

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

2010Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending	C Name of organization THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3833 CLEGHORN AVE. 400 City or town, state or country, and ZIP + 4 NASHVILLE, TN 37215 F Name and address of principal officer: ELLEN LEHMAN SAME AS C ABOVE
D Employer identification number 62-1471789	
E Telephone number (615) 321-4939	
G Gross receipts \$ 270,214,316.	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ WWW.CFMT.ORG	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1991 M State of legal domicile: TN	

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		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	46
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	36
	6	Total number of volunteers (estimate if necessary)	6	600
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	<333,217.>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 26,471,552.	Current Year 55,708,035.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<15,715,040.>	13,982,821.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	989,528.	6,016,083.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,746,040.	75,706,939.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,935,305.	44,664,210.
	Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,702,435.	1,889,558.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	89,500.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 344,126.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,769,816.	5,281,468.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,497,056.	51,835,236.
19		Revenue less expenses. Subtract line 18 from line 12	<41,751,016.>	23,871,703.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 370,316,803.	End of Year 412,697,685.
	21	Total liabilities (Part X, line 26)	14,917,946.	15,755,821.
	22	Net assets or fund balances. Subtract line 21 from line 20	355,398,857.	396,941,864.

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 5-16-12
	Type or print name and title ELLEN LEHMAN, PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name Valerie Shelton	Preparer's signature
	Firm's name KRAFTCPAS PLLC	Date 05/14/12
Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228		Check ☐ if self-employed Firm's EIN 615-242-7351

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

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

SEE SCHEDULE O FOR ORGANIZATION INFORMATION STATEMENT CONTINUATION

AMENDED

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

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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
the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 49,674,363. including grants of \$ 44,664,210.) (Revenue \$)
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 49,674,363.

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032002
12-21-10

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

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
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		X
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	X	
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
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	X	
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	X	
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		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	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	X	
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	X	
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	X	
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		X
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	X	
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

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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 governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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	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	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	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 ☐ Yes ☒ No		
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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032004
12-21-10

THE COMMUNITY FOUNDATION OF MIDDLE
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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	19	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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	36
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	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)?	4a	X
b	If "Yes," enter the name of the foreign country: OTHER COUNTRY See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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).		
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	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?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2010)

032005
12-21-10

AMENDED

10510514 781331 16513-16513 2010.05070 THE COMMUNITY FOUNDATION OF 16513-12

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

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Form 990 (2010)

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	46	
b Enter the number of voting members included in line 1a, above, who are independent	44	
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?	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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELLEN LEHMAN - (615) 321-4939**
3833 CLEGHORN AVE. STE #400, NASHVILLE, TN 37215

Form 990 (2010)

032006
12-21-10

SEE SCHEDULE O FOR FULL LIST OF STATES

AMENDED

10510514 781331 16513-16513 2010.03070 THE COMMUNITY FOUNDATION OF 16513-12

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

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Form 990 (2010)

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 hours for related organizations in Schedule O)	(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			
RICHARD M. BRACKEN NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
AGENCIA W. CLARK NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
BEN CUNDIFF NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
FARZIN FERDOWSI NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
JOHN D. FERGUSON NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
DARRELL S. FREEMAN NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
KERRY GRAHAM NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
DR. HARRY JACOBSON NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
DECOSTA E. JENKINS NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
HONORABLE WILLIAM C. KOCH, JR. NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
KEVIN LAVENDER NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
BERT MATHEWS NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
ROBERT A. MCCABE, JR. NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
STUART C. MCWHORTER NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
DONNA D. NICELY NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
LINDA REBROVICK NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
MICHAEL D. SHMERLING NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

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Form 990 (2010)

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			
JOEL C. GORDON NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
JAMES S. GULMI NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
AUBREY B. HARWELL, JR. NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
F.W. LAZENBY NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
JOHN E. MAUPIN, JR. NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
RALPH W. MOSLEY NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
BEN R. RECHTER NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
SUSAN W. SIMONS NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
WILLIAM T. SPITZ NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
HOWARD L. STRINGER NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
CHARLES A. TROST NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
JACK B. TURNER NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
BETSY WALKUP NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
JAYME C. WILLIAMS NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
JERRY B. WILLIAMS NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
ELLEN LEHMAN PRESIDENT	70.00			X				275,624.	0.	10,644.
DEBORAH F. TURNER CHAIRMAN	1.30			X				0.	0.	0.
FRANCIS GUESS VICE CHAIRMAN	1.30			X				0.	0.	0.
CATHERINE T. JACKSON SECRETARY	1.30			X				0.	0.	0.
CHARLES W. COOK, JR. TREASURER	1.30			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule 7)										
(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			
LANI ROSSMANN VICE-PRESIDENT	70.00					X		112,479.	0.	8,222.
MELISA CURREY COMPTROLLER	50.00					X		123,502.	0.	12,468.
BELINDA DINWIDDIE DONOR SERVICES	50.00					X		129,095.	0.	12,612.

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

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Form 990 (2010)

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 (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			
DEBORAH TAYLOR TATE NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
DAVID WILLIAMS, II NON-COMPENSATED DIRECTOR	1.30	X						0.	0.	0.
JUDITH LIFF BARKER NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
JACK O. BOVENDER, JR. NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
BETTY M. BROWN NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
GEORGE N. BULLARD NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
KITTY MOON EMERY NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
CHARLES O. FRAZIER NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
DR. THOMAS F. FRIST, JR. NON-COMPENSATED TRUSTEE	1.30	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								640,700.	0.	43,946.
d Total (add lines 1b and 1c)								640,700.	0.	43,946.

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

	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	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	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	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.

