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Form **990-PF**

Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

		enue Service Nute. The Touridation may	be able to use a copy of this		ting requirements		
For	calen	dar year 2009, or tax year beginning		, and ending			
G	G Check all that apply Initial return Initial return of a former public charity Final return						
	Amended return Address change Name change						
Her	the l	Name of foundation			A Employer identification	number	
	abel.	""					
	erwis	e, WTC FOUNDATION			02-0779716		
	print	Number and street (or P O box number if mail is not de	elivered to street address)	Room/suite	B Telephone number		
	rtype	EGE BOTHLIBE BRITE			(513) 455-	8200	
	Spec	I City of town, State, and ZIP code			C If exemption application is p	ending, check here	
inst	ructio	ns NASHVILLE, TN 37205-	3407		D 1 Foreign organizations	, check here	
Н	heck	type of organization X Section 501(c)(3) ex			2. Foreign organizations me check here and attach co	eting the 85% test, mputation	
	_		Other taxable private founda	tion	E If private foundation stat		
l Fa		rket value of all assets at end of year J Account		Accrual	under section 507(b)(1)		
		·	her (specify)		F If the foundation is in a 6	. ,-	
	\$	221, 345 . (Part I, colu		pasis)	under section 507(b)(1)	_	
Pa	irt l	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
تستسا	.	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	9,868.		N/A		
	2	Check If the foundation is not required to attach Sch. B		······			
	3	interest on savings and temporary cash investments	917.	917.		STATEMENT 1	
	4	Dividends and interest from securities					
	"	Gross rents					
	l .	Net rental income or (loss)					
	۱ ـ						
Ë	l da	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		······································			
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.			
æ	i	· -					
	0	Net short-term capital gain Income modifications					
	100	Cross sales less returns	 				
2	l .	and allowances					
Ji P	ŀ	Less Cost of goods sold					
	l	Gross profit or (loss) Other income					
Š	11		10,785.	917.	I		
<u>б</u> —	12	Total Add lines 1 through 11	10,783.	0.		0.	
	13	Compensation of officers, directors, trustees, etc		· · · · · · · · · · · · · · · · · · ·			
	14	Other employee salaries and wages					
S	15	Pension plans, employee benefits			3		
J.	169	Legal fees Accounting fees STMT 2	4,468.	Δ	15)	0.	
Expenses	D	· ·	4,400.			0.	
e E	1	Other professional fees		REC	18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -		
Operating and Administrative	1	Interest			101		
stra	l	Taxes		lab art	1 3 2010 00		
ij	19	Depreciation and depletion		11-1			
퉏	20	Occupancy			5EN 117 1		
٧þ	21	Travel, conferences, and meetings		1 	DEN, UI		
a	22	Printing and publications					
ing	23	Other expenses	-				
řat	24	Total operating and administrative	4 460	^			
ď		expenses Add lines 13 through 23	4,468.	0.		15 250	
		Contributions, gifts, grants paid	15,250.			15,250.	
	26	Total expenses and disbursements.	10 710	^		15 250	
	ļ	Add lines 24 and 25	19,718.	0.	1	15,250.	
	27	Subtract line 26 from line 12	0.000				
	i	Excess of revenue over expenses and disbursements	-8,933.	015			
	1	Net investment income (if negative, enter -0-)		917.	77 / 7		
0225		Adjusted net income (if negative, enter -0-)			N/A	<u>L</u>	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	230,278.	221,345.	221,345.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			
ß	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	}	Less accumulated depreciation			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers)	230,278.	221,345.	221,345.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
ces	24	Unrestricted			
<u>la</u> u	25	Temporarily restricted			
Ba	26	Permanently restricted			
Pun		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
Assets or Fund Balance	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	230,278.	221,345.	
Net	30	Total net assets or fund balances	230,278.	221,345.	
			000 070	221 245	
_	31	Total liabilities and net assets/fund balances	230,278.	221,345.	
P	art	Analysis of Changes in Net Assets or Fund B	Balances		
		I net assets or fund balances at beginning of year - Part II, column (a), line	30	1 1	
•		st agree with end-of-year figure reported on prior year's return)		1	230,278.
2	•	r amount from Part I, line 27a		2	-8,933.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	221,345.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	221,345.
_					Form 990-PF (2009)

