

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

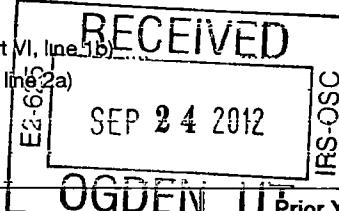
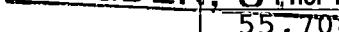
Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.		D Employer identification number 62-1471789
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number and street (or P O box if mail is not delivered to street address) 3833 CLEGHORN AVE. STE 400		Room/suite
	City or town, state or country, and ZIP + 4 NASHVILLE, TN 37215		
	F Name and address of principal officer: ELLEN E. LEHMAN SAME AS C ABOVE		G Gross receipts \$ 210,603,468.
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			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: ► WWW.CFMT.ORG			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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 1991	M State of legal domicile: TN	H(c) Group exemption number ►

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC. (THE "FOUNDATION") IS A CHARITABLE		3 49 4 48 5 39 6 600 7a 7,213. 7b <453,111. >
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)		55,708,035. 17,861,936. 0. 0. 13,982,821. 17,754,326. 6,016,083. 891,094. 75,706,939. 36,507,356. 44,664,210. 57,814,599. 0. 0. 1,889,558. 1,916,007. 0. 0. 5,281,468. 4,500,076. 51,835,236. 64,230,682. 23,871,703. <27,723,326. >
	4 Number of independent voting members of the governing body (Part VI, line 1b)		
Expenses	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		Beginning of Current Year 412,697,685. 367,471,170. 15,755,821. 15,449,224. 396,941,864. 352,021,946.
	6 Total number of volunteers (estimate if necessary)		
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12		End of Year 55,708,035. 17,861,936. 0. 0. 13,982,821. 17,754,326. 6,016,083. 891,094. 75,706,939. 36,507,356. 44,664,210. 57,814,599. 0. 0. 1,889,558. 1,916,007. 0. 0. 5,281,468. 4,500,076. 51,835,236. 64,230,682. 23,871,703. <27,723,326. >
	7b Net unrelated business taxable income from Form 990-T, line 34		

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	Date 9-13-12			
	► ELLEN E. LEHMAN, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name VALERIE SHELTON	Preparer's signature 	Date 09/10/12	Check <input type="checkbox"/> if self-employed	PTIN P00075603
	Firm's name ► KRAFTCPAS PLLC		Firm's EIN ►	62-0713250	
	Firm's address ► 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228		Phone no	615-242-7351	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

g/9 22

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Part III Statement of Program Service Accomplishments

*Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC. (THE "FOUNDATION")
IS A CHARITABLE ORGANIZATION WHOSE PURPOSE IS TO BE A LEADER,
CATALYST, AND RESOURCE FOR PHILANTHROPY BY BUILDING AND HOLDING A
PERMANENT AND GROWING ENDOWMENT FOR THE MIDDLE TENNESSEE COMMUNITY'S

2 Did the organization undertake any significant program services during the year which were not listed on

Yes X No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes X No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 60,710,813. including grants of \$ 57,814,599.) (Revenue \$ 89,762.)

THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE PROVIDES PHILANTHROPIC SERVICES FOCUSED ON COMBINING THE CHARITABLE GIFTS OF MANY TO PROVIDE LEADERSHIP AND FINANCIAL LEVERAGE IN ADDRESSING THE CURRENT AND FUTURE NEEDS OF THE COMMUNITY THROUGH VARIOUS GRANT MAKING ACTIVITIES DESIGNED TO IMPROVE THE LIVES OF THE CITIZENS IN MIDDLE TENNESSEE.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 60,710,813.

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
 - c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
 - b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6	X	
7		X
8		X
9		X
10	X	
11a	X	
11b	X	
11c		X
11d		X
11e	X	
11f	X	
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a X	
a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	39
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ► OTHER COUNTRY <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>	4a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	3
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.	9a	X
a Did the organization make any taxable distributions under section 4966?	9b	X
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11 Section 501(c)(12) organizations. Enter:	11b	
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13c	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a	X
c Enter the amount of reserves on hand	14b	
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	49
1b		1b	48
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16a	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►TN, AL, AK, AZ, AR, CT, FL, GA, IL, KS, KY, ME
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
ELLEN E. LEHMAN – (615) 321-4939
3833 CLEGHORN AVE. STE #400, NASHVILLE, TN 37215

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) RICHARD M. BRACKEN <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(2) AGENIA W. CLARK <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(3) RONALD L. CORBIN <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(4) BEN CUNDIFF <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(5) FARZIN FERDOWSI <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(6) JOHN D. FERGUSON <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(7) MRS. IRWIN E. FISHER <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(8) JAY FRANK <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(9) GARY A. GARFIELD <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(10) KERRY GRAHAM <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(11) HENRY B. HICKS, III <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(12) CAROL HUDLER <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(13) DR. HARRY JACOBSON <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(14) DECOSTA E. JENKINS <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(15) HONORABLE WILLIAM C. KOCH, JR. <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(16) BERT MATHEWS <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.
(17) ROBERT A. MCCABE, JR. <u>NON-COMPENSATED DIRECTOR</u>	1.30	X					0.	0.	0.

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

Form 990 (2011)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) LINDA ESKIND REBROVICK <u>NON-COMPENSATED DIRECTOR</u>	1.30 X						0.	0.	0.
(19) MICHAEL D. SHMERLING <u>NON-COMPENSATED DIRECTOR</u>	1.30 X						0.	0.	0.
(20) DEBORAH TAYLOR TATE <u>NON-COMPENSATED DIRECTOR</u>	1.30 X						0.	0.	0.
(21) STEVE UNDERWOOD <u>NON-COMPENSATED DIRECTOR</u>	1.30 X						0.	0.	0.
(22) DAVID WILLIAMS, II <u>NON-COMPENSATED DIRECTOR</u>	1.30 X						0.	0.	0.
(23) JUDITH LIFF BARKER <u>NON-COMPENSATED TRUSTEE</u>	1.30 X						0.	0.	0.
(24) JACK O. BOVENDER, JR. <u>NON-COMPENSATED TRUSTEE</u>	1.30 X						0.	0.	0.
(25) GEORGE N. BULLARD <u>NON-COMPENSATED TRUSTEE</u>	1.30 X						0.	0.	0.
(26) KITTY MOON EMERY <u>NON-COMPENSATED TRUSTEE</u>	1.30 X						0.	0.	0.
1b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	552,896.	0.	43,657.
d Total (add lines 1b and 1c)						►	552,896.	0.	43,657.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EDUCATION FIRST CONSULTING, LLC P.O. BOX 22871, SEATTLE, WA 98122	EDUCATION CONSULTING	367,750.
EDGE CAPITAL PARTNERS, LLC, 1380 W. PACES FERRY RD., NW STE 1000, ATLANTA, GA 30327	INVESTMENT CONSULTING	262,601.
BUILDING EXCELLENT SCHOOLS 262 WASHINGTON STREET, BOSTON, MA 02108	EDUCATOR TRAINING	250,000.
CONSULTING SERVICES GROUP, LP 6075 POPLAR AVE., #700, MEMPHIS, TN 38119	INVESTMENT CONSULTING	179,382.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

Form 990 (2011)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
(27) CHARLES O. FRAZIER <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(28) DR. THOMAS F. FRIST, JR. <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(29) JOEL C. GORDON <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(30) JAMES S. GULMI <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(31) AUBREY B. HARWELL, JR. <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(32) KEVIN P. LAVENDER <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(33) JOHN E. MAUPIN, JR. <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(34) RALPH W. MOSLEY <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(35) DONNA D. NICELY <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(36) BEN R. RECHTER <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(37) SUSAN W. SIMONS <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(38) WILLIAM T. SPITZ <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(39) HOWARD L. STRINGER <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(40) CHARLES A. TROST <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(41) JACK B. TURNER <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(42) BETSY WALKUP <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(43) DR. JAMYIE C. WILLIAMS <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(44) JERRY B. WILLIAMS <u>NON-COMPENSATED TRUSTEE</u>	1.30	X					0.	0.
(45) ELLEN E. LEHMAN <u>PRESIDENT</u>	70.00		X			265,924.	0.	16,213.
(46) LANI ROSSMANN <u>VICE-PRESIDENT</u>	70.00		X			38,138.	0.	3,135.
Total to Part VII, Section A, line 1c								

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
(47) MELISA CURREY <u>COMPTROLLER</u>	50.00			X			123,707.	0. 12,082.
(48) DEBORAH F. TURNER <u>CHAIRMAN</u>	1.30			X			0.	0. 0.
(49) FRANCIS GUESS <u>VICE CHAIRMAN</u>	1.30			X			0.	0. 0.
(50) CATHERINE T. JACKSON <u>SECRETARY</u>	1.30			X			0.	0. 0.
(51) CHARLES W. COOK, JR. <u>TREASURER</u>	1.30			X			0.	0. 0.
(52) BELINDA DINWIDDIE <u>DONOR SERVICES</u>	50.00				X		125,127.	0. 12,227.
Total to Part VII, Section A, line 1c							552,896.	43,657.

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, and Other Similar Amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	166,818.			
d Related organizations	1d				
e Government grants (contributions)	1e	671,744.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	17023374.			
g Noncash contributions included in lines 1a-1f \$		1,612,628.			
h Total. Add lines 1a-1f		► 17861936.			
Program Service Revenue	Business Code				
2 a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		►			
3 Investment income (including dividends, interest, and other similar amounts)		► 4,856,579.			4856579.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross rents	(i) Real 3,556.				
b Less: rental expenses	0.				
c Rental income or (loss)	3,556.				
d Net rental income or (loss)		►			
7 a Gross amount from sales of assets other than inventory	(i) Securities 186,484,237				
b Less: cost or other basis and sales expenses	173,586,490				
c Gain or (loss)	12897747				
d Net gain or (loss)		►			
8 a Gross income from fundraising events (not including \$ 166,818. of contributions reported on line 1c). See Part IV, line 18	a 1295725.				
b Less: direct expenses	b 505,162.				
c Net income or (loss) from fundraising events		►			
9 a Gross income from gaming activities. See Part IV, line 19	a 7,500.				
b Less: direct expenses	b 4,460.				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11 a MISCELLANEOUS	900099	86,722.	86,722.		
b NOW PLAYING NASHVILLE.	541900	7,213.		7,213.	
c					
d All other revenue					
e Total. Add lines 11a-11d		► 93,935.			
12 Total revenue. See instructions.		► 36507356.	89,762.	7,213.	18548445.

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Form 990 (2011)

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	56,247,725.	56,247,725.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,566,874.	1,566,874.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	445,326.	117,543.	196,971.	130,812.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,192,058.	489,995.	413,989.	288,074.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	50,517.	18,828.	18,772.	12,917.
9	Other employee benefits	126,088.	49,708.	44,346.	32,034.
10	Payroll taxes	102,018.	38,022.	37,910.	26,086.
11	Fees for services (non-employees):				
a	Management	1,920.		1,920.	
b	Legal	27,978.	24,534.	3,444.	
c	Accounting	40,194.	13,398.	13,398.	13,398.
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,442,567.	1,031,999.	410,568.	
g	Other	28,192.	23,012.	2,590.	2,590.
12	Advertising and promotion	66,208.	24,676.	24,603.	16,929.
13	Office expenses	132,516.	49,389.	49,243.	33,884.
14	Information technology	60,094.	22,397.	22,331.	15,366.
15	Royalties				
16	Occupancy	3,477.	1,296.	1,292.	889.
17	Travel	12,788.	4,766.	4,752.	3,270.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	82,187.	30,631.	30,541.	21,015.
23	Insurance	13,372.	4,984.	4,969.	3,419.
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FUND EXPENSE	2,497,989.	917,272.	939,027.	641,690.
b	BUILDING EXPENSE	72,702.	27,096.	27,016.	18,590.
c	DUES AND SUBSCRIPTIONS	14,575.	5,432.	5,416.	3,727.
d	MISCELLANEOUS	2,633.	981.	979.	673.
e	All other expenses	684.	255.	254.	175.
25	Total functional expenses. Add lines 1 through 24e	64,230,682.	60,710,813.	2,254,331.	1,265,538.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ► if following SOP 98-2 (ASC 958-720)

