

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2006Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.	D Employer identification number 62-1471789	
	Number and street (or P.O. box if mail is not delivered to street address) 3833 CLEGHORN AVE.	Room/suite 400	E Telephone number (615) 321-4939
	City or town, state or country, and ZIP + 4 NASHVILLE, TN 37215		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: **WWW.CFMT.ORG**

J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ N/A H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ N/A
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K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).
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L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **334,520,187.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	40,488,185.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	411,692.		
	e Total (add lines 1a through 1d) (cash \$ 7,842,441. noncash \$ 33,057,436.)	1e	40,899,877.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5	12,774,934.		
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶)	7				
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	280,438,162.	8a	
	b Less: cost or other basis and sales expenses		263,628,123.	8b	
	c Gain or (loss) (attach schedule)		16,810,039.	8c	
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1			8d	16,810,039.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	373,868.		
	b Less: direct expenses other than fundraising expenses	9b	167,855.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c	206,013.		
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11 Other revenue (from Part VII, line 103)	11	33,346.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	70,724,209.			
Net Assets	13 Program services (from line 44, column (B))	13	34,281,822.		
	14 Management and general (from line 44, column (C))	14	1,111,625.		
	15 Fundraising (from line 44, column (D))	15	252,095.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17	35,645,542.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	35,078,667.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	364,195,627.			
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	15,905,746.			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	415,180,040.			

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

Form 990 (2006)

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

Form 990 (2006)

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**Part II Statement of
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 6	
22b Other grants and allocations (attach schedule) (cash \$ 31001330 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31,001,330.	31,001,330.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5	381,175.	142,941.	142,940.	95,294.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	789,381.	370,180.	292,472.	126,729.
27 Pension plan contributions not included on lines 25a, b, and c	68,670.	32,203.	25,443.	11,024.
28 Employee benefits not included on lines 25a - 27	118,646.	55,639.	43,959.	19,048.
29 Payroll taxes	76,957.	26,935.	50,022.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	40,785.	14,275.	26,510.	
34 Telephone	15,417.	5,396.	10,021.	
35 Postage and shipping	51,260.	17,941.	33,319.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	75,535.	26,437.	49,098.	
39 Travel	20,229.	7,080.	13,149.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	88,493.	30,973.	57,520.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	2,917,664.	2,550,492.	367,172.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	35,645,542.	34,281,822.	1,111,625.	252,095.

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

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

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Form 990 (2006)

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THIS ORGANIZATION'S MISSION IS TO FACILITATE INCREASED CHARITABLE GIVING TO BENEFIT NON-PROFIT ORGANIZATIONS SERVING THIS GENERATION AND THOSE WHICH WILL FOLLOW. IN 2006, OVER 1,254 NON-PROFITS IN MIDDLE TENNESSEE RECEIVED GRANTS GIVEN BY THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE.	
(Grants and allocations \$ 31,001,330.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	34,281,822.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	34,281,822.

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TENNESSEE, INC.