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WTCF1121

Form 990-PF (2009) WTC FOUNDATION 02-0779716 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (mo, day, yr) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co) 1a NONE b C đ 6 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) а b d _e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) Losses (from col (h)) (I) F M V as of 12/31/69 as of 12/31/69 over col (j), if any a b C đ e If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries (d) Distribution ratio (a)
Base period years (b) (c)

	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	(col	(b) divided by col (c))
_	2008	79,610.	23,783.		3.347349
	2007	34,450.	10,137.		3.398441
	2006	1,000.	1,774.		.563698
_	2005				
_	2004				
2				2	7.309488
3	Average distribution ratio for the 5-year ba the foundation has been in existence if less	3	2.436496		
4	Enter the net value of noncharitable-use as	sets for 2009 from Part X, line 5		4	224,423.
5	Multiply line 4 by line 3			5	546,806.
6	Enter 1% of net investment income (1% of	6	9.		
7	Add lines 5 and 6			7	546,815.
8	Enter qualifying distributions from Part XII,	line 4		8	15,250.
	If line 8 is equal to or greater than line 7, ch	neck the box in Part VI, line 1b, and comp	elete that part using a 1% tax rate		

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See the Part VI instructions

orm	990-PF (2009) WTC FOUNDATION			02-07	79716	ļ	Page 4
	rt VI Excise Tax Based on Investment Income (Section 494	0(a), 4	940(b), 4940(e), or 4				<u> </u>
	Exempt operating foundations described in section 4940(d)(2), check here and e						
	Date of ruling or determination letter (attach copy of letter if near						
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1			18.
•	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 49	6 of Part	I, line 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only O			2			0.
3	Add lines 1 and 2			3			18.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others en	ter -0-)	4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5			18.
6	Credits/Payments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009	6a					
b	Exempt foreign organizations - tax withheld at source	6b					
C	Tax paid with application for extension of time to file (Form 8868)	6c	50.				
đ	Backup withholding erroneously withheld	6d					
7	Total credits and payments Add lines 6a through 6d			7			<u>50.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached		8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10			32.
	Enter the amount of line 10 to be Credited to 2010 estimated tax		32 • Refunded ▶	11	-		0.
	rt VII-A Statements Regarding Activities				<u> </u>	124	•
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation oi	did it participate or intervene	ın		Yes	No
	any political campaign?				1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo				1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d copie	s of any materials publishe	d or		[
	distributed by the foundation in connection with the activities.					1	v
	Did the foundation file Form 1120-POL for this year?				10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th		0			1	
	(1) On the foundation > \$ (2) On foundation manager			-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax	imposed on foundation				
	managers ► \$						х
2	Has the foundation engaged in any activities that have not previously been reported to the	IHS?			2_	<u> </u>	
_	If "Yes," attach a detailed description of the activities			_			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		ent, articles of incorporation,	or	,		х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3 4a	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	arr		N/F		 	
	If "Yes," has it filed a tax return on Form 990-T for this year?	2		147 1	5	 	X
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year	•			-	 	
c	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6	uthor					
6	• • • • • • • • • • • • • • • • • • • •	31(1161					
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandato 	ni directi	one that conflict with the stat	law			
	remain in the governing instrument?	iy uncon	ons that commet with the stat		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х	
•	If "Yes," complete Part II, col (c), and Part XV.						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	ons) 🕨					
-	TN	,					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney	General (or designate)		_		1
	of each state as required by General Instruction G? If "No," attach explanation	ž.			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of s	ection 49	942(j)(3) or 4942(j)(5) for cal	endar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes,"				9	<u> </u>	_X_

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10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

-orm	990-PF (2009) WTC FOUNDATION 02-0779	710		age o
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
	The books are in care of ► THE FOUNDATION Telephone no ► (513)	455-		
	Located at ► 202 SUNNYSIDE DRIVE, NASHVILLE, TN ZIP+4 ►37	205-	340	<u> </u>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT /	` ♪	
	and enter the amount of tax-exempt interest received or accrued during the year	N/	A	
	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<i>1</i> 1	NI -
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
	During the year did the foundation (either directly or indirectly)		- 1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	[-	
	a disqualified person?		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		- 1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		1	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"		- 1	
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)		3	
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	.	1	
	Social do 1911(a) of the content notice regarding diseases assistance (see page 20 of the methods and	1b		
	Organizations relying on a current notice regarding disaster assistance check here		1	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1	Х
	before the first day of the tax year beginning in 2009?	1c		
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009?			
	If "Yes," list the years 🛌 , , , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
h	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	3b		L
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X
		rm 990 -	PF ((2009)

orm 990-PF (2009) WTC FOUNDATION			02-07797	16	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section). (2) Influence the outcome of any specific public election (see section 4955). 		ectly,	es X No		
 any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpose (4) Provide a grant to an organization other than a charitable, etc., organization 			s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary		or	es X No		
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify us section 53 4945 or in a current notice regarding disaster assistance (see insti			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	here from the tax because it mainta	_ /			
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 49- 6a Did the foundation, during the year, receive any funds, directly or indirectly, to	45-5(d).	I/A TE	es L No		
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a		Y _E	es X No	6b	<u>x</u>
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax b If yes, did the foundation receive any proceeds or have any net income attribute.		Ye	es X No N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	T	(c) Compensation	(d) Contributions to	(a) (Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	unt, other wances
KIMBERLY W. COAKLEY 202 SUNNYSIDE DRIVE	TRUSTEE				
VASHVILLE, TN 37205	1.00	0.	0.		0.
	_				
Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	1 4 5 1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accou	Expense unt, other wances
NONE				_	
Total number of other employees paid over \$50,000			•		0

•

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compens	atıon
NONE			
Total number of others receiving over \$50,000 for professional services	•		<u>_</u>
Part X-A Summary of Direct Charitable Activities			<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
THE FOUNDATION'S CHARITABLE PURPOSE - TO PROVIDE FINANCIAL SUPPORT TO OTHER CHARITABLE ORGANIZATIONS - WAS MET IN 2009			
THROUGH THE DONATIONS LISTED IN PART XV.			0.
3		"_	
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount	
N/A			
2		_	
·			
All other program-related investments. See instructions	 		
3			
Total. Add lines 1 through 3			0.

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, et	c , purposes		
	Average monthly fair market value of securities		1a	0.
	Average of monthly cash balances		1b	227,841.
	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)		1d	227,841.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e		0.	
2	Acquisition indebtedness applicable to line 1 assets		2	<u> </u>
3	Subtract line 2 from line 1d		3	227,841.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	instructions)	4	3,418.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pai	t V, line 4	5	224,423.
6	Minimum investment return Enter 5% of line 5		6	11,221.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j) foreign organizations check here	(5) private operating foundati	ons and certain	
1	Minimum investment return from Part X, line 6		1	11,221.
2a	Tax on investment income for 2009 from Part VI, line 5	<u> </u>	18.	
b	Income tax for 2009 (This does not include the tax from Part VI)			
C	Add lines 2a and 2b		2c	18.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	11,203.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	11,203.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	line 1	7	11,203.
	Int XII Qualifying Distributions (see instructions)			
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose	S	4-	15 250
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a 1b	15,250.
	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, e	to nurnocco	2	
	Amounts paid to acquire assets used (of field for use) directly in carrying out charitable, e Amounts set aside for specific charitable projects that satisfy the	ic , purposes	-	· · · · · · · · · · · · · · · · · · ·
	Suitability test (prior IRS approval required)		3a	
	Cash distribution test (attach the required schedule)		3b	
	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Pa	art YIII. line 1	4	15,250.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			10,200
	income Enter 1% of Part I, line 27b		5	0.
	Adjusted qualifying distributions Subtract line 5 from line 4		6	15,250.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when	calculating whether the found	L <u>*</u>	
	4940(e) reduction of tax in those years	The state of the s	4	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		· .		
line 7				11,203.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years		0		
3 Excess distributions carryover, if any, to 2009		0.		
a From 2004				
b From 2005	1			
c From 2006 950	- •			
d From 2007 33,944				
e From 2008 78, 421				
f Total of lines 3a through e	113,315.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$ 15,250	•			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			1	
(Election required - see instructions)	0.			11 000
d Applied to 2009 distributable amount	4 0 4 7			11,203.
e Remaining amount distributed out of corpus	4,047.			0.
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	117,362.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		····
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2010				
Subtract lines 7 and 8 from line 6a	117,362.	İ		
10 Analysis of line 9	,			
a Excess from 2005				
b Excess from 2006 950	•			
c Excess from 2007 33,944				
d Excess from 2008 78,421	•			
e Excess from 2009 4, 047	•			· · · · · · · · · · · · · · · · · · ·
				000 DE

Form **990-PF** (2009

· · · · · · · · · · · · · · · · · · ·	NDATION				/9/16 Page 10		
Part XIV Private Operating F			I-A, question 9)	N/A			
1 a If the foundation has received a ruling o							
foundation, and the ruling is effective fo		•	. •				
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total		
income from Part I or the minimum	(4) 2009	(8) 2008	(6) 2007	(0) 2000	(6) 10(4)		
investment return from Part X for							
each year listed				 			
b 85% of line 2a							
c Qualifying distributions from Part XII,							
line 4 for each year listed							
d Amounts included in line 2c not							
used directly for active conduct of							
exempt activities							
e Qualifying distributions made directly							
for active conduct of exempt activities							
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				-			
alternative test relied upon							
a "Assets" alternative test - enter							
(1) Value of all assets							
(2) Value of assets qualifying							
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter							
2/3 of minimum investment return							
shown in Part X, line 6 for each year listed							
c "Support" alternative test - enter							
(1) Total support other than gross							
investment income (interest,							
dividends, rents, payments on							
securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public							
and 5 or more exempt							
organizations as provided in section 4942(j)(3)(B)(III)							
(3) Largest amount of support from					_		
an exempt organization							
(4) Gross investment income							
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets		
at any time during t	he year-see the	instructions.)					
1 Information Regarding Foundation	n Managers:						
a List any managers of the foundation wh			tributions received by the	foundation before the clo	se of any tax		
year (but only if they have contributed n	nore than \$5,000) (See s	section 507(d)(2))					
KIMBERLY W. COAKLEY					·		
 b List any managers of the foundation wh other entity) of which the foundation has 			(or an equally large portion	on of the ownership of a p	artnership or		
• •	s a 10% of greater intere	31					
NONE		0.1 1. 1.1 .4 D	<u> </u>				
2 Information Regarding Contribution		• • • • • • • • • • • • • • • • • • • •	_	est account uppelleited real	uncto for fundo. If		
Check here \(\sum \bigcup \left\ \mathbb{X} \end{align*}) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d							
a The name, address, and telephone num	<u> </u>	<u>:</u>					
2 The hame, address, and telephone ham	20. 0. the person to will	spp.iioutiono sirouto bo					
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include				
c Any submission deadlines	<u>-</u>						
d Any restrictions or limitations on awards	d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors						
,	., y goog.epino		,				

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment	,				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient					
a Paid during the year							
SEE STATEMENT 4							
Total	<u> </u>		<u>▶</u> 3a	15,250			
b Approved for future payment							
NONE							
			,				
Total	<u> </u>	I	▶ 3b	0			

923611 02-02-10

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	------------

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclude	ed by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion code	Amount	function income
a					
b					
C					
d					
е					•
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		_	14	917.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate		111 5 17			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
B Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
C					
d	1				
е	_				
2 Subtotal Add columns (b), (d), and (e)		0		917.	
3 Total. Add line 12, columns (b), (d), and (e)				13	91
See worksheet in line 13 instructions to verify calculations)				

Part XVI-B	Relationshi	p of Activities	to the Acco	omplishment o	of Exempt Pu	rposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

923621 02-02-10

Part	t XVII Information Regarding Transfers To a Exempt Organizations	nd Transactions a	nd Relationships With Noncl	naritable)	
1 D	Did the organization directly or indirectly engage in any of the following	g with any other organization	in described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 52					
	Transfers from the reporting foundation to a noncharitable exempt org					
	(1) Cash	,		12(1)		Х
((2) Other assets			1a(2)		X
b C	Other transactions					
((1) Sales of assets to a noncharitable exempt organization			1b(1)		X
((2) Purchases of assets from a noncharitable exempