

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)

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

OMB No. 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization

THE COMMUNITY FOUNDATION OF MIDDLE-TENNESSEE, INC.

Number and street (or P.O. box if mail is not delivered to street address)  
3833 CLEGHORN AVE.City or town, state or country, and ZIP + 4  
NASHVILLE, TN 37215

D Employer identification number

62-1471789

E Telephone number

(615) 321-4939

F Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No  
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.CFMT.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 170,042,366.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	35,635,094.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 9,418,769. noncash \$ 26,216,325.)	1d	35,635,094.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	8,329,226.		
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ )	7				
	8a	Gross amount from sales of assets other than inventory	(A) Securities	125,516,317.	8a	
	b	Less: cost or other basis and sales expenses		114,427,065.	8b	
	c	Gain or (loss) (attach schedule)		11,089,252.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2		8d	11,089,252.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	559,721.		
	b	Less: direct expenses other than fundraising expenses	9b	278,000.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3		9c	281,721.
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
Expenses	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11	2,008.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	55,337,301.		
	13	Program services (from line 44, column (B))	13	37,445,775.		
	14	Management and general (from line 44, column (C))	14	830,294.		
	15	Fundraising (from line 44, column (D))	15	239,547.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	38,515,616.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	16,821,685.		
	Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	344,341,031.	
20		Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 4		20	3,032,911.
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	364,195,627.		

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02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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THE COMMUNITY FOUNDATION OF MIDDLE  
TENNESSEE, INC.

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**Part II** Statement of  
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>35063130</u> non-cash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 35,063,130.	35,063,130.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule) .....	23			
24 Benefits paid to or for members (attach schedule) .....	24			
25 Compensation of officers, directors, etc. * *	25 339,769.	127,380.	127,413.	84,976.
26 Other salaries and wages .....	26 606,927.	277,122.	216,188.	113,617.
27 Pension plan contributions .....	27 49,300.	21,065.	17,893.	10,342.
28 Other employee benefits .....	28 82,403.	35,209.	29,908.	17,286.
29 Payroll taxes .....	29 63,526.	27,143.	23,057.	13,326.
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31			
32 Legal fees .....	32			
33 Supplies .....	33 34,370.	12,030.	22,340.	
34 Telephone .....	34 19,365.	6,778.	12,587.	
35 Postage and shipping .....	35 48,785.	17,075.	31,710.	
36 Occupancy .....	36			
37 Equipment rental and maintenance .....	37 10,132.	3,546.	6,586.	
38 Printing and publications .....	38 78,199.	27,370.	50,829.	
39 Travel .....	39 15,055.	5,269.	9,786.	
40 Conferences, conventions, and meetings ...	40			
41 Interest .....	41			
42 Depreciation, depletion, etc. (attach schedule)	42 43,595.	15,258.	28,337.	
43 Other expenses not covered above (itemize): a _____ b _____ c _____ d _____ e _____ f _____ g SEE STATEMENT 5	43a 43b 43c 43d 43e 43f 43g 2,061,060.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 38,515,616.	37,445,775.	830,294.	239,547.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

\* \* SEE STATEMENT 6

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 8</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> THIS ORGANIZATION'S MISSION IS TO FACILITATE INCREASED CHARITABLE GIVING TO BENEFIT NON-PROFIT ORGANIZATIONS SERVING THIS GENERATION AND THOSE WHICH WILL FOLLOW. IN 2005, OVER 400 NON-PROFITS IN MIDDLE TENNESSEE RECEIVED GRANTS GIVEN BY THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE.	
(Grants and allocations \$ <u>35,063,130.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>37,445,775.</u>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>37,445,775.</u>

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TENNESSEE, INC.

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**Part IV** Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(3) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	55,598,505.	46 23,144,922.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	276,787,405.	54 303,430,343.
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	55c
56 Investments - other SEE STATEMENT 11	1,100,896.	56 28,050,602.	
57 a Land, buildings, and equipment: basis	57a 335,787.	57c 121,296.	
b Less: accumulated depreciation	57b 214,491.	57c 121,296.	
58 Other assets (describe SEE STATEMENT 12 )	13,615,320.	58 13,689,934.	
59 Total assets (must equal line 74). Add lines 45 through 58	347,306,203.	59 368,437,097.	
Liabilities	60 Accounts payable and accrued expenses	41,274.	60 34,773.
	61 Grants payable	600,000.	61 578,571.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe SEE STATEMENT 13 )	2,323,898.	65 3,628,126.
66 Total liabilities. Add lines 60 through 65	2,965,172.	66 4,241,470.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	329,868,713.	67 349,644,025.
	68 Temporarily restricted	13,759,589.	68 13,838,873.
	69 Permanently restricted	712,729.	69 712,729.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	344,341,031.	73 364,195,627.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	347,306,203.	74 368,437,097.	