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	23,144,922.	46 31,961,403.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	303,430,343.	54a 357,900,870.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis STMT 8	55a 1,958,233.		
b Less: accumulated depreciation STMT 10	55b 302,984.	55c 1,655,249.	
56 Investments - other SEE STATEMENT 11	28,050,602.	56 15,949,851.	
57 a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation	57b 121,296.	57c	
58 Other assets, including program-related investments (describe SEE STATEMENT 12)	13,689,934.	58 12,568,550.	
59 Total assets (must equal line 74). Add lines 45 through 58	368,437,097.	59 420,035,923.	
Liabilities	60 Accounts payable and accrued expenses	34,773.	60 53,362.
	61 Grants payable	578,571.	61 557,142.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe SEE STATEMENT 13)	3,628,126.	65 4,245,379.
66 Total liabilities. Add lines 60 through 65	4,241,470.	66 4,855,883.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	349,644,025.	67 401,682,141.
	68 Temporarily restricted	13,838,873.	68 12,772,720.
	69 Permanently restricted	712,729.	69 725,179.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	364,195,627.	73 415,180,040.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	368,437,097.	74 420,035,923.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	86,850,940.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	15,186,825.
2	Donated services and use of facilities	b2	53,130.
3	Recoveries of prior year grants	b3	
4	Other (specify): SEE STATEMENT 14	b4	718,921.
	Add lines b1 through b4	b	15,958,876.
c	Subtract line b from line a	c	70,892,064.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): EXPENSES RELATED TO SPECIAL EVENTS	d2	<167,855.>
	Add lines d1 and d2	d	<167,855.>
e	Total revenue (Part I, line 12). Add lines c and d	e	70,724,209.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	35,866,526.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	53,130.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): EXPENSES RELATED TO SPECIAL EVENTS	b4	167,854.
	Add lines b1 through b4	b	220,984.
c	Subtract line b from line a	c	35,645,542.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	35,645,542.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ELLEN LEHMAN 3833 CLEGHORN AVE NASHVILLE, TN 37215	PRESIDENT 50.00	219,358.	23,037.	0.
LANI WILKESON 3833 CLEGHORN AVE NASHVILLE, TN 37215	VICE-PRESIDENT 50.00	119,089.	19,691.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS NASHVILLE, TN 37215	DIRECTORS 1.25	0.	0.	0.

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Yes	No
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<p>75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>33</u></p>			
<p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 15</p>	75b	X	
<p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."</p> <p>If "Yes," attach a statement that includes the information described in the instructions.</p>	75c		X
<p>d Does the organization have a written conflict of interest policy?</p>	75d	X	

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information (See the instructions.)
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Yes	No
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76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► N/A		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

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TENNESSEE, INC.

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Part V Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	53,130.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed		TN
b	Number of employees employed in the pay period that includes March 12, 2006	90b	18
91 a	The books are in care of ELLEN LEHMAN Telephone no. (615) 321-4939 Located at 3833 CLEGHORN AVE. STE #400, NASHVILLE, TN ZIP + 4 37215		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country UNITED KINGDOM See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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Part VI Other Information (continued) Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No
If "Yes," enter the name of the foreign country N/A
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	12,774,934.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	16,810,039.	
101 Net income or (loss) from special events			12	206,013.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					33,346.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		29,790,986.	33,346.
105 Total (add line 104, columns (B), (D), and (E))					29,824,332.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	OTHER INCOME RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE

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

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

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

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

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

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a
controlling organization as defined in section 512(b)(13). N/A

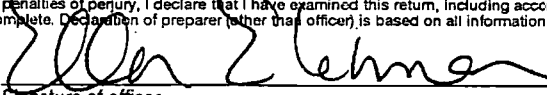
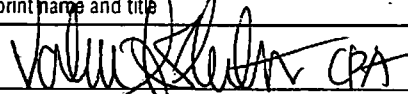
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and
annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	 Signature of officer	6/28/07 Date
Paid Preparer's Use Only	ELLEN LEHMAN PRESIDENT Type or print name and title	
	Preparer's signature:  Firm's name (or yours if self-employed), address, and ZIP + 4: KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310	Date: 06/28/07 Check if self-employed: <input checked="" type="checkbox"/> <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. X): EIN: Phone no.: (615) 242-7351

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2006

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MELISA CURREY 3833 CLEGHORN AVENUE, NASHVILLE, TN	COMPTROLLER 50.00	105,082.	18,406.	
MARY K. FRISKICS-WARREN 3833 CLEGHORN AVENUE, NASHVILLE, TN	GIV. MAT. DIR. 50.00	70,723.	15,373.	
LAUNDREA LEWIS 3833 CLEGHORN AVENUE, NASHVILLE, TN	GRANTS DIR. 50.00	66,229.	15,048.	
JAN PATE 3833 CLEGHORN AVENUE, NASHVILLE, TN	PROF. SVCS. 50.00	64,440.	7,033.	
MICHAEL MCDANIEL 3833 CLEGHORN AVENUE, NASHVILLE, TN	DONOR COORD. 50.00	63,249.	14,747.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MGROUP 209 10TH AVENUE, STE 208, NASHVILLE, TN 37203	WEBSITE, DESIGN, PRINTING	225,365.
CONSULTING SERVICES GROUP, LP 6075 POPLAR AVENUE, #700, MEMPHIS, TN 38119	INVESTMENT MANAGEMENT	194,412.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

THE COMMUNITY FOUNDATION OF MIDDLE

Schedule A (Form 990 or 990-EZ) 2006 TENNESSEE, INC.

62-1471789 Page 2

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 16	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year		306
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		306655340.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	

Total **▶** _____

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

THE COMMUNITY FOUNDATION OF MIDDLE

Schedule A (Form 990 or 990-EZ) 2006 **TENNESSEE, INC.**

62-1471789 Page 4

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	35,560,480.	109,264,559.	54,613,725.	148,266,460.	347,705,224.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,329,226.	5,708,939.	3,296,498.	3,776,822.	21,111,485.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	559,721.	503,387.	SEE STATEMENT 17 321,095.	339,897.	1,724,100.
23 Total of lines 15 through 22	44,449,427.	115,476,885.	58,231,318.	152,383,179.	370,540,809.
24 Line 23 minus line 17	44,449,427.	115,476,885.	58,231,318.	152,383,179.	370,540,809.
25 Enter 1% of line 23	444,494.	1,154,769.	582,313.	1,523,832.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 7,410,816.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 34,577,184.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 370,540,809.
d Add: Amounts from column (e) for lines: 18 21,111,485. 19					
22 1,724,100. 26b 34,577,184.					26d 57,412,769.
e Public support (line 26c minus line 26d total)					26e 313,128,040.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.5057%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

THE COMMUNITY FOUNDATION OF MIDDLE

Schedule A (Form 990 or 990-EZ) 2006 **TENNESSEE, INC.**

62-1471789 Page 5

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

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

Schedule A (Form 990 or 990-EZ) 2006

THE COMMUNITY FOUNDATION OF MIDDLE

Schedule A (Form 990 or 990-EZ) 2006 **TENNESSEE, INC.**

62-1471789 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

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

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

(The term "expenditures" means amounts paid or incurred.)

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	280,438,162.	263,628,123.	0.	16,810,039.
TO FORM 990, PART I, LINE 8	280,438,162.	263,628,123.	0.	16,810,039.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
A CELEBRATION OF WOMEN LUNCHEON	269,472.		269,472.	114,069.	155,403.
FRANKLIN BROOKS	31,455.		31,455.	7,978.	23,477.
JOE KRAFT LUNCHEON	72,941.		72,941.	45,808.	27,133.
TO FM 990, PART I, LINE 9	373,868.		373,868.	167,855.	206,013.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	15,186,825.
CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	697,492.
AMORTIZATION OF GUARANTEE OBLIGATION	21,429.
TOTAL TO FORM 990, PART I, LINE 20	15,905,746.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES AND SUBSCRIPTIONS	6,132.	2,146.	3,986.	
PROFESSIONAL FEES	149,108.	52,188.	96,920.	
ADVERTISING	174,118.	60,941.	113,177.	
UTILITIES	898.	314.	584.	