(A) Name and business address	(B) Description of services	(C) Compensation
EDUCATION FIRST CONSULTING, LLC P.O. BOX 22871, SEATTLE, WA 98122	EDUCATION CONSULTING	606,607.
CANDLER CONSULTING, LLC 534 STATE STREET, NEW ORLEANS, LA 70118	EDUCATION CONSULTING	603,392.
BUILDING EXCELLENT SCHOOLS 262 WASHINGTON STREET, BOSTON, MA 02108	EDUCATOR TRAINING	514,000.
EDGE CAPITAL PARTNERS, LLC, 1380 W. PACES FERRY ROAD, NW STE 1000, ATLANTA, GA 30327	INVESTMENT CONSULTING	237,551.
CONSULTING SERVICES GROUP, LP 6075 POPLAR AVENUE, #700, MEMPHIS, TN 38119	INVESTMENT CONSULTING	181,193.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

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Form 990 (2010)

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, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,456,754.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	443,073.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53808208.				
	g Noncash contributions included in lines 1a-1f: \$		29174623.				
	h Total. Add lines 1a-1f			55708035.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,234,435.			5234435.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			6,666.			6,666.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			8,748,386.	8,748,386.		
	8 a Gross income from fundraising events (not including \$ 1,456,754. of contributions reported on line 1c). See Part IV, line 18	a		7467552.			
	b Less: direct expenses	b		1460715.			
	c Net income or (loss) from fundraising events			6,006,837.			6006837.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	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 NOW PLAYING NASHVILLE.		541900	2,580.		2,580.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,580.				
12 Total revenue. See instructions.			75706939.	8,748,386.	2,580.	11247938.	

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

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Form 990 (2010)

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).*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 U.S. See Part IV, line 21	43,716,110.	43,716,110.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	914,391.	914,391.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	33,709.	33,709.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	286,269.	107,351.	107,351.	71,567.
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	1,311,669.	550,901.	537,784.	222,984.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	41,631.	17,485.	17,069.	7,077.
9 Other employee benefits	134,564.	56,517.	55,171.	22,876.
10 Payroll taxes	115,425.	48,479.	47,324.	19,622.
11 Fees for services (non-employees):				
a Management	2,044.	858.	1,186.	
b Legal	26,027.	10,931.	15,096.	
c Accounting	40,250.	16,905.	23,345.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	376,592.	158,169.	218,423.	
g Other	2,582,694.	2,106,585.	476,109.	
12 Advertising and promotion	98,967.	41,566.	57,401.	
13 Office expenses	146,426.	61,499.	84,927.	
14 Information technology	68,474.	28,759.	39,715.	
15 Royalties				
16 Occupancy	<5,943.>	<2,496.>	<3,447.>	
17 Travel	7,150.	3,003.	4,147.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,597.	2,351.	3,246.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	113,290.	47,582.	65,708.	
23 Insurance	37,995.	15,958.	22,037.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FUND EXPENSE	1,705,773.	1,705,773.	0.	
b BUILDING EXPENSE	77,159.	32,407.	44,752.	
c DUES AND SUBSCRIPTIONS	10,209.	4,288.	5,921.	
d GIFTS	5,747.	2,414.	3,333.	
e MISCELLANEOUS	2,326.	977.	1,349.	
f All other expenses	<19,309.>	<8,109.>	<11,200.>	
25 Total functional expenses. Add lines 1 through 24f	51,835,236.	49,674,363.	1,816,747.	344,126.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

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Form 990 (2010)

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	17,445,371.	2	21,455,968.
	3 Pledges and grants receivable, net		3	2,910,700.
	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		9	8,746.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,210,582.		
	b Less: accumulated depreciation	10b 616,035.		
	11 Investments - publicly traded securities	1,687,353.	10c	1,594,547.
	12 Investments - other securities. See Part IV, line 11	246,734,376.	11	269,198,343.
	13 Investments - program-related. See Part IV, line 11	94,676,465.	12	107,180,222.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	9,773,238.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	370,316,803.	15	10,349,159.	
Liabilities	17 Accounts payable and accrued expenses	191,948.	16	412,697,685.
	18 Grants payable	10,211,188.	17	170,175.
	19 Deferred revenue		18	10,084,578.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	4,514,810.	24	
	26 Total liabilities. Add lines 17 through 25	14,917,946.	25	5,501,068.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		26
27 Unrestricted net assets		343,855,711.	27	384,590,564.
28 Temporarily restricted net assets		9,599,014.	28	10,407,168.
29 Permanently restricted net assets		1,944,132.	29	1,944,132.
Organizations that do not follow SFAS 117, check here ☐ 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		355,398,857.	33	396,941,864.
34 Total liabilities and net assets/fund balances		370,316,803.	34	412,697,685.

Form 990 (2010)

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	75,706,939.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,835,236.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,871,703.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	355,398,857.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	17,671,304.
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	396,941,864.

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 (2010)

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Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Employer identification number
62-1471789

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

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

Schedule A (Form 990 or 990-EZ) 2010

THE COMMUNITY FOUNDATION OF MIDDLE

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Schedule A (Form 990 or 990-EZ) 2010 **TENNESSEE, INC.****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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40899877.	33116151.	95950555.	26471552.	55708035.	252146170
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	40899877.	33116151.	95950555.	26471552.	55708035.	252146170
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)						82970988.
6 Public support. Subtract line 5 from line 4.						169175182

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	40899877.	33116151.	95950555.	26471552.	55708035.	252146170
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12774934.	14006331.	7405200.	4719450.	5241101.	44147016.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			1,073.	5,153.	2,580.	8,806.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	373,868.	361,873.	1336653.	1489134.	7467552.	11029080.
11 Total support. Add lines 7 through 10						307331072
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	55.05 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	51.94 %
16a 33 1/3% support test - 2010. 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	☒	
b 33 1/3% support test - 2009. 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	☐	
17a 10% -facts-and-circumstances test - 2010. 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	☐	
b 10% -facts-and-circumstances test - 2009. 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	☐	
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	☐	