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Yes	No
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43

75b

75c

75d

75d

Yes	No
-----	----

76

77 |

N/A

78b

79 |

80a

and check whether it is ☐ exempt or ☐ nonexempt

181a

81b |

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	186,260.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	15
91 a	The books are in care of ▶ ELLEN LEHMAN Telephone no. ▶ (615) 321-4939 Located at ▶ 3833 CLEGHORN AVE. STE #400, NASHVILLE, TN ZIP + 4 ▶ 37215		
b	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)? If "Yes," enter the name of the foreign country ▶ IRELAND See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	8,329,226.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	11,089,252.	
101 Net income or (loss) from special events			12	281,721.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					2,008.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		19,700,199.	2,008.
105 Total (add line 104, columns (B), (D), and (E))					19,702,207.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A OTHER INCOME RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a written declaration of preparer.

Signature of officer: *Ellen Lehman* Date: 06/27/06 Type or print name and title: ELLEN LEHMAN, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: *Philip M. Can* Date: 06/27/06 Check if self-employed: ☒ Preparer's SSN or PTIN: EIN: Phone no.: (615) 242-7351

Firm's name (or yours if self-employed), address, and ZIP + 4: KRAFTCPAS PLLC, 555 GREAT CIRCLE ROAD, SUITE 200, NASHVILLE, TN 37228-1310

Form 990 (2005)



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

➤ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

**2005**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MELISA CURREY 3833 CLEGHORN AVENUE, NASHVILLE, TN	COMPTROLLER 50.00	93,790.	15,772.	0.
MARY K. FRISKICS 3833 CLEGHORN AVENUE, NASHVILLE, TN	GIV. MAT. DIR. 50.00	67,410.	11,288.	0.
LAUNDREA LEWIS 3833 CLEGHORN AVENUE, NASHVILLE, TN	GRANTS DIR. 50.00	61,290.	13,109.	0.
MICHAEL MCDANIEL 3833 CLEGHORN AVENUE, NASHVILLE, TN	DONOR COORD. 50.00	58,548.	12,876.	0.
ROBIN SATYSHUR 3833 CLEGHORN AVENUE, NASHVILLE, TN	PROF. SERVICE 50.00	56,977.	12,190.	0.
Total number of other employees paid over \$50,000	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CONSULTING SERVICES GROUP, LP 6075 POPLAR AVENUE, #700, MEMPHIS, TN 38119	INVESTMENT MANAGEMENT	118,464.
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MGROUP, LLC 209 10TH AVENUE S., #208, NASHVILLE, TN 37203	WEBSITE DESIGN PRINTING	197,392.
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **►** \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property? \_\_\_\_\_
- b Lending of money or other extension of credit? \_\_\_\_\_
- c Furnishing of goods, services, or facilities? \_\_\_\_\_
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990

2a X

2b X

2c X

2d X

- e Transfer of any part of its income or assets? \_\_\_\_\_

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) \_\_\_\_\_ SEE STATEMENT 15

3a X

- b Do you have a section 403(b) annuity plan for your employees? \_\_\_\_\_

3b X

- c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? \_\_\_\_\_

3c X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? \_\_\_\_\_

4a X

- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? \_\_\_\_\_

4b X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

## THE COMMUNITY FOUNDATION OF MIDDLE

Schedule A (Form 990 or 990-EZ) 2005 **TENNESSEE, INC.**

62-1471789 Page 3

**Part IV A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	109264559.	54,613,725.	148266460.	51,587,858.	363,732,602.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,708,939.	3,296,498.	3,776,822.	2,469,167.	15,251,426.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	503,387.	321,095.	SEE STATEMENT 16 339,897.	264,920.	1,429,299.
23 Total of lines 15 through 22	115476885.	58,231,318.	152383179.	54,321,945.	380,413,327.
24 Line 23 minus line 17	115476885.	58,231,318.	152383179.	54,321,945.	380,413,327.
25 Enter 1% of line 23	1,154,769.	582,313.	1,523,832.	543,219.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 7,608,267.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 34,379,733.
c Total support for section 509(a)(1) test: Enter line 24, column (a)					26c 380,413,327.
d Add: Amounts from column (e) for lines: 18 15,251,426. 19					26d 51,060,458.
22 1,429,299. 26b 34,379,733.					26e 329,352,869.
e Public support (line 26c minus line 26d total)					26f 86.5776%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