THE COMMUNITY FOUNDATION OF MIDDLE TENNE

62-1471789

BUILDING EXPENSE	75,438.	26,403.	49,035.
SOFTWARE MAINTENANCE	48,974.	17,141.	31,833.
EVENTS	6,476.	2,267.	4,209.
INVESTMENT			
MANAGEMENT &			
CUSTODIAL FEES	1,422,699.	1,422,699.	0.
DIRECT PROGRAM			
EXPENSES	930,085.	930,085.	0.
D & O EXPENSE	7,606.	2,662.	4,944.
LIABILITY EXPENSE	26,591.	9,307.	17,284.
GIFTS	7,733.	2,707.	5,026.
CONTRACT LABOR	26,276.	9,197.	17,079.
PROPERTY TAXES	29,072.	10,175.	18,897.
REPAIRS AND			
MAINTENANCE	6,458.	2,260.	4,198.
TOTAL TO FM 990, LN 43	2,917,664.	2,550,492.	367,172.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELLEN LEHMAN	219,358.	23,037.		242,395.
A. PROGRAM SERVICES	82,259.	8,639.		90,898.
B. MANAGEMENT AND GENERAL	82,259.	8,639.		90,898.
C. FUNDRAISING	54,840.	5,759.		60,599.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LANI WILKESON	119,089.	19,691.		138,780.
A. PROGRAM SERVICES	44,659.	7,384.		52,043.
B. MANAGEMENT AND GENERAL	44,658.	7,384.		52,042.
C. FUNDRAISING	29,772.	4,923.		34,695.

TOTAL PROGRAM SERVICES				142,941.
TOTAL MANAGEMENT AND GENERAL				142,940.
TOTAL FUNDRAISING				95,294.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				381,175.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANT SEE ATTACHED 3833 CLEGHORN AVE., #400 NASHVILLE, TN 37215	31,001,330.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	31,001,330.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC. (THE "FOUNDATION") IS A CHARITABLE ORGANIZATION WHOSE PURPOSE IS TO BE A LEADER, CATALYST, AND RESOURCE FOR PHILANTHROPY BY BUILDING AND HOLDING A PERMANENT AND GROWING ENDOWMENT FOR THE MIDDLE TENNESSEE COMMUNITY'S CHANGING NEEDS AND OPPORTUNITIES. THE FOUNDATION PROVIDES FLEXIBLE AND COST-EFFECTIVE WAYS FOR CIVIC-MINDED INDIVIDUALS, FAMILIES, AND COMPANIES TO CONTRIBUTE TO THEIR COMMUNITY. THE ASSETS OF THE FOUNDATION ARE DEVOTED TO CHARITABLE USES OF A PUBLIC NATURE PRIMARILY BENEFITING THE RESIDENTS OF MIDDLE TENNESSEE IN FIELDS SUCH AS SOCIAL SERVICES, EDUCATION, HEALTH, THE ENVIRONMENT, AND THE ARTS.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV	167807816.			167807816.
MUTUAL FUNDS	FMV			144826938.	144826938.
CORPORATE BONDS	FMV		43,549,292.		43,549,292.
TO FORM 990, LINE 54A, COL B		167807816.	43,549,292.	144826938.	356184046.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	FMV	1,716,824.		1,716,824.
TOTAL TO FORM 990, LINE 54A, COL B		1,716,824.		1,716,824.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	892,800.	0.	892,800.
BUILDING	656,900.	0.	656,900.
EQUIPMENT	196,949.	0.	196,949.
FURNITURE & FIXTURES	211,584.	0.	211,584.
ACCUMULATED DEPRECIATION	0.	302,984.	<302,984.>
TOTAL TO FORM 990, PART IV, LN 55	1,958,233.	302,984.	1,655,249.

FORM 990	OTHER INVESTMENTS	STATEMENT	11
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DESCRIPTION	VALUATION METHOD	AMOUNT
LAND AND RENTAL PROPERTY	MARKET VALUE	1,300,000.
PARTNERSHIP INTEREST	MARKET VALUE	14,649,851.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		15,949,851.

FORM 990	OTHER ASSETS	STATEMENT	12
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DESCRIPTION	AMOUNT
CONTRIBUTIONS RECEIVABLE FROM LEAD TRUSTS	12,562,550.
PREPAID BUILDING EXPENSE	6,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	12,568,550.

FORM 990	OTHER LIABILITIES	STATEMENT	13
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DESCRIPTION	AMOUNT
AGENCY ENDOWMENT FUNDS LIABILITY	4,245,379.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	4,245,379.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	14
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT-INTEREST GIFTS	697,492.
AMORTIZATION OF GUARANTEE OBLIGATION	21,429.
TOTAL TO FORM 990, PART IV-A	718,921.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 15

INDIVIDUAL'S NAMETITLE OR ROLE

ELLEN LEHMAN

PRESIDENT

INDIVIDUAL'S NAMETITLE OR ROLE

RICHARD ESKIND

TRUSTEE

EXPLANATION OF RELATIONSHIP

ELLEN LEHMAN IS THE DAUGHTER OF RICHARD ESKIND.

INDIVIDUAL'S NAMETITLE OR ROLE

ELLEN LEHMAN

PRESIDENT

INDIVIDUAL'S NAMETITLE OR ROLE

LINDA REBROVICK

BOARD OF DIRECTORS

EXPLANATION OF RELATIONSHIP

LINDA REBROVICK IS THE COUSIN OF ELLEN LEHMAN.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 16
PART III, LINE 3A

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

SCHEDULE A OTHER INCOME STATEMENT 17

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
THE WOMEN'S FUND	235,658.	267,165.	193,188.	291,849.
THE JOE KRAFT HUMANITARIAN FOUNDATION	0.	28,863.	29,021.	26,556.
THE CHEATHAM COUNTY COMMUNITY FOUNDATION	0.	37,828.	48,934.	21,492.
OTHER EVENTS	206,100.	169,531.	49,952.	0.
CHET ATKINS MUSIC EDUCATION CONCERT	56,956.	0.	0.	0.
FRANKLIN BROOKS	61,007.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	559,721.	503,387.	321,095.	339,897.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box
and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

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

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

- The books are in the care of ► **ELLEN LEHMAN**
Telephone No. ► **(615) 321-4939** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2006** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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


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

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

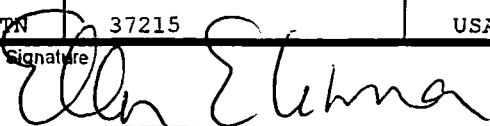
Form 8868 (Rev. 12-2006)

The Community Foundation of Middle Tennessee
Board of Directors and Board of Trustees List
2006-2007

Name	Address
Board of Directors	
Commissioner Francis Guess	3833 Cleghorn Avenue #400, Nashville, TN 37215
Dr. Thomas F. Frist Jr.	3833 Cleghorn Avenue #400, Nashville, TN 37215
Hon. Kevin Lavender	3833 Cleghorn Avenue #400, Nashville, TN 37215
Hon. William C. Koch Jr.	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Ben Cundiff	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Charles W. Cook Jr.	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Darrell S. Freeman	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Farzin Ferdowsi	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Gordon E. Inman	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Jack B. Turner	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. James S. Gulmi	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Kerry Graham	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Michael Shmerling	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Nelson C. Andrews	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Ralph W. Mosley	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Steve Turner	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. William B. King	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. William T. Spitz	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Betsy Walkup	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Catherine T. Jackson	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Kitty Moon Emery	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Linda Rebrovick	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Susan W. Simons	3833 Cleghorn Avenue #400, Nashville, TN 37215
Ms. Debbie Turner	3833 Cleghorn Avenue #400, Nashville, TN 37215
Ms. Donna D. Nicely	3833 Cleghorn Avenue #400, Nashville, TN 37215
Ms. Michelle A. Morel	3833 Cleghorn Avenue #400, Nashville, TN 37215
Board of Trustees	
Dr. Jamye C. Williams	3833 Cleghorn Avenue #400, Nashville, TN 37215
Dr. John Maupin Jr.	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Aubrey B. Harwell Jr.	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Ben R. Rechter	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Charles A. Trost	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Charles O. Frazier	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. F. W. Lazenby	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. George N. Bullard	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Howard L. Stringer	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Jack O. Bovender Jr.	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Joel C. Gordon	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Richard J. Eskind	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mr. Robert K. Zelle	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Betty M. Brown	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Jerry Williams	3833 Cleghorn Avenue #400, Nashville, TN 37215
Mrs. Judy Liff Barker	3833 Cleghorn Avenue #400, Nashville, TN 37215

TD F 90-22.1 (Rev. 7/00) SUPERSEDES ALL PREVIOUS EDITIONS		REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS Do NOT file with your Federal Tax Return		 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>
1 Filing for Calendar Year YYYY 2006		2 Type of Filer a <input type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input checked="" type="checkbox"/> Corporation d <input type="checkbox"/> Fiduciary		3 Taxpayer Identification Number 621471789

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

Part II Information on Financial Accounts				
20 Number of Foreign Financial Accounts in which a financial interest is held 1		21 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other		
22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input checked="" type="checkbox"/> Over \$1,000,000		23 Account Number or other designation 040-09427-8		
24 Name of Financial Institution with which account is held GOLDMAN SACKS GLOBAL EVENT DRIVEN PARTNERS, PLC		25 Country in which account is held IRELAND		
26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.		27 Last Name or Organization Name of Account Holder THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.		
28 First Name		29 Middle Initial	30 Taxpayer Identification Number 621471789	
31 Address (Number, Street, and Apt. or Suite No.) 3833 GLEGHORN AVENUE, STE 400			32 City NASHVILLE	
33 State TN	34 ZIP/Postal Code 37215	35 Country USA		
36 Signature 			37 Date MMDDYYYY 06282007	

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

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

PRIVACY ACT NOTIFICATION

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

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

Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 103. The Social Security number will be used as a means to identify the individual who files the report.

Continuation Page		Form TD F 90-22.1	
This side can be copied as many times as necessary in order to provide information on all accounts.			
1 Filing for Calendar Year YYYY 2006	3 Taxpayer Identification Number 621471789	4 Filer Last Name or Business Name THE COMMUNITY FOUNDATION OF MIDDLE	Page Number OF
2 Type of Filer a <input type="checkbox"/> Individual c <input checked="" type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary		21 Type of Account a <input type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	
23 Account Number, or other designation		22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000	
25 Country in which account is held		24 Name of Financial Institution with which account is held	
26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes If no, complete boxes 27-35. b <input type="checkbox"/> No		27 Last Name or Organization Name of Account Owner	
28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
32 City	33 State	34 ZIP/Postal Code	35 Country
2 Type of Filer a <input type="checkbox"/> Individual c <input checked="" type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary		21 Type of Account a <input type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	
23 Account Number, or other designation		22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000	
25 Country in which account is held		24 Name of Financial Institution with which account is held	
26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes If no, complete boxes 27-35. b <input type="checkbox"/> No		27 Last Name or Organization Name of Account Owner	
28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
32 City	33 State	34 ZIP/Postal Code	35 Country
2 Type of Filer a <input type="checkbox"/> Individual c <input checked="" type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary		21 Type of Account a <input type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	
23 Account Number, or other designation		22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000	
25 Country in which account is held		24 Name of Financial Institution with which account is held	
26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes If no, complete boxes 27-35. b <input type="checkbox"/> No		27 Last Name or Organization Name of Account Owner	
28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
32 City	33 State	34 ZIP/Postal Code	35 Country

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

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

Tax Return 2006

Description of the Four Largest Program Service Areas

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

Goals:

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

During 2006, the four largest program service areas which covered 40 counties in Middle Tennessee included:

- Discretionary/Unrestricted Grants -- These grants are given by The Foundation to respond to new programs, emerging needs, and innovative services that might not be started or might not continue were it not for The Community Foundation.
- Arts Build Communities Grants – Funding for these grants is awarded by the Tennessee General Assembly and administered through a partnership with The Community Foundation of Middle Tennessee and the Tennessee Arts Commission. Arts Build Communities Arts Project Support provides funds for a variety of quality arts projects.
- Student Ticket Subsidy Grants – Like the Arts Build Communities Grants, funding for these grants is awarded by the Tennessee General Assembly and administered through a partnership with The Community Foundation of Middle Tennessee and the Tennessee Arts Commission. Student Ticket Subsidy provides funds to public school students for arts and cultural events.
- The Women's Fund -- Started by a committee of community leaders that decided to make a difference, The Women's Fund is dedicated to increasing support in Middle Tennessee for programs serving women and girls. The Women's Fund was established in 1994 both to raise women's awareness of their own philanthropic potential and to increase and perpetuate financial support for community programs that address the needs of women and girls.

The impact of these programs is provided below. The total number of individuals benefiting is difficult to measure due to the large service area and the broad array of services provided by each organization to its clients.

Program Area	Number of Organizations	Total Grants Awarded	Individuals Benefiting
Discretionary Grants	189	\$1,013,407.00	
Arts Build Communities Grants	45	\$69,513.00	
Student Ticket Subsidy Grants	141	\$96,053.00	42,351
The Women's Fund*	16	\$57,300.00	

*The Women's Fund grants are also represented in the total of Discretionary Grants as this program makes grants through this process

Description of 2006 Events
Form 990 Questionnaire

1. **The Women's Fund – A Celebration of Women Luncheon and Silent Auction.** Celebrating its 12th year of the Women's Fund and the 8th year for *A Celebration of Women* luncheon, this annual luncheon and handbag auction benefits the Women's Fund of the Community Foundation of Middle Tennessee. The success of this event has contributed to the overwhelming growth of the Fund which will benefit women for generations. The Women's Fund, dedicated to increasing support in the Middle Tennessee area, will continue to raise awareness and money for programs serving women and girls.
2. **The Joe Kraft Humanitarian Award** perpetuates the memory of a very special person who made Middle Tennessee a better place to live through his dedication to community, home and hearth and individuals in need. The committee which chooses the recipient is particularly interested in nominations of community leaders who, like Joe, sometimes function behind the scenes. The person(s) named as the recipient of this annual award receives the opportunity to recommend that grants from this Fund be distributed to charities in which he or she believes.
3. **The H. Franklin Brooks Philanthropic Fund.** The proceeds from this first annual event benefited the H. Franklin Brooks Philanthropic Fund of the Community Foundation of Middle Tennessee. The Brooks Fund is dedicated to opening eyes and minds in Middle Tennessee and exists to encourage the inclusion, acceptance and recognition of Middle Tennessee's lesbian and gay citizens, to protect their integrity, their safety, and their health. By supporting and encouraging the development of programs to enhance the quality of life for lesbians and gays in Middle Tennessee, the Brooks Fund can increase philanthropic awareness as well as raise visibility.
4. Copies of **major fundraising events** materials include:
 - a. **The Women's Fund -- A Celebration of Women 2006** The Power of the Purse invitation, luncheon handout, and Pictorial Tribute book.
 - b. **The Joe Kraft Humanitarian Award** - Annual invitation and program
 - c. **The H. Franklin Brooks Philanthropic Fund** – travel information postcard and event program.

Description of 2006 Events
Form 990 Questionnaire

5. Other Special Events:

2 Golf Tournaments
1 Ball
1 Luncheon
2 Silent Auctions
1 Lecture Series
1 Party/Banquet

6. Fundraising materials for other events are provided for the following:

- Annual Dickson County Community Foundation Invitational Golf Tournament
- Keith Burns Fund Celebrity Classic hosted by Trick Pony
- Cheatham County Community Foundation Scholarship Fund Annual Cumberland Ball
- Annual Tomorrow Fund Silent Auction and Art Show
- Annual Edna S. Thomas Fund Lecture Series