Schedule A (Form 990 or 990-EZ) 2010

AMENDED

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

Schedule A (Form 990 or 990-EZ) 2010

032023 12-21-10

AMENDED

10510514 781331 16513-16513 2010-03070 THE COMMUNITY FOUNDATION OF 16513-12

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Employer identification number

62-1471789

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789



Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,523,233.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2		\$ 26,693,893.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
3	SON	\$ 5,161,395.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4		\$ 2,000,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Employer identification number

62-1471789

Part II

[illegible]

Name of organization

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Employer identification number

62-1471789

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

AMENDED

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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open 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	373	
2 Aggregate contributions to (during year)	41,351,143.	
3 Aggregate grants from (during year)	34,286,331.	
4 Aggregate value at end of year	306,976,959.	
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):

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 ▶ \$

AMENDED

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789 Page 2

Schedule D (Form 990) 2010

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):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,945,913.	1,497,475.	981,240.		
b Contributions		446,657.	768,046.		
c Net investment earnings, gains, and losses	247,365.		<151,224.		
d Grants or scholarships			100,587.		
e Other expenditures for facilities and programs	63,087.				
f Administrative expenses					
g End of year balance	2,130,191.	1,944,132.	1,497,475.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☒ 100.00 %
c Term endowment ☐ %

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

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

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.

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

Description of investment	(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		753,722.	197,082.	556,640.
c Leasehold improvements				
d Equipment		322,658.	224,256.	98,402.
e Other		241,402.	194,697.	46,705.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,594,547.

Schedule D (Form 990) 2010

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule D (Form 990) 2010

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	233,381.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) LAND AND RENTAL PROPERTY	920,581.	COST
(B) PARTNERSHIP INTEREST	22,457,699.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	83,017,320.	END-OF-YEAR MARKET VALUE
(D) PARTNERSHIP INTEREST	551,241.	COST
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	107,180,222.	

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.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) AGENCY ENDOWMENT FUNDS LIABILITY	5,501,068.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	5,501,068.	

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

032053
12-20-10

Schedule D (Form 990) 2010

AMENDED

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Schedule D (Form 990) 2010

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	75,706,939.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,835,236.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	23,871,703.
4	Net unrealized gains (losses) on investments	4	15,858,697.
5	Donated services and use of facilities	5	730,546.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,082,061.
9	Total adjustments (net). Add lines 4 through 8	9	17,671,304.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	41,543,007.

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	94,863,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	15,858,697.
b	Donated services and use of facilities	2b	730,546.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,106,147.
e	Add lines 2a through 2d	2e	17,695,390.
3	Subtract line 2e from line 1	3	77,167,654.
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	<1,460,715.>
c	Add lines 4a and 4b	4c	<1,460,715.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	75,706,939.

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

1	Total expenses and losses per audited financial statements	1	53,320,037.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	24,086.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,460,715.
e	Add lines 2a through 2d	2e	1,484,801.
3	Subtract line 2e from line 1	3	51,835,236.
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	51,835,236.

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 XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	1,106,147.
IN KIND EXPENSES	-24,086.
TOTAL TO SCHEDULE D, PART XI, LINE 8	1,082,061.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	1,106,147.
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Schedule D (Form 990) 2010

032054
12-20-10

AMENDED

10510514 781331 16513-16513

2010.03670 THE COMMUNITY FOUNDATION OF 16513-12

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789 Page 5

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO SPECIAL EVENTS -1,460,715.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO SPECIAL EVENTS 1,460,715.

Schedule D (Form 990) 2010

032055
12-20-10

AMENDED

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number

62-1471789

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL/SOUTH AMERICA	0	0	GRANT TO LOCAL FOUNDATION	FLOOD RELIEF	33,709.
3 a Sub-total	0	0			33,709.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			33,709.

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

Schedule F (Form 990) 2010

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

ACUNA, MEXICO WAS HIT BY HEAVY FLOOD IN THE SPRING OF 2009, AS A RESULT WE RESPONDED BY HELPING THE EMPLOYEES OF A O SMITH, A TENNESSEE COMPANY, WHO HAD EMPLOYEES WHO LIVE AND WORK IN THAT AREA. WE MADE A GRANT OF \$33,709 WHICH WAS PAYABLE TO THE COMMUNITY FOUNDATION OF MEXICO AND THEY WORKED IN THEIR AREA TO PURCHASE MUCH NEEDED FURNITURE AND SUPPLIES WHICH HAD BEEN DESTROYED BY FLOODING.

THE COMMUNITY FOUNDATION OF MEXICO REPORTED BACK TO US THE USE OF THE FUNDS WHICH INCLUDED PICTURES OF DELIVERIES AND THE FAMILIES WHICH WE SUPPORTED THROUGH OUR GRANT.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 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.

[illegible]

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) 2010

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.

of fundraising event contributions and gross income on Form 990						
Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GARTH BROOKS RIVER	NASHVILLE RISING	15	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
1	Gross receipts	5,108,977.	2,302,398.	1,505,095.	8,916,470.	
2	Less: Charitable contributions	237,127.	667,131.	548,162.	1,452,420.	
3	Gross income (line 1 minus line 2)	4,871,850.	1,635,267.	956,933.	7,464,050.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	52,931.	65,000.	9,890.	127,821.
	7	Food and beverages		34,990.	83,025.	118,015.
	8	Entertainment			2,890.	2,890.
	9	Other direct expenses	585,758.	263,018.	363,216.	1,211,992.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(1,460,718)
	11	Net income summary. Combine line 3, column (d), and line 10				6,003,332.