523121 02-03-06

NONE

Schedule A (Form 990 or 990-EZ) 2005

**Part V** Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

Schedule A (Form 990 or 990-EZ) 2005

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -			
The lobbying nontaxable amount is -			
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....		
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



## FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 42 - "DEPRECIATION"

PROPERTY AND EQUIPMENT ARE STATED AT ACQUISITION COST, OR ESTIMATED FAIR VALUE IF DONATED, LESS ACCUMULATED DEPRECIATION. DEPRECIATION IS CALCULATED ON THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS WHICH RANGE AS FOLLOWS:

EQUIPMENT, FURNITURE AND FIXTURES - 5 TO 7 YEARS  
VEHICLES - 5 YEARS

EQUIPMENT	179,942.
FURNITURE AND FIXTURES	155,845.
TOTAL	335,787.
LESS: ACCUMULATED DEPRECIATION	<214,491.>
TOTAL ASSETS - NET	121,296.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	125,516,317.	114,427,065.	0.	11,089,252.
TO FORM 990, PART I, LINE 8	125,516,317.	114,427,065.	0.	11,089,252.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
A CELEBRATION OF WOMEN LUNCHEON	235,658.		235,658.	144,421.	91,237.
CHET ATKINS MUSIC EDUCATION CONCERT	56,956.		56,956.	18,200.	38,756.
FRANKLIN BROOKS TRAVEL RAFFLE	61,007.		61,007.	12,992.	48,015.
OTHER EVENTS	206,100.		206,100.	102,387.	103,713.
TO FM 990, PART I, LINE 9	559,721.		559,721.	278,000.	281,721.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	1,416,821.
CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	1,594,661.
AMORTIZATION OF GUARANTEE OBLIGATION	21,429.
TOTAL TO FORM 990, PART I, LINE 20	3,032,911.



FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES AND SUBSCRIPTIONS	9,101.	3,185.	5,916.	
PROFESSIONAL FEES	171,269.	59,944.	111,325.	
ADVERTISING	111,926.	39,174.	72,752.	
UTILITIES	1,272.	445.	827.	
GIFTS	2,554.	894.	1,660.	
SOFTWARE MAINTENANCE	49,121.	17,192.	31,929.	
EVENTS	4,654.	1,629.	3,025.	
INVESTMENT MANAGEMENT & CUSTODIAL FEES	1,142,691.	1,142,691.		
DIRECT PROGRAM EXPENSES	528,124.	528,124.		
D & O EXPENSE	7,606.	2,662.	4,944.	
LIABILITY EXPENSE	32,742.	11,460.	21,282.	
TOTAL TO FM 990, LN 43	2,061,060.	1,807,400.	253,660.	

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELLEN LEHMAN	195,810.	19,937.	0.	215,747.
A. PROGRAM SERVICES	73,409.	7,475.		80,884.
B. MANAGEMENT AND GENERAL	73,429.	7,476.		80,905.
C. FUNDRAISING	48,972.	4,986.		53,958.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LANI WILKESON	107,321.	16,701.	0.	124,022.
A. PROGRAM SERVICES	40,235.	6,261.		46,496.
B. MANAGEMENT AND GENERAL	40,245.	6,263.		46,508.
C. FUNDRAISING	26,841.	4,177.		31,018.

TOTAL PROGRAM SERVICES	127,380.
TOTAL MANAGEMENT AND GENERAL	127,413.
TOTAL FUNDRAISING	84,976.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	339,769.

FORM 990

## CASH GRANTS AND ALLOCATIONS

STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	SEE ATTACHED	3833 CLEGHORN AVE., #400, NASHVILLE, TN	NONE	35063130.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				35063130.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      8

PART III

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EXPLANATION

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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 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.

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FORM 990      NON-GOVERNMENT SECURITIES      STATEMENT      9

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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV	154504884.			154504884.
MUTUAL FUNDS	FMV			103952398.	103952398.
CORPORATE BONDS	FMV		39,708,717.		39,708,717.
TO FORM 990, LINE 54, COL B		154504884.	39,708,717.	103952398.	298165999.

