed property  2. Gins income from financed property  (a) Stealing the description of debt-financed property  (b) Total deductions. Enter nee and on page 1, Part I, line 6, column (A)  2. Gins income from financed property  (a) Stealing the descriptions directly connected with or allocable to 4 debt-financed property  (b) Descriptions of debt-financed property  (c) Stealing the descriptions (B) Descriptions of debt-financed property  (c) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the despreciation (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions (B) Descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (e) Stealing the descriptions of debt-financed property (B) Descriptions of debt-financed property  (d) Stealing the descriptions (B) Descriptions of debt-financed property  (e) Stealing the descriptions of debt-financed property (B) Descriptions of debt-financed property  (d) Stealing the descriptions of debt-financed property (B) Descriptions of debt-financed property  (d) Stealing the descriptio	(2)								
(c) Total income, Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column (a).  (c) Total income, Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column (a).  (c) Total income, Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column (a).  (d) Total income, Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column (a).  (e) Total income, Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column (a).  (f) Total income, Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 7, column (a).  (g) Column (a) Total Column (a) Total Column (a).  (g) Column (a) Total Column (a) Total Column (a).  (g) Column (a) Total Column (a) Total Column (a).  (g) Column (a) Total Column (a) Total Column (a).  (g) Column (a) Total Column (a).  (g) Column (a) Total Column (a) Total Column (a).  (g) Column (a) Total Column (a) Total Column (a).  (g) Column (a) Total Column (a) Total Column (a).  (g) Colum	(3)								
Total   Color   Total   Color   Total   Color   Total   Color   Colo									
(c) Total income. Add totals of Columns 2 (a) and 2 (b). Enter here and on page 1, Part I, line 6, columns (b).  Schedule E - Unrelated Debt-Financed Income (see instructions)  1. Description of debt-financed property  1. Description of debt-financed property  2. Giess income from or adocabate to death-financed property  (a) Straight line expendant (c) debt-financed property  (b) Giess income from or adocabate to death-financed property  (c) Giess income from or adocabate to death-financed property  (d) Straight line expendant (c) (d) S		0.	Total			0.	BRESING SPERKER DO NO		
Controlled Part   Controlled						0.			0
1. Description of debt-financed property  (1)  (2)  (3)  (4)  4. Amount of average acquisition debt-financed property (attach schedule)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (9	Schedule E - Unrelated	Debt-Financed	Income (see	instructions)					
1. Description of debt-financed property  or allocable to debt-financed property  financed property  (a) Straight-line deproclation (altach schedulid)  (b) Characteristic debt-financed (altach schedulid)  (c) Characteristic debt-financed property  (d) Characteristic debt-financed pr				2 0					
(d)  4. Armount of surrange acquisition debt of debt-financed property (attach schedule)  (f)  (g)  (g)  5. Average adjusted basis of crisilocatile to debt-financed property (attach schedule)  (g)  (g)  (g)  (g)  (g)  (g)  (g)  (	1. Description of o	debt-financed property		or allocable	to debt-	(a)			(b) Other deductions (attach schedule)
(d)  4. Amount of averago acquisition of or allocatable to debt-financed property (attach schedule)  (e)  5. Averago adjusted basis of or allocatable to debt-financed property (attach schedule)  (e)  (3)  (4)  7. Gross income reportable (solumn 2 x column 6)  8. Allocative deduction reportable (solumn 2 x column 6)  (a)  (b)  (c)  (c)  (c)  (d)  (d)  (e)  (d)  (e)  (d)  (e)  (e	/4)								
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	7500H								
4. Amount of average acquisition debt on surface the property (attach schedule)  5. Average relivated brain debt on structure in a floatible to brain debt of property (attach schedule)  (1)				<del>                                     </del>					
4. Amount of everage actualition debt or all collaboration of cell						+			
desict on or allocatile to dest-financed property (elistich schodule)  (1)						-		$\neg$	6 AU DE TENESE
(2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	debt on or allocable to debt-finances	d 5. Average of or debt-fine (attace	e adjusted basin sllocable to anced property h schedule)	6. Column 4 divided by column 5			reportable (column		(column 6 x total of columns
(2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)				%				
(d) 9% Enter here and on page 1, Part I, line 7, column (A).  Totals  Total dividends-received deductions included in column 8  Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)  1. Name of controlled organization  2. Employer identification number  (c) 3 4. Total of specified payments made  (d) 9% Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 7, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)	- 0.00				%				
(4)	75.5				%				
Totals					%				
Total dividends-received deductions included in column 8  Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)  1. Name of controlled organization  2. Employer identification number  2. Employer identification number  (c) 2. (3) (4) (4) (5) (see instructions)  7. Taxable Income  8. Net unrelated Income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 4 that is included in the controlling organization's gross income  (noturn 5) (1) (2) (3) (4) (4) (5) (see instructions)  11. Name of controlled Organization  7. Taxable Income  8. Net unrelated Income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income with income in column 10 (1) (2) (2) (3) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6					2	#	art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8  Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)    Exempt Controlled Organizations   Exempt Controlled Organizations	Totals				Þ	ا٠			0
1. Name of controlled organization  2. Employer identification number  (loss) (see instructions)  2. Employer identification number  (loss) (see instructions)  3. Net unrelated income (loss) (see instructions)  (l)  (2)  (3)  (4)  Nonexempt Controlled Organizations  7. Taxable income (see instructions)  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  with income in column 10  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Add columns 5 and 11. Enter here and on page 1, Part I, line 8, column (A).  Fotals	Total dividends-received deduction	ons included in column	n 8					▶	0
1. Name of controlled organization  2. Employer identification number  (it)  (2)  (3)  (4)  Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated Income (foss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income in column 10 the controlling organization's gross income  (it)  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (A).  Fotals  Fotals  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (B).	Schedule F - Interest, A	nnuities, Roya	ities, and Rei	nts From C	ontrolled	i Orga	nizations (see in	struct	tions)
Employer identification number  (1)  (2)  (3)  (4)  Nonexempt Controlled Organizations  7. Taxable income (see instructions)  (see instructions)  9, Total of specified payments made  10, Part of column 9 that is included in the controlling organization's gross income with income in column 10  (1)  (2)  (3)  (4)  Nonexempt Controlled Organizations  7. Taxable income  8. Net unrelated income (foss) (see instructions)  9, Total of specified payments made  10, Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly conne with income in column 10  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (A).  Fotals  Fotals			Exemp	pt Controlled O	rganization	IS			
(2) (3) (4)  Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated Income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly connewith income in column 10  11. Deductions directly connewith income in column 10  (1) (2) (3) (4)  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (A).  Folials  Folials	Name of controlled organization	Employer id	entification Net u	inrelated income	Total of	specified	included in the cont	phillor	6. Deductions directly connected with income in column 5
(2) (3) (4)  Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly connewith income in column 10  11. Deductions directly connewith income in column 10  (1) (2) (3) (4)  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (A).  Folials  Folials	(1)								
(3) (4)  Nonexempt Controlled Organizations  7. Taxable Income 8. Net unrelated Income (loss) (see instructions) 9. Total of specified payments made 10, Part of column 9 that is included in the controlling organization's gross income with income in column 10 (1) (2) (3) (4)  Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (A). Enter here and on page 1, Part 1, line 8, column (B).									
(4)  Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated Income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Fotals  Fotals	0.33								
Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated Income (loss) (see Instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Fotals  Fotals  • O •	13/33								
7. Taxable Income  8. Net unrelated (ncome (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly conne with income in column 10  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Fotals  Totals		ations							
(1) (2) (3) (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Inter the earth on page 1, Part I, line 8, column (B).  Fotals			ne (loss) Q Tr	otal of specified pay	ments 1	0. Part of c	olumn 9 that is included	11.	Deductions directly connected
(2) (3) (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Totals  Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (S).	7. 155.00		)	made		in the con	trolling organization's	W	vith income in column 10
(2) (3) (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Folals  Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (S).	(1)								
(3)  (4)  Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  Fotals  Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (S).									
Add columns 5 and 10.  Enter here and on page 1, Part I, line 8, column (A).  Fotals  Add columns 6 and 11.  Enter here and on page 1, Part I, line 8, column (G).									
Add columns 5 and 10.  Enter here and on page 1, Part I, line 8, column (A).  Add columns 6 and 11.  Enter here and on page 1, Part I, line 8, column (S).									
1 Old 19			·			Enter here	and on page 1, Part I,		er here and on page 1, Part I,
101019	ATTER TORK						0		0
993721 03-03-11 Form 990-T (2					<b>P</b>		0.1		Form 990-T (2010

Form 990-T (2010) TENNESSEE, INC.

Schedule G - Investme		ection 501(c)(	(7), (9), or (17) Or	ganization		
	ription of income	11,	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)						
(3)						
(4)						
7.77			Enter here and on page 1,		1	Enter here and on page 1,
			Part I, line 9, column (A).		107.04 107.04	Part I, line 9, column (B).
Schedule I - Exploited	Exempt Activity	Income, Othe	r Than Advertisi	ng Income		0.
(see instru	uctions)				-	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26,
Totals	0.	0.				0.
Schedule J - Advertision	ng Income (see ins	structions)				
Part 1 Income From I	Periodicals Repo	rted on a Con	solidated Basis			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
741				**		
		. 0	8			0.
Totals (carry to Part II, line (5))	Desiraliania Deno	-tt	oveta Besis (F	COLUMN DESIGNATION OF THE RES	ata Dawi II 2011a	0.
Part II Income From I	7 on a line-by-line basi	rted on a Sep s.)	arate basis (For e	ach periodical liste	a in Part II, till in	
And Allert Anni Page 19 (1914) Charles Carlot	6	i	4. Advertising gain			7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	or (less) (col. 2 minus	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0	. 0				0.
, c,	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		E1				0.
Schedule K - Compens	sation of Officers	, Directors, a	nd Trustees (see			
1. N	ame		2. Title	3. Percer time devot busines	ed to to the	pensation attributable nrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Pa	art II. line 14					0.
an kalla 1111					A.	Form 990-T (2010)

023731 03-03-11

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

NOWPLAYINGNASHVILLE.COM IS A SOURCE OF INFORMATION ABOUT ALL PERFORMANCES, VENUES, EXHIBITIONS, SPORTS, RECREATION AND COMMUNITY EVENTS THAT ARE HAPPENING YEAR-ROUND IN THE NASHVILLE AREA. NOWPLAYINGNASHVILLE.COM PROVIDES DATES, TIMES, MAPS AND DIRECT LINKS FOR PURCHASING TICKETS.

TO FORM 990-T, PAGE 1

FORM 990-T IN	COME (LOSS	) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION			AMOUNT	
ATLAS PIPELINE HOLDINGS LP			<1,766	 5.2
BREITBURN ENERGY PARNTERS			7,227	
ENBRIDGE ENERGY PARNTERS			<1,165	5.3
KINDER MORGAN ENERGY PARTN	ERS, LP		<3,246	
NB CROSSROADS FUND XVII			22	
COPANO ENERGY LLC	2000		<1,548	
SILVERPEAK LEGACY FUND II,	LP		923	2.
THE BLACKSTONE GROUP EAGLE ROCK ENERGY PARTNERS	T.D		<7,952	
QUEST	, 111		<45	
TOTAL TO FORM 990-T, PAGE	1, LINE 5		<7,548	].; =
FORM 990-T	Omitia	R DEDUCTIONS	CONTRACTOR	3
* Y-111 2 2 7 4	OTHE.	R DEDUCTIONS	STATEMENT	3
DESCRIPTION	OTHE.	R DEDUCTIONS	AMOUNT	_
Control of the Contro	OTHE	R DEDUCTIONS		
DESCRIPTION	OTHE	R DEDUCTIONS	AMOUNT 558 1,228	]. }.
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS	OTHE	R DEDUCTIONS	AMOUNT 558 1,228 1,303	3.
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525	3.
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL PRINTING	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525 2,286	3.
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL PRINTING POSTAGE	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525 2,286 106	
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL PRINTING POSTAGE CONTRACT LABOR	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525 2,286 106 3,410	
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL PRINTING POSTAGE	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525 2,286 106	
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL PRINTING POSTAGE CONTRACT LABOR EMPLOYEE BENEFITS RENT MARKETING	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525 2,286 106 3,410 30,276 1,959 92,091	
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL PRINTING POSTAGE CONTRACT LABOR EMPLOYEE BENEFITS RENT MARKETING TECHNOLOGY	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525 2,286 106 3,410 30,276 1,959 92,091 16,734	
DESCRIPTION  PHONE SUPPLIES DUES & SUBSCRIPTIONS TRAVEL PRINTING POSTAGE CONTRACT LABOR EMPLOYEE BENEFITS RENT MARKETING	OTHE	R DEDUCTIONS	AMOUNT  558 1,228 1,303 2,525 2,286 106 3,410 30,276 1,959 92,091	

## Form 8868

(Rev. January 2011)

Department of the Treasury

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

Internal Re	evenue Service	► File a sepa	irate appi	ication for each return.			
If you le lif you le lectro requirer of time Person visit wu le lectro Part le All othe	u are filing for an Autoria are filing for an Autoria filing (e-file). You do not file Form 990-T), to file any of the formal Benefit Contracts www.irs.gov/efile and contracts or analysis or and contracts or an	tomatic 3-Month Extension, completeditional (Not Automatic) 3-Month Extensions you have already been granted as ou can electronically file Form 8868 if you can additional (not automatic) 3-months listed in Part I or Part II with the exception of the IRS in papalick on e-file for Charities & Nonprofits in Camera and the Form 990-T and requesting an automatic of the IRS in papalic and IRS in papali	te only Pa tension, c an automa you need a nth extens ception of her format 	irt I and check this box complete only Part II (on page 2 of this tic 3-month extension on a previously fil a 3-month automatic extension of time to sion of time. You can electronically file F Form 8870, Information Return for Tran (see instructions). For more details on the bmit original (no copies needed). onth extension - check this box and con trusts must use Form 7004 to request an	form). led For ofile (E form 88 ssfers / the elec	m 8868.  months for a corpo  868 to request an ex  Associated With Cer  tronic filing of this for	tension tain orm,
print	THE COM	MUNITY FOUNDATION OF	F MIDI	DIÆ			
	TENNESSI				6	2-1471789	
File by the due date filing your	Number, street 3833 CLI	and room or suite no. If a P.O. box, s		tions.			
return, Se instruction		ost office, state, and ZIP code. For a fo		iress, see instructions.			
Enter th	ne Return code for ti	ne return that this application is for (file	e a separa	te application for each return)			07
Applica	ation		Return	Application			Return
Is For			Code	Is For			Code
Form 9	90		-01	Form 990-T (corporation)			07
Form 9	CONTRACTOR		02	Form 1041-A			08
Form 9	90-EZ		03	Form 4720			09
Form 9	90-PF		04	Form 5227			10
Form 9	90·T (sec. 401(a) or	408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other tha	n above)	06	Form 8870			12
Tele If the	phone No. ► (62) e organization does is is for a Group Ret	L5)321-4939  not have an office or place of busines: urn, enter the organization's four digit	s in the Ur Group Exe	FAX No.   remption Number (GEN) If the challest with the names and EINs of all	is is fo	r the whole group, c	heck this
1 I	request an automat NOVEMBER s for the organization X calendar yea tax year begi	ic 3-month (6 months for a corporation $15$ , $2011$ , to file the exemp o's return for: r $2010$ or noting	required t organiza	to file Form 990-T) extension of time unition return for the organization named and ending	til above.	The extension	E-
	Change in acco	d in line 1 is for less than 12 months, obunting period or Form 990-BL, 990-PF, 990-T, 4720,			al retur	n	
n	onrefundable credit	s. See instructions.			За	\$	0.
е	stimated tax payme	or Form 990-PF, 990-T, 4720, or 6069, nts made. Include any prior year overp	payment a	llowed as a credit.	3b	s	0.
c B	alance due. Subtra	ct line 3b from line 3a. Include your pa tronic Federal Tax Payment System).	yment wit	h this form, if required,	3с	s	0.
Caution	n. If you are going to	make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and Form	_	EO for payment inst	ructions.

023841

LHA

For Paperwork Reduction Act Notice, see Instructions.