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))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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: _____ ☐ Yes ☐ No
a Is the organization licensed to operate gaming activities in each of these states? _____
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
TENNESSEE, INC.

62-1471789 Page 3

Schedule G (Form 990 or 990-EZ) 2010

- 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:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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).

AMENDED

**SCHEDULE I
(Form 990)**

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
62-1471789

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? ☒ Yes ☐ No
- 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., #400 NASHVILLE, TN 37215			39,735,398.	2,198,233.			

2 Enter total number of section 501(c)(3) and government organizations **528.**

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789 Page 2

Schedule I (Form 990) (2010)

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.

(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	4	5,810.	0.		
CIVIC AFFAIRS/PLANNING	1	1,814.	0.		
DISASTER RELIEF	146	647,159.	0.		
EDUCATION	114	245,363.	0.		
HEALTH	1	2,000.	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.

Part III

[illegible]

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

2010

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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 organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ 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 from the organization or a related organization?

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)?

	Yes	No
1a		
1b		
2		
3		
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) 2010

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

62-1471789

Part VII 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELLEN LEHMAN	(i)	275,624.	0.	0.	7,350.	3,294.	286,268.	257,309.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

AMENDED¹²

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2010

Open To Public Inspection

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

Employer identification number
62-1471789

Part	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.

[illegible]

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.

[illegible]

Total

Part III		Grants or Assistance Benefiting Interested Persons.
-----------------	--	--

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2010

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789

Page 2

Schedule L (Form 990 or 990-EZ) 2010

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.	ASSISTANT B		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: ASSISTANT BRANCH MANAGER AND SENIOR VP

OF INVESTMENTS FOR WELLS FARGO ADVISORS IN WHICH CFMT HAS SEVERAL
INVESTMENTS.

Schedule L (Form 990 or 990-EZ) 2010

032132
12-21-10

AMENDED

10510514 781331 16513-16513 2010.05070 THE COMMUNITY FOUNDATION OF 16513-12

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2010

Open 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	34	28,999,221.	AVERAGE FMV ON GIFT
10 Securities - Closely held stock	X	2	175,402.	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				
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 ► (.....				
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

5

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?

	Yes	No
30a		X
31		X
32a	X	

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.

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

Schedule M (Form 990) (2010)



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

2010

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

Employer identification number
62-1471789

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 THE ASISTANT BRANCH
MANAGER AND SENIOR VP OF 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 PARNTERSHIP WITH THE VICE PRESIDENT,

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

AMENDED

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

Employer identification number
62-1471789

COMPTROLLER AND FINANCE STAFF OF THE FOUNDATION. PRIOR TO FILING THE FORM 990 IT IS REVIEWED BY THE PRESIDENT, VICE PRESIDENT AND COMPTROLLER, AND COMPARED AGAINST AUDITED FINANCIAL REPORTS AND WORKPAPERS.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST 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 VICE 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:
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 OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH GUIDESTAR, GIVINGMATTERS.COM, COUNCIL ON FOUNDATIONS THROUGH THEIR ACCREDITATION PROCESS, AND THROUGH SENDING MATERIALS OUT UPON REQUEST, BOTH ELECTRONICALLY AND THROUGH THE US POST OFFICE

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

832212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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

Employer identification number
62-1471789

NET UNREALIZED GAINS ON INVESTMENTS: 15,858,697.
DONATED SERVICES AND USE OF FACILITIES: 730,546.
CHANGE IN VALUE OF SPLIT-INTEREST GIFTS 1,106,147.
IN KIND EXPENSES -24,086.
TOTAL TO FORM 990, PART XI, LINE 5 17,671,304.

FORM 990, PART XII, LINE #2C

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

FORM 990, AMENDED:

FORM 990 FOR TAX YEAR ENDING DECEMBER 31, 2010 HAS BEEN AMENDED; LISTED
BELOW ARE THE CHANGES TO THE FORM 990:

PART V, PAGE 5:

LINE #8, WAS CHECKED "NO" THAT THE DONOR ADVISED FUNDS MAINTAINED BY A
SPONSORING ORGANIZATION, DID NOT HAVE EXCESS BUSINESS HOLDINGS AT ANY
TIME DURING THE TAX YEAR.

LINE #9A, WAS CHECKED "NO" THAT THE ORGANIZATION DID NOT MAKE ANY
TAXABLE DISTRIBUTIONS UNDER SECTION 4966.

LINE #9B, WAS CHECKED "NO" THAT THE ORGANIZATION DID NOT MAKE A
DISTRIBUTION TO A DONOR, DONOR ADVISOR, OR RELATED PERSON.

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
62-1471789

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE PROPERTIES NONPROFIT LLC, 3833 CLEGHORN AVE, SUITE 400, NASHVILLE, TN 37215	ACCEPT & SELL OR DISPOSE OF REAL ESTATE CONTRIBUTED TO COMMUNITY FOUNDATION	TENNESSEE	0.	0.	COMMUNITY FOUNDATION OF MIDDLE TENNESSEE

Part II 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 tax year.)

(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.

Schedule R (Form 990) 2010

Part III 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.)

[illegible]

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.)

[illegible]

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789 Page 3

Schedule R (Form 990) 2010

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-IV?

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity																		
b Gift, grant, or capital contribution to other organization(s)																		
c Gift, grant, or capital contribution from other organization(s)																		
d Loans or loan guarantees to or for other organization(s)																		
e Loans or loan guarantees by other organization(s)																		
f Sale of assets to other organization(s)																		
g Purchase of assets from other organization(s)																		
h Exchange of assets																		
i Lease of facilities, equipment, or other assets to other organization(s)																		
j Lease of facilities, equipment, or other assets from other organization(s)																		
k Performance of services or membership or fundraising solicitations for other organization(s)																		
l Performance of services or membership or fundraising solicitations by other organization(s)																		
m Sharing of facilities, equipment, mailing lists, or other assets																		
n Sharing of paid employees																		
o Reimbursement paid to other organization for expenses																		
p Reimbursement paid by other organization for expenses																		
q Other transfer of cash or property to other organization(s)																		
r Other transfer of cash or property from other 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)				

AMENDED

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.

[illegible]

12-21-10

AMENDED

THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE, INC.

62-1471789 Page 5

Schedule R (Form 990) 2010

Part VII Supplemental Information

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

Lined area for supplemental information.

AMENDED

Community Foundation of Middle Tennessee
990 List of Grantees 2010

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Method of valuation	Description Non-Cash Assistance	Purpose of Grant or Assistance
5 Loaves 4 Kids, 317 Sharrondale Drive Tullahoma, TN 37388	26-1192325	501(c)(3)	5,000	-	-	To provide weekend food to up to 250+ critical needs children in Tullahoma.	
A Child's Place, PO Box 33302 Charlotte, NC 28233	58-1011741	501(c)(3)	8,000	-	-	Human Services	
A Heart Set Free, PO Box 681862 Franklin, TN 37068	20-8227814	501(c)(3)	10,000	-	-	Human Services	
A.B.L.E. Youth, Inc., 4316 Prescott Road Nashville, TN 37204	57-1158431	501(c)(3)	5,000	-	-	To provide a program for disabled youth that teaches independent living skills.	
A.B.L.E. Youth, Inc., 4316 Prescott Road Nashville, TN 37204	57-1158431	501(c)(3)	1,100	-	-	Human Services	
A.B.L.E. Youth, Inc., 4316 Prescott Road Nashville, TN 37204	57-1158431	501(c)(3)	5,000	-	-	benefiting Super Sports Saturday program	
Adventure Science Center Nashville, 800 Fort Negley Blvd. Nashville, TN 37203	62-0478192	501(c)(3)	5,000	-	-	Human Services	
Adventure Science Center Nashville, 800 Fort Negley Blvd. Nashville, TN 37203	62-0478192	501(c)(3)	29,353	-	-	Human Services	
Adventure Science Center Nashville, 800 Fort Negley Blvd. Nashville, TN 37203	62-0478192	501(c)(3)	200,000	-	-	benefiting The Imagine 2013 Capital Campaign	
Advocates for the Upper Cumberland Inc., 1225 South Willow Avenue Cookeville, TN 38558-1741614	501(c)(3)	5,000	-	-	-	To provide emergency assistance, smoke detectors and in-home supplies for homebound senior citizens and disabled individuals.	
Advocates for the Upper Cumberland Inc., 1225 South Willow Avenue Cookeville, TN 38558-1741614	501(c)(3)	1,200	-	-	-	Human Services	
Advocates for the Upper Cumberland Inc., 1225 South Willow Avenue Cookeville, TN 38558-1741614	501(c)(3)	10,000	-	-	-	To provide emergency assistance with rent, utilities, deposit fees, and medical supplies to displaced individuals in Smith and Clay	
African American History Foundation, c/o NCVB 150 4th Ave N Ste G250 Nashville, TN 37262-1867910	501(c)(3)	50,000	-	-	-	Arts/Humanities	
African American History Foundation, c/o NCVB 150 4th Ave N Ste G250 Nashville, TN 37262-1867910	501(c)(3)	1,100	-	-	-	Arts/Humanities	
African Leadership, P.O. Box 2888 Brentwood, TN 37024	31-1736706	501(c)(3)	1,000	-	-	Human Services	
African Leadership, P.O. Box 2888 Brentwood, TN 37024	31-1736706	501(c)(3)	10,800	-	-	Human Services	
African Leadership, P.O. Box 2888 Brentwood, TN 37024	31-1736706	501(c)(3)	1,000	-	-	benefiting the Refugee Ministry/Refugee Resettlement program	
African Leadership, P.O. Box 2888 Brentwood, TN 37024	31-1736706	501(c)(3)	25,000	-	-	Human Services	
African Leadership, P.O. Box 2888 Brentwood, TN 37024	31-1736706	501(c)(3)	1,000	-	-	benefiting the Eddie Messick Fund	
Against the Grain, Inc., PO Box 609 Franklin, TN 37068	02-0700940	501(c)(3)	5,000	-	-	To provide The 150 Program to 50 single mothers living in the Chesham Place and Cumberland View Housing Projects	
AGAPE/Association for Guidance Aid Placement & Empathy 4555 Trousdale Drive Nashville 62-0760716	501(c)(3)	10,000	-	-	-	Human Services	
Alignment Nashville, C/O Mayor's Office Metro Courthouse 1 Public Sq. Nashville, TN 37214-0543933	501(c)(3)	50,000	-	-	-	for 2010-2011 operational funding	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	8,700	-	-	Human Services	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	15,000	-	-	benefiting the 2010 Children's Program	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	2,000	-	-	Human Services	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	250	-	-	in memory of Mr. Clark Rollins	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	100	-	-	in memory of Jimmy Bradford	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	500	-	-	in honor and memory of J. C. Bradford, Jr.	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	1,000	-	-	Human Services	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	500	-	-	Human Services	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	1,000	-	-	Human Services	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	2,000	-	-	Human Services	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	1,500	-	-	Human Services	
Alive Hospice, 1718 Patterson St. Nashville, TN 37203	62-0983550	501(c)(3)	500	-	-	in memory of Andrea Jeanne Moses	
Allegro School of Music, 3901 Gallatin Road Nashville, TN 37216	62-0586087	501(c)(3)	400	-	-	Education	
Allegro School of Music, 3901 Gallatin Road Nashville, TN 37216	62-0586087	501(c)(3)	400	-	-	Education	
Allegro School of Music, 3901 Gallatin Road Nashville, TN 37216	62-0586087	501(c)(3)	400	-	-	Education	
Allegro School of Music, 3901 Gallatin Road Nashville, TN 37216	62-0586087	501(c)(3)	400	-	-	Education	
Allegro School of Music, 3901 Gallatin Road Nashville, TN 37216	62-0586087	501(c)(3)	(500)	-	-	to provide cultural enrichment activities for children	
ALS Association-Tennessee Chapter, P.O. Box 40244 Nashville, TN 37204	84-3124723	501(c)(3)	1,300	-	-	for event underwriting	
ALS Association-Tennessee Chapter, P.O. Box 40244 Nashville, TN 37204	84-3124723	501(c)(3)	5,000	-	-	to provide ongoing respite care to primary caregivers of people with ALS (PALS).	
American Cancer Society of Birmingham, 1100 Ireland Way Ste 201 Birmingham, AL 35206-0329009	501(c)(3)	2,500	-	-	-	benefiting the Relay for Life/Gadsden AL	
American Cancer Society of Birmingham, 1100 Ireland Way Ste 201 Birmingham, AL 35206-0329009	501(c)(3)	3,000	-	-	-	benefiting the Relay for Life/Anniston AL	
American Cancer Society of Birmingham, 1100 Ireland Way Ste 201 Birmingham, AL 35206-0329009	501(c)(3)	3,000	-	-	-	Health	
American Cancer Society of Birmingham, 1100 Ireland Way Ste 201 Birmingham, AL 35206-0329009	501(c)(3)	2,500	-	-	-	Health	
American Cancer Society of Nashville, 2000 Charlotte Avenue Nashville, TN 37203	64-0329009	501(c)(3)	200	-	-	Health	
American Cancer Society of Nashville, 2000 Charlotte Avenue Nashville, TN 37203	64-0329009	501(c)(3)	400	-	-	benefiting the Maury County Unit	
American Cancer Society of Nashville, 2000 Charlotte Avenue Nashville, TN 37203	64-0329009	501(c)(3)	10,000	-	-	Health	
American Cancer Society of Nashville, 2000 Charlotte Avenue Nashville, TN 37203	64-0329009	501(c)(3)	400	-	-	benefiting the Maury County Unit	
American Cancer Society of Tyler, 1301 S. Broadway Tyler, TX 75701	501(c)(3)	5,000	-	-	-	on behalf of Andrea Riley and Kamala Scammahorn	
American Heart Association, 1818 Patterson Street Nashville, TN 37203	13-5613797	501(c)(3)	10,000	-	-	Health	
American Heart Association, 1818 Patterson Street Nashville, TN 37203	13-5613797	501(c)(3)	150	-	-	benefiting the Heart Gala	
American Heart Association, 1818 Patterson Street Nashville, TN 37203	13-5613797	501(c)(3)	100	-	-	benefiting the annual fund	
American Heart Association, 1818 Patterson Street Nashville, TN 37203	13-5613797	501(c)(3)	5,000	-	-	benefiting the 2011 Heart Gala special appeal for children's health (DECLINE BENEFITS)	
American Liver Foundation New England Division, 88 Winchester St Newton, MA 02461	501(C)(3)	5,000	-	-	-	on behalf of Jennifer Glickman/2011 Run for Research	
American Red Cross, PO Box 4002018 Des Moines, IA 50340		149	-	-	-	to support Haiti Earthquake relief efforts	
American Red Cross, PO Box 4002018 Des Moines, IA 50340		323,928	-	-	-	to support Haiti Relief and Development	
American Red Cross Clarksville-Montgomery Co. Chapter, 585 S Riverside Dr Ste L Clark53-0196605	501(c)(3)	10,000	-	-	-	to support disaster relief efforts in Montgomery, Stewart, and Houston Counties from the May 2010 Flood	
American Red Cross Clarksville-Montgomery Co. Chapter, 585 S Riverside Dr Ste L Clark53-0196605	501(c)(3)	1,000	-	-	-	Human Services	
American Red Cross Clarksville-Montgomery Co. Chapter, 585 S Riverside Dr Ste L Clark53-0196605	501(c)(3)	2,561	-	-	-	to support the losses of your organization as a result of the May 2010 Flood	
American Red Cross Heart of TN Chapter, 838 Commercial Court Murfreesboro, TN 371262-0582070	501(c)(3)	1,000	-	-	-	Human Services	
American Red Cross Heart of TN Chapter, 838 Commercial Court Murfreesboro, TN 371262-0582070	501(c)(3)	16,052	-	-	-	to provide direct client assistance to victims of the May 2010 Flood in Rutherford and Wayne Counties	
American Red Cross Lawrence Co., P.O. Box 61 Lawrenceburg, TN 38464	501(c)(3)	6,011	-	-	-	to provide direct client assistance to victims of the May 2010 Flood in Lawrence County	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	200	-	-	-	Human Services	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	50,000	-	-	-	benefiting disaster relief efforts from the May 2010 Flood	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	2,500	-	-	-	benefiting the 2010 Red Cross Lifesaver event	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	44	-	-	-	Human Services	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	25,000	-	-	-	benefiting the 2010 Red Cross Lifesaver breakfast (DECLINE BENEFITS)	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	500	-	-	-	benefiting disaster relief efforts from the May 2010 Flood	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	2,500	-	-	-	benefiting the annual board gift for the Nashville Area Chapter	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	10,000	-	-	-	Human Services	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	1,000	-	-	-	benefiting Haiti Earthquake relief efforts	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	500	-	-	-	to support the disaster relief efforts from the May 2010 Flood	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	2,500	-	-	-	Human Services	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	500	-	-	-	supporting the Special Summer Fund Drive	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	10,000	-	-	-	benefiting 2010 Tiffany Circle Society of Women Leaders/Lee Ann Ingram	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	100,478	-	-	-	to provide direct client assistance to victims of the May 2010 Flood in Chesham, Davidson, Dickson, Putnam, Robertson, and Wil	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	10,000	-	-	-	benefiting 2010 Tiffany Circle Society of Women Leaders	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	5,000	-	-	-	Human Services	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	500	-	-	-	benefiting Haiti Relief and Development	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	10,000	-	-	-	benefiting the Tiffany Fund	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	100,000	-	-	-	Human Services	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	250	-	-	-	in support of disaster relief efforts from the May 2010 Flood	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	1,000	-	-	-	benefiting Haiti Earthquake Relief efforts	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	100,000	-	-	-	benefiting the International Relief fund for Haiti Earthquake victims	
American Red Cross Nashville Area Chapter, 2201 Charlotte Avenue Nashville, TN 37203 62-0476281	501(c)(3)	500	-	-	-	for Haiti earthquake relief efforts	

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	500	-	In memory of Gijourney Cheek
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	1,000	-	benefiting Thistle Farms
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	2,500	-	benefiting Thistle Farms
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	1,500	-	To continue individual, weekly second stage recovery counseling for five Magdalena residents.
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	500	-	Human Services
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	100	-	In memory of Gijourney Cheek
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	1,045	-	Human Services
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	2,000	-	Human Services
Magdalena, Inc., Vanderbilt University Box 6330-B Nashville, TN 37235	58-2050089	501(c)(3)	2,100	-	Human Services
Make a Wish Foundation of Middle Tennessee, 209 10th Avenue S Ste 527 Nashville, TN 37203	62-1833327	501(c)(3)	1,000	-	Human Services
Make a Wish Foundation of Middle Tennessee, 209 10th Avenue S Ste 527 Nashville, TN 37203	62-1833327	501(c)(3)	10,215	-	Human Services
March of Dimes Tennessee Chapter, 1101 Kermit Drive Ste 201 Nashville, TN 37217	13-1846366	501(c)(3)	400	-	Health
March of Dimes Tennessee Chapter, 1101 Kermit Drive Ste 201 Nashville, TN 37217	13-1846366	501(c)(3)	100	-	Health
March of Dimes Tennessee Chapter, 1101 Kermit Drive Ste 201 Nashville, TN 37217	13-1846366	501(c)(3)	700	-	Health
March of Dimes Tennessee Chapter, 1101 Kermit Drive Ste 201 Nashville, TN 37217	13-1846366	501(c)(3)	0,400	-	benefiting President's Society
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	5,000	-	To provide transitional coach and last dollar fund services to 25 high-school youth.
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	2,500	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	1,000	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	500	-	for operating support
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	25,000	-	benefiting The Promise Neighborhood Matching Grant
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	250	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	10,000	-	to support disaster relief efforts of the May 2010 Flood
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	10,000	-	To provide direct assistance to victims of the May 2010 Flood in Davidson County
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	12,500	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	10,000	-	designated as a planning grant
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	500	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	10,000	-	supporting the Champions Breakfast
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	700	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	2,000	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	5,000	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	1,000	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	2,500	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	1,000	-	for annual support
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	1,000	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	1,000	-	Human Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	40,000	-	benefiting Work Ready Adult Education Services
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	27,000	-	for student athlete internship
Martha O'Bryan Center, 711 South 7th Street Nashville, TN 37206	62-0477728	501(c)(3)	40,000	-	benefiting the THRIVE Transitional Coach-Community Support Facilitator for Second Life at Stanford
Martin Methodist College, 433 West Madison Street Pulaski, TN 38478-2709	501(c)(3)	1,500	-	benefiting the Songwriters Dream fundraiser	
Martin Methodist College, 433 West Madison Street Pulaski, TN 38478-2709	501(c)(3)	1,000	-	benefiting the Concert Choir Tour	
Martin Methodist College, 433 West Madison Street Pulaski, TN 38478-2709	501(c)(3)	2,000	-	benefiting the Giles County Campaign	
Martin Methodist College, 433 West Madison Street Pulaski, TN 38478-2709	501(c)(3)	3,000	-	benefiting the Jewel and Finley Johnson Endowment Fund	
Martin Methodist College, 433 West Madison Street Pulaski, TN 38478-2709	501(c)(3)	20,000	-	to support the new Science Building construction	
Martin Methodist College, 433 West Madison Street Pulaski, TN 38478-2709	501(c)(3)	2,000	-	benefiting the Giles County Scholarship	
Mary Baldwin College, Institutional Advancement P. O. Box 1500 Staunton, VA 24402	501(c)(3)	1,000	-	benefiting Annual Fund/Class of 1968	
Mary Baldwin College, Institutional Advancement P. O. Box 1500 Staunton, VA 24402	501(c)(3)	4,000	-	benefiting the Annual Fund/Class of 1968	
Mary Parish Center for Victims of Sexual & Domestic Violence, P.O. Box 60009 Nashville, TN 37206	501(c)(3)	6,000	-	for 2010 general support	
Mary Parish Center for Victims of Sexual & Domestic Violence, P.O. Box 60009 Nashville, TN 37206	501(c)(3)	1,000	-	To provide emergency assistance to domestic violence victims with a variety of urgent needs.	
Massachusetts General Hospital, Office of Development 165 Cambridge St Ste 600 Boston MA 02114	501(c)(3)	1,000	-	benefiting the Leadership Council for Psychiatric	
Mauzy Co Long Term Recovery Committee, c/o Tennessee Conference United Methodist Church 304 S Peabody Nashville, TN 37203	501(c)(3)	17,000	-	To provide support for the unmet needs of victims of the May 2010 Flood	
Mayo Clinic Jacksonville, 4500 San Pablo Rd Jacksonville, FL 32224	501(c)(3)	5,000	-	Health	
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	7,696	-	Human Services
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	1,000	-	Human Services
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	3,692	-	Human Services
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	250	-	Human Services
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	4,536	-	To provide replacement playground borders that will make the play area safer for youth.
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	13,000	-	Human Services
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	2,600	-	Human Services
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	30,000	-	for the Infant/Toddler program
McNelly Center for Children, 400 Meridian Street Nashville, TN 37207	62-0479366	501(c)(3)	415	-	Human Services
MD Anderson Cancer Center/University of Texas, PO Box 4486 Houston, TX 77210	74-6000203	501(c)(3)	15,000	-	for Sarcoma Research by Dr. Benjamin in honor of Mindy Darst
Meharry Medical College, 1005 Dr. D. B. Todd Jr. Blvd. Nashville, TN 37206	62-0488046	501(c)(3)	1,000	-	Education
Meharry Medical College, 1005 Dr. D. B. Todd Jr. Blvd. Nashville, TN 37206	62-0488046	501(c)(3)	10,000	-	benefiting the 2010 Circle of Friends Corporate Partner sponsorship (DECLINE BENEFITS)
Meharry Medical College, 1005 Dr. D. B. Todd Jr. Blvd. Nashville, TN 37206	62-0488046	501(c)(3)	9,463	-	Education
Meharry Medical College, 1005 Dr. D. B. Todd Jr. Blvd. Nashville, TN 37206	62-0488046	501(c)(3)	500	-	Education
Meharry Medical College, 1005 Dr. D. B. Todd Jr. Blvd. Nashville, TN 37206	62-0488046	501(c)(3)	500	-	Education
Meharry Medical College, 1005 Dr. D. B. Todd Jr. Blvd. Nashville, TN 37206	62-0488046	501(c)(3)	1,000	-	benefiting Circle of Friends
Men of Valor, 1420 Donelson Pike #B-6 Nashville, TN 37217	62-1836815	501(c)(3)	7,500	-	Human Services
Men of Valor, 1420 Donelson Pike #B-6 Nashville, TN 37217	62-1836815	501(c)(3)	500	-	Human Services
Men of Valor, 1420 Donelson Pike #B-6 Nashville, TN 37217	62-1836815	501(c)(3)	7,500	-	Human Services
Men of Valor, 1420 Donelson Pike #B-6 Nashville, TN 37217	62-1836815	501(c)(3)	7,500	-	Human Services
Men of Valor, 1420 Donelson Pike #B-6 Nashville, TN 37217	62-1836815	501(c)(3)	7,500	-	Human Services
Mental Health Association of Middle Tennessee, 295 Plus Park Blvd Ste 201 Nashville, TN 37203	TN62-0637710	501(c)(3)	5,490	-	to provide resources and recovery strategies for Spanish and English speaking individuals who were victims of the May 2010 Flood
Mental Health Association of Middle Tennessee, 295 Plus Park Blvd Ste 201 Nashville, TN 37203	TN62-0637710	501(c)(3)	2,000	-	To provide suicide prevention training to individuals working with Spanish-speaking populations.
Mental Health Association of Middle Tennessee, 295 Plus Park Blvd Ste 201 Nashville, TN 37203	TN62-0637710	501(c)(3)	25	-	Human Services
Mental Health Cooperative, 275 Cumberland Bend Drive Nashville, TN 37228	58-2015687	501(c)(3)	5,000	-	To assist consumers in achieving and maintaining recovery from mental illness that will empower them to integrate into community
Mercy Ministries of America, P. O. Box 111060 Nashville, TN 37222	72-0973419	501(c)(3)	1,250	-	benefiting the Merry Mercy Christmas Benefit (DECLINE BENEFITS)
Mercy Ministries of America, P. O. Box 111060 Nashville, TN 37222	72-0973419	501(c)(3)	10,000	-	Human Services
Mercy Ministries of America, P. O. Box 111060 Nashville, TN 37222	72-0973419	501(c)(3)	10,000	-	Human Services
Mercy Ministries of America, P. O. Box 111060 Nashville, TN 37222	72-0973419	501(c)(3)	400	-	Human Services
Mercy Ministries of America, P. O. Box 111060 Nashville, TN 37222	72-0973419	501(c)(3)	10,000	-	Human Services
Mercy Ministries of America, P. O. Box 111060 Nashville, TN 37222	72-0973419	501(c)(3)	5,000	-	Human Services
Mid-Cumberland Community Action Agency, 286 Frey Street #4 Ashland City, TN 37015	62-0858072	501(c)(3)	10,000	-	to support disaster relief efforts from the May 2010 Flood
Middle Tennessee Christian School, 100 E MTCG Road Murfreesboro, TN 37129	62-0672053	501(c)(3)	30,000	-	benefiting the general fund
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	4,000	-	Education
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	1,000	-	Education
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	4,000	-	Education
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	4,000	-	Education
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	4,000	-	Education
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	4,000	-	Education
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	3,600	-	Education
Middle Tennessee State University, Office of Financial Aid MTSU Box 31, 1301 E. Main St. 62-6005794	62-6005794	501(c)(3)	4,000	-	Education

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