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FORM 990      GOVERNMENT SECURITIES      STATEMENT      10

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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	FMV	5,264,344.		5,264,344.
TOTAL TO FORM 990, LINE 54, COL B		5,264,344.		5,264,344.

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FORM 990	OTHER INVESTMENTS	STATEMENT 11
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DESCRIPTION	VALUATION METHOD	AMOUNT
LAND AND RENTAL PROPERTY	MARKET VALUE	300,000.
PARTNERSHIP INTEREST	MARKET VALUE	27,750,602.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		28,050,602.

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FORM 990	OTHER ASSETS	STATEMENT 12
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DESCRIPTION	AMOUNT
CONTRIBUTIONS RECEIVABLE FROM LEAD TRUSTS	13,689,934.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	13,689,934.

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FORM 990	OTHER LIABILITIES	STATEMENT 13
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DESCRIPTION	AMOUNT
AGENCY ENDOWMENT FUNDS LIABILITY	3,628,126.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,628,126.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	1,594,661.
AMORTIZATION OF GUARANTEE OBLIGATION	21,429.
TOTAL TO FORM 990, PART IV-A	1,616,090.

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GRANTS ARE MADE DIRECTLY TO COLLEGES AND UNIVERSITIES FOR INDIVIDUAL SCHOLARSHIPS. GRANTS ARE NOT MADE DIRECTLY TO INDIVIDUALS. INCLUDED IN THE APPLICATION PROCESS IS THE GATHERING OF FINANCIAL INFORMATION, LETTERS OF RECOMMENDATION, AND SCHOOL TRANSCRIPTS.

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
THE WOMEN'S FUND	267,165.	193,188.	291,849.	214,510.
THE JOE KRAFT HUMANITARIAN FOUNDATION	28,863.	29,021.	26,556.	27,906.
THE CHEATHAM COUNTY COMMUNITY FOUNDATION	37,828.	48,934.	21,492.	22,504.
OTHER EVENTS	169,531.	49,952.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	503,387.	321,095.	339,897.	264,920.

Depreciation and Amortization 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0072

2005

Attachment  
Sequence No. 67

THE COMMUNITY FOUNDATION OF MIDDLE  
TENNESSEE, INC.

FORM 990 PAGE 2

62-1471789

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III** MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV** Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	43,595.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

# 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 ☒ X
  - 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.

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	Employer identification number 62-1471789
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3833 CLEGHORN AVE., NO. 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37215	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ ELLEN LEHMAN  
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 will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until AUGUST 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year 2005 or  
▶ ☐ tax year beginning , and ending
- 2 If this tax year 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 \$
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

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. 12-2004)



# Donee Information Return

(Sale, Exchange, or Other Disposition of Donated Property)

OMB No. 1545-0008

☐ See instructions.

Give a Copy to Donor

## What Parts to Complete:

- If you are an Original Donee, complete *Identifying Information*, Part I (lines 1a and 1b and, if applicable, lines 2a–2d), and Part III.
- If you are a Successor Donee, complete *Identifying Information*, Part I, Part II, and Part III.

### Identifying Information

Print or Type	Name of charitable organization (donee)	Employer identification number
	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	62-1471789
	Address (number, street, and room or suite no.) (or P.O. Box no. if mail is not delivered to the street address)	
	3833 CLEGHORN AVENUE, SUITE 400	
	City or town, state, and ZIP code	
	NASHVILLE, TN 37215	

### Part I Information on ORIGINAL DONOR and SUCCESSOR DONEE Receiving the Property

1a Name(s) and address(es) of the original donor(s) of the property	1b Identifying number(s)
ELIZABETH FOLSOM - 115 WOODMOND BLVD, #321, NASHVILLE, TN 37205	

**Note.** Complete lines 2a–2d only if you gave this property to another charitable organization (successor donee).

2a Name of charitable organization	2b Employer identification number
2c Address (number, street, and room or suite no.) (or P.O. Box no. if mail is not delivered to the street address)	
2d City or town, state, and ZIP code	

### Part II Information on PREVIOUS DONEES—Complete this part only if you were not the first donee to receive the property. See the instructions before completing lines 3a through 4d.