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	21,455,968.	2	15,777,687.
	3 Pledges and grants receivable, net	2,910,700.	3	25,479.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,746.	9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 2,358,995.		
	b Less: accumulated depreciation	10b 669,843.	10c 1,594,547.	10c 1,689,152.
	11 Investments - publicly traded securities	269,198,343.	11	227,149,864.
	12 Investments - other securities. See Part IV, line 11	107,180,222.	12	113,140,577.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,349,159.	15	9,688,411.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	412,697,685.	16	367,471,170.
Liabilities	17 Accounts payable and accrued expenses	170,175.	17	39,207.
	18 Grants payable	10,084,578.	18	10,046,606.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,501,068.	25	5,363,411.
	26 Total liabilities. Add lines 17 through 25	15,755,821.	26	15,449,224.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	384,590,564.	27	340,423,112.
	28 Temporarily restricted net assets	10,407,168.	28	9,654,702.
	29 Permanently restricted net assets	1,944,132.	29	1,944,132.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	396,941,864.	33	352,021,946.
	34 Total liabilities and net assets/fund balances	412,697,685.	34	367,471,170.

Form 990 (2011)

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

Form 990 (2011)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	36,507,356.
2 Total expenses (must equal Part IX, column (A), line 25)	2	64,230,682.
3 Revenue less expenses. Subtract line 2 from line 1	3	<27,723,326.>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	396,941,864.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	<17,196,592.>
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	352,021,946.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	Employer identification number
		62-1471789

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

THE COMMUNITY FOUNDATION OF MIDDLE

Schedule A (Form 990 or 990-EZ) 2011 TENNESSEE, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33116151.	95950555.	26471552.	55708035.	17861936.	229108229
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	33116151.	95950555.	26471552.	55708035.	17861936.	229108229
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						74545968.
6 Public support. Subtract line 5 from line 4						154562261

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	33116151.	95950555.	26471552.	55708035.	17861936.	229108229
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14006331.	7405200.	4719450.	5241101.	4860135.	36232217.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,073.	5,153.	2,580.	7,213.	16,019.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	361,873.	1336653.	1489134.	7467552.	1389947.	12045159.
11 Total support. Add lines 7 through 10						277401624
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	55.72	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	55.05	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

THE COMMUNITY FOUNDATION OF MIDDLE

Schedule A (Form 990 or 990-EZ) 2011 TENNESSEE, INC.

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Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

RAFFLE

MISCELLANEOUS INCOME

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.

Employer identification number
62-1471789**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	394	
2 Aggregate contributions to (during year)	10,502,643	
3 Aggregate grants from (during year)	42,430,832	
4 Aggregate value at end of year	272,338,892	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |
- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 - (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 - b Assets included in Form 990, Part X ► \$ _____

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

62-1471789 Page 2

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- | | |
|--|---|
| <p>a <input type="checkbox"/> Public exhibition
 b <input type="checkbox"/> Scholarly research
 c <input type="checkbox"/> Preservation for future generations</p> | <p>d <input type="checkbox"/> Loan or exchange programs
 e <input type="checkbox"/> Other _____</p> |
|--|---|

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

- b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- 1a Beginning of year balance
 b Contributions
 c Net investment earnings, gains, and losses
 d Grants or scholarships
 e Other expenditures for facilities and programs
 f Administrative expenses
 g End of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
2,130,191.	1,945,913.	1,497,475.	981,240.	
		446,657.	768,046.	
<37,543.>	247,365.		<151,224.>	
			100,587.	
70,845.	63,087.			
2,021,803.	2,130,191.	1,944,132.	1,497,475.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► %

- b Permanent endowment ► 100.00 %

- c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) unrelated organizations
 (ii) related organizations

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	X
3a(ii)	X
3b	

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land ..	892,800.			892,800.
b Buildings	768,222.	127,448.		640,774.
c Leasehold improvements				
d Equipment	349,606.	261,070.		88,536.
e Other	348,367.	281,325.		67,042.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

► 1,689,152.

Schedule D (Form 990) 2011

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

Schedule D (Form 990) 2011

62-1471789 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	337,328.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) PARTNERSHIP INTEREST	22,435,109.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	89,863,798.	END-OF-YEAR MARKET VALUE
(C) PARTNERSHIP INTEREST	504,342.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►	113,140,577.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS LIABILITY	5,363,411.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	5,363,411.

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

132053
01-23-12

Schedule D (Form 990) 2011

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule D (Form 990) 2011

62-1471789 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,507,356.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	64,230,682.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<27,723,326.>
4 Net unrealized gains (losses) on investments	4	<18,168,348.>
5 Donated services and use of facilities	5	70,088.
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	901,668.
9 Total adjustments (net). Add lines 4 through 8	9	<17,196,592.>
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<44,919,918.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	19,890,474.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	<18,168,348.>
b Donated services and use of facilities	2b	70,088.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	971,756.
e Add lines 2a through 2d	2e	<17,126,504.>
3 Subtract line 2e from line 1	3	37,016,978.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	<509,622.>
c Add lines 4a and 4b	4c	<509,622.>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	36,507,356.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	64,810,392.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	70,088.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	509,622.
e Add lines 2a through 2d	2e	579,710.
3 Subtract line 2e from line 1	3	64,230,682.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	64,230,682.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME

TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT
THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT"
STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES,
PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME
TAX POSITIONS IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

PART XI, LINE 8 - OTHER ADJUSTMENTS:

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule D (Form 990) 2011

62-1471789 Page 5

Part XIV Supplemental Information (continued)

CHANGE IN VALUE OF SPLIT-INTEREST GIFTS:	971,756.
IN KIND EXPENSES:	-70,088.
TOTAL TO SCHEDULE D, PART XI, LINE 8	901,668.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	971,756.
---	----------

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO SPECIAL EVENTS	-505,162.
GAMING EXPENSES	-4,460.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-509,622.

PART XIV, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO SPECIAL EVENTS	505,162.
GAMING EXPENSES	4,460.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	509,622.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open To Public
Inspection**

Name of the organization	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	Employer identification number 62-1471789
--------------------------	--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

62-1471789 Page 2

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 TOURNAMENT OF HOPE (event type)	(b) Event #2 POP LUNCHEON WOMEN'S (event type)	(c) Other events 16 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	696,061.	198,131.	568,351.
	2 Less: Charitable contributions	58,025.	22,245.	86,548.
	3 Gross income (line 1 minus line 2)	638,036.	175,886.	481,803.
	4 Cash prizes			
	5 Noncash prizes			
Direct Expenses	6 Rent/facility costs	2,000.	11,480.	13,480.
	7 Food and beverages	28,360.	30,186.	47,946.
	8 Entertainment	750.	1,475.	2,225.
	9 Other direct expenses	172,839.	41,021.	169,105.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► (505,162)
	11 Net income summary. Combine line 3, column (d), and line 10			► 790,563.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			► ()
	8 Net gaming income summary. Combine line 1, column d, and line 7			► ()

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

THE COMMUNITY FOUNDATION OF MIDDLE

Schedule G (Form 990 or 990-EZ) 2011 TENNESSEE, INC.

62-1471789 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

- Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED 3833 CLEGHORN AVE. STE 400 NASHVILLE, TN 37215		APPLIED FOR SEE ATTACHED	49,027,989.	750,000.			SEE ATTACHED

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

- 3 Enter total number of other organizations listed in the line 1 table

► 394 •
► 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

62-1471789

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ARTS/HUMANITIES	3	1,300.	0.		
DISASTER RELIEF	170	280,905.	0.		
EDUCATION	142	1,202,875.	0.		
HUMAN SERVICES	10	81,794.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

RECIPIENTS OF DISCRETIONARY GRANTS FROM THE COMMUNITY FOUNDATION OF
MIDDLE TENNESSEE ARE ASKED TO SUBMIT AN INTERIM REPORT, WHICH IS DUE
SIX MONTHS FOLLOWING THE GRANT AWARD, AND A FINAL REPORT, WHICH IS DUE
TWELVE MONTHS FOLLOWING THE GRANT AWARD DATE. RECIPIENTS OF DISASTER
GRANTS FROM THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE ARE ASKED TO
SUBMIT MONTHLY REPORTS UNTIL THE FUNDS HAVE BEEN EXPENDED. THESE
REPORTS ARE AN ACCOUNTING OF RESULTS AND ACHIEVEMENTS TO DATE, AS WELL
AS AN ACCOUNT OF GRANT EXPENDITURES.

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule I (Form 990) 2011

62-1471789 Page 2

Part IV Supplemental Information

IN THE CASE OF DONOR ADVISED FUNDS, WE REQUIRE THAT THE DONOR
ACKNOWLEDGE THAT THE DONOR RECOMMENDED GRANT DOES NOT REPRESENT THE
PAYMENT OF ANY PERSONAL PLEDGE OR OTHER FINANCIAL OBLIGATION AND THAT
IT WILL RESULT IN NO BENEFITS OR PRIVILEGES BEING RECEIVED BY ANYONE.
WE ALSO ASK THE DONOR TO ACKNOWLEDGE THAT THEY ARE AWARE THAT THE USE
OF DONOR ADVISED FUNDS TO PURCHASE ADMISSION TO AN EVENT OR TO GARNER
ANY BENEFITS OR PRIVILEGES, MAY MAKE THEM PERSONALLY LIABLE FOR
PENALTIES ASSESSED BY THE IRS UNDER THE PENSION REFORM ACT SIGNED INTO
LAW 8/17/06. IN THE GRANT TRANSMITTAL LETTER TO THE GRANTEE, WE ADVISE
THAT IN ACCORDANCE WITH IRS REGULATIONS, WE ARE SENDING THE GRANT BASED
UPON ADVICE THAT THEY ARE A 501(C)(3) IN GOOD STANDING AND THE FUNDS
WILL NOT BE APPLIED TOWARD A PLEDGE OR OBLIGATION OF ANY PERSON, NOR
WILL IT SECURE ANY BENEFITS FOR ANYONE.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Employer identification number
62-1471789

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b	Yes	No
2		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELLEN E. LEHMAN	\$ 246,270.	\$ 19,654.	0.	\$ 7,370.	\$ 8,843.	\$ 282,137.	0.
	0.	0.	0.	0.	0.	0.	0.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC. Employer identification number 62-1471789

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ _____

- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
				To	From	Yes	No	Yes	No

Total ► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule L (Form 990 or 990-EZ) 2011

62-1471789 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RICHARD ESKIND	FATHER OF ELLEN LEH	0.	IS A PCG FI	X	
WILLIAM H. ESKIND	BROTHER OF ELLEN LE	0.	IS A PCG FI	X	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:(A) NAME OF PERSON: RICHARD ESKIND(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:FATHER OF ELLEN LEHMAN, THE PRESIDENT OF CFMT(D) DESCRIPTION OF TRANSACTION: IS A PCG FINANCIAL ADVISOR AND SENIORVICE PRESIDENT OF INVESTMENTS FOR WELLS FARGO ADVISORS IN WHICH THEORGANIZATION HAS SEVERAL INVESTMENTS(A) NAME OF PERSON: WILLIAM H. ESKIND(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:BROTHER OF ELLEN LEHMAN, THE PRESIDENT OF CFMT(D) DESCRIPTION OF TRANSACTION: IS A PCG FINANCIAL ADVISOR, MANAGINGDIRECTOR, AND INVESTMENT OFFICER FOR WELLS FARGO ADVISORS IN WHICH THEORGANIZATION HAS SEVERAL INVESTMENTS.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.** Employer identification number **62-1471789**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	22	943,611.	AVERAGE FMV ON GIFT
10 Securities - Closely held stock	X	1	127,268.	FMV
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	2	534,334.	APPRAISAL VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>RING</u>)	X	1	7,315.	FMV
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

1

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789 Page 2

Schedule M (Form 990) (2011)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether

the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both.
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: REGARDING THE SALE OF NONCASH CONTRIBUTIONS, OUR
INVESTMENT POLICIES OUTLINE THAT NONCASH CONTRIBUTIONS WILL BE
CONVERTED TO CASH AS SOON AS PRACTICAL FOR REINVESTMENT. WE TYPICALLY
HIRE EXPERTS (REAL ESTATE BROKERS, AUCTION COMPANIES, AND OTHER THIRD
PARTY EXPERTS) TO CONVERT NONCASH CONTRIBUTIONS INTO CASH. OVERSIGHT IS
PROVIDED BY THE BOARD OF DIRECTORS OR ITS DESIGNEE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	Employer identification number 62-1471789
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION WHOSE PURPOSE IS TO BE A LEADER, CATALYST, AND RESOURCE

FOR PHILANTHROPY BY BUILDING AND HOLDING A PERMANENT AND GROWING

ENDOWMENT FOR THE MIDDLE TENNESSEE COMMUNITY'S CHANGING NEEDS AND

OPPORTUNITIES. THE FOUNDATION PROVIDES FLEXIBLE AND COST-EFFECTIVE

WAYS FOR CIVIC-MINDED INDIVIDUALS, FAMILIES, AND COMPANIES TO

CONTRIBUTE TO THEIR COMMUNITY. THE ASSETS OF THE FOUNDATION ARE

DEVOTED TO CHARITABLE USES OF A PUBLIC NATURE PRIMARILY BENEFITING THE

RESIDENTS OF MIDDLE TENNESSEE IN FIELDS SUCH AS SOCIAL SERVICES,

EDUCATION, HEALTH, THE ENVIRONMENT, AND THE ARTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHANGING NEEDS AND OPPORTUNITIES. THE FOUNDATION PROVIDES FLEXIBLE AND

COST-EFFECTIVE WAYS FOR CIVIC-MINDED INDIVIDUALS, FAMILIES, AND

COMPANIES TO CONTRIBUTE TO THEIR COMMUNITY. THE ASSETS OF THE

FOUNDATION ARE DEVOTED TO CHARITABLE USES OF A PUBLIC NATURE PRIMARILY

BENEFITING THE RESIDENTS OF MIDDLE TENNESSEE IN FIELDS SUCH AS SOCIAL

SERVICES, EDUCATION, HEALTH, THE ENVIRONMENT, AND THE ARTS.

FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT OF THE ORGANIZATION,

ELLEN LEHMAN, IS THE DAUGHTER OF RICHARD ESKIND, WHO IS A PCG FINANCIAL

ADVISOR AND SENIOR VICE-PRESIDENT FOR WELLS FARGO ADVISORS IN WHICH THE

ORGANIZATION HAS SEVERAL INVESTMENTS.

THE PRESIDENT OF THE ORGANIZATION, ELLEN LEHMAN, IS THE SISTER OF WILLIAM

H. ESKIND, WHO IS A PCG FINANCIAL ADVISOR AND MANAGING DIRECTOR OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.
--------------------------	--

Employer identification number	62-1471789
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INVESTMENTS FOR WELLS FARGO ADVISORS IN WHICH THE ORGANIZATION HAS SEVERAL INVESTMENTS.

FORM 990, PART VI, SECTION B, LINE 11: OUR FORM 990 IS PREPARED BY THE SAME FIRM THAT PREPARES OUR AUDIT, IN PARTNERSHIP WITH THE PRESIDENT, COMPTROLLER, AND FINANCE STAFF OF THE FOUNDATION. PRIOR TO FILING THE FORM 990 IT IS REVIEWED BY THE PRESIDENT, BOARD AND COMPTROLLER, AND COMPARED AGAINST AUDITED FINANCIAL REPORTS AND WORKPAPERS.

FORM 990, PART VI, SECTION B, LINE 11B: AN ELECTRONIC COPY OF FORM 990 INCLUDING REQUIRED SCHEDULES WAS PROVIDED TO EACH VOTING MEMBER OF OUR GOVERNING BODY PRIOR TO OUR FILING WITH THE IRS. THE COPY WAS VIA A LINK TO OUR WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. WE MONITOR THIS THROUGH A "CONFLICT OF INTEREST FORM" WHICH OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS COMPENSATION IS SET BASED ON SALARY DATA FROM THE COUNCIL ON FOUNDATIONS, SOUTHEASTERN COUNCIL OF FOUNDATIONS, AREA NONPROFIT SALARIES AND COMPENSATION REPORTS, AND ANNUAL WRITTEN PERFORMANCE EVALUATIONS. THE COMPENSATION RECOMMENDATIONS ARE COMPILED ANNUALLY BY THE PRESIDENT AND ARE REVIEWED AND APPROVED IN WRITING BY THE BOARD CHAIR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

132212
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	Employer identification number
		62-1471789

TN, AL, AK, AZ, AR, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR
PA, RI, SC, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: WE MAKE GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC THROUGH OUR WEBSITE ON GIVINGMATTERS.COM, AND THROUGH SENDING
MATERIALS OUT UPON REQUEST, BOTH ELECTRONICALLY AND THROUGH THE U.S. POST
OFFICE.

FORM 990, PART VI, SECTION B, LINE 11B:
AN ELECTRONIC COPY OF FORM 990 INCLUDING REQUIRED SCHEDULES WAS
PROVIDED TO EACH VOTING MEMBER OF OUR GOVERNING BODY PRIOR TO OUR
FILING WITH THE IRS. THE COPY WAS VIA A LINK TO OUR WEBSITE.

FORM 990, PART VII, LINE #46:
LANI ROSSMAN WAS VICE-PRESIDENT OF THE EXEMPT ORGANIZATION FROM JANUARY
2011 UNTIL HER RETIREMENT IN JUNE OF 2011. AT DECEMBER 31, 2011 SHE WAS
NO LONGER AN OFFICER OF THE ORGANIZATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED LOSSES ON INVESTMENTS:</u>	<u>-18,168,348.</u>
<u>DONATED SERVICES AND USE OF FACILITIES:</u>	<u>70,088.</u>
<u>CHANGE IN VALUE OF SPLIT-INTEREST GIFTS:</u>	<u>971,756.</u>
<u>IN KIND EXPENSES:</u>	<u>-70,088.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	<u>-17,196,592.</u>

Name of the organization THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.

Employer identification number
62-1471789

FORM 990, PART XII, LINE #2C

**THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION
PROCESS REGARDING THE SELECTION OF AN INDEPENDENT ACCOUNTANT.**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990
 ► See separate instructions

Form 980 Department of the Treasury
Internal Revenue Service

**THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the year.)

• 11

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of organizations treated

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-V?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule R (Form 990) 2011

62-1471789 Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).



Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete



Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 62-1471789
	Number, street, and room or suite no. If a P.O. box, see instructions 3833 CLEGHORN AVE., NO. 400	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37215	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELLEN LEHMAN

- The books are in the care of ► **3833 CLEGHORN AVE. STE #400 - NASHVILLE, TN 37215**

Telephone No. ► **(615) 321-4939**

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.



- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2012**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year **2011** or► tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See Instructions	Name of exempt organization or other filer, see instructions THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	Employer identification number (EIN) or Social security number (SSN) X 62-1471789
	Number, street, and room or suite no. If a P.O. box, see instructions. 3833 CLEGHORN AVE. STE 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37215	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ELLEN E. LEHMAN

- The books are in the care of ► **3833 CLEGHORN AVE. STE #400 – NASHVILLE, TN 37215**
- Telephone No. ► **(615) 321-4939** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012**

5 For calendar year **2011**, or other tax year beginning , and ending .

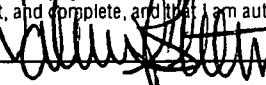
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
AWAITING INFORMATION FROM THIRD PARTIES

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ 0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► 

Title ► **CRA**

Date ► **8/6/12**

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