3a Name of original donee	3b Employer identification number
3c Address (number, street, and room or suite no.) (or P.O. Box no. if mail is not delivered to the street address)	
3d City or town, state, and ZIP code	
4a Name of preceding donee	4b Employer identification number
4c Address (number, street, and room or suite no.) (or P.O. Box no. if mail is not delivered to the street address)	
4d City or town, state, and ZIP code	

### Part III Information on DONATED PROPERTY—If you are the original donee, leave column (c) blank.

(a) Description of donated property sold, exchanged, or otherwise disposed of (if you need more space, attach a separate statement)	(b) Date you received the item(s)	(c) Date the original donee received the item(s)	(d) Date item(s) sold, exchanged, or otherwise disposed of	(e) Amount received upon disposition
SILVER	08/16/2005	UNKNOWN	12/23/2005	2,700

**TD F 90-22.1**(Rev. 7/00) SUPERSEDES ALL  
PREVIOUS EDITIONS**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**Do **NOT** file with your Federal Tax Return**1**

OMB No. 1506-0009

1 Filing for Calendar Year Y Y Y Y 2005	2 Type of Filer a <input type="checkbox"/> Individual    b <input type="checkbox"/> Partnership    c <input checked="" type="checkbox"/> Corporation    d <input type="checkbox"/> Fiduciary	3 Taxpayer Identification Number 62-1471789
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**Part I Filer Information**

4 Last Name or Organization Name THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.		5 First Name		6 Middle Initial
7 Address (Number, Street, and Apt. or Suite No.) 3833 CLEGHORN AVENUE, STE 400				8 Date of Birth M M D D Y Y Y Y
9 City NASHVILLE	10 State TN	11 Zip/Postal Code 37215	12 Country USA	13 Title (Not necessary if reporting a personal account.)
14 Are these accounts jointly owned? a <input type="checkbox"/> Yes    b <input checked="" type="checkbox"/> No		15 Number of joint owners N/A	16 Taxpayer Identification Number of joint owner (if known) N/A	
17 Last Name or Organization Name N/A		18 First Name N/A		19 Middle Initial N/A

**Part II Information on Financial Accounts**

20 Number of Foreign Financial Accounts in which a financial interest is held 1		21 Type of account a <input type="checkbox"/> Bank    b <input checked="" type="checkbox"/> Securities    c <input type="checkbox"/> Other	
22 Maximum value of account a <input type="checkbox"/> Under \$10,000    c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999    d <input checked="" type="checkbox"/> Over \$1,000,000		23 Account Number or other designation 040-09427-8	
24 Name of Financial Institution with which account is held GOLDMAN SACHS GLOBAL EVENT DRIVEN PARTNERS, PLC		25 Country in which account is held IRELAND	
26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes    b <input type="checkbox"/> No    If no, complete boxes 27-35.		27 Last Name or Organization Name of Account Holder THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC	
28 First Name		29 Middle Initial	30 Taxpayer Identification Number 62-1471789
31 Address (Number, Street, and Apt. or Suite No.) 3833 CLEGHORN AVENUE, STE 400		32 City NASHVILLE	
33 State TN	34 Zip/Postal Code 37215	35 Country USA	
36 Signature 		37 Date M M D D Y Y Y Y 06/28/2006	

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. SEE INSTRUCTIONS FOR DEFINITION. File this form with:

**U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.**

**PRIVACY ACT NOTIFICATION**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 522a(e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 103.

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties.

Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report.

Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 103. The Social Security number will be used as a means to identify the individual who files the report.

**Continuation Page**

Form TD F 90-22.1

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for Calendar Year Y Y Y Y 2005	3 Taxpayer Identification Number	4 Filer Last Name or Business Name	Page Number 2 OF 2
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2 Type of Filer a <input type="checkbox"/> Individual    c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership    d <input type="checkbox"/> Fiduciary	21 Type of Account a <input type="checkbox"/> Bank    c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	22 Maximum value of account a <input type="checkbox"/> Under \$10,000    c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999    d <input type="checkbox"/> Over \$1,000,000
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23 Account Number, or other designation	24 Name of Financial Institution with which account is held
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25 Country in which account is held	26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner
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28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
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32 City	33 State	34 Zip/Postal Code	35 Country
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2 Type of Filer a <input type="checkbox"/> Individual    c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership    d <input type="checkbox"/> Fiduciary	21 Type of Account a <input type="checkbox"/> Bank    c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	22 Maximum value of account a <input type="checkbox"/> Under \$10,000    c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999    d <input type="checkbox"/> Over \$1,000,000
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23 Account Number, or other designation	24 Name of Financial Institution with which account is held
---	---

25 Country in which account is held	26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner
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28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
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32 City	33 State	34 Zip/Postal Code	35 Country
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2 Type of Filer a <input type="checkbox"/> Individual    c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership    d <input type="checkbox"/> Fiduciary	21 Type of Account a <input type="checkbox"/> Bank    c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	22 Maximum value of account a <input type="checkbox"/> Under \$10,000    c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999    d <input type="checkbox"/> Over \$1,000,000
--	--	---

23 Account Number, or other designation	24 Name of Financial Institution with which account is held
---	---

25 Country in which account is held	26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner
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28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
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32 City	33 State	34 Zip/Postal Code	35 Country
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This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. SEE INSTRUCTIONS FOR DEFINITION. File this form with:

**U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.**

**Paperwork Reduction Act.** The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Department of the Treasury, Financial Crimes Enforcement Network, Suite 200, 2070 Chain Bridge Road, Vienna, VA 22182-2536. You are not required to provide the requested information unless a form displays a valid OMB control number.

Question #6      Description of The Four Largest Program Services Areas

Our Mission:

We are dedicated to enriching the quality of life in Middle Tennessee.

Our Goals:

- To serve as a leader, catalyst, and resource for philanthropy.
- To build and hold a permanent and growing endowment for the community's changing needs and opportunities.
- To strive for excellence in strategic grantmaking that benefits all citizens of our community in fields such as social services, education, health, the environment, and the arts.
- To provide flexible and cost-effective ways for civic-minded individuals, families, and companies to contribute to their community – now and for all time.

During 2005, our four largest programs areas which covered 43 counties in Middle Tennessee, included our Discretionary Grants, Arts Build Communities (ABC) Grants, Student Ticket Subsidy Grants and The Women's Fund. The impact of these programs is provided below. We have not broken out the total number of individuals benefiting due to our large service area the difficulty in measuring the broad array of services provided by each organization to its clients.

	Number of Organizations	Grants Awarded
<del>Discretionary</del> Discretionary Grants	181 grants	\$711,947
ABC Grants	37 grants	\$66,250
Student Ticket Subsidy Grants	169 grants 3,551 students served	\$115,250
The Women's Fund	14 grants	\$49,942

Question #11 -- Description of 2005 Events  
Form 990 Questionnaire

1. **The Women's Fund – A Celebration of Women Luncheon and Silent Auction.** Celebrating its 11<sup>th</sup> year of the Women's Fund and the 7<sup>th</sup> year for *A Celebration of Women* luncheon, this annual luncheon and handbag auction benefits the Women's Fund of the Community Foundation of Middle Tennessee. The success of this event has contributed to the overwhelming growth of the Fund which will benefit women for generations. The Women's Fund, dedicated to increasing support in the Middle Tennessee area, will continue to raise awareness and money for programs serving women and girls.
2. **Chet Atkins Music Education Fund Mark Knopfler Concert.** World-renowned guitarist Mark Knopfler of the legendary rock band Dire Straits performed in concert at the Ryman Auditorium. This concert, honoring his late friend and mentor Chet Atkins, befitted the Chet Atkins Music Education Fund of the Community Foundation of Middle Tennessee which endows programs that provide instrumental music education in Middle Tennessee for both young and senior students. The Fund is dedicated to ensuring there are always funds to encourage promising Middle Tennessee students who are pursuing musical training.
3. **The H. Franklin Brooks Philanthropic Fund Travel Raffle.** The proceeds from this first annual event benefited the H. Franklin Brooks Philanthropic Fund of the Community Foundation of Middle Tennessee. The Brooks Fund is dedicated to opening eyes and minds in Middle Tennessee and exists to encourage the inclusion, acceptance and recognition of Middle Tennessee's lesbian and gay citizens, to protect their integrity, their safety, and their health. By supporting and encouraging the development of programs to enhance the quality of life for lesbians and gays in Middle Tennessee, the Brooks Fund can increase philanthropic awareness as well as raise visibility.
4. Copies of **major fundraising events** materials include:
  - a. **The Women's Fund** *A Celebration of Women 2005* The Power of the Purse invitation, luncheon handout, and Pictorial Tribute book.
  - b. **The Chet Atkins Music Education Fund** Mark Knopfler Concert ticket Sample and news article.
  - c. **The H. Franklin Brooks Philanthropic Fund** Travel Raffle information postcard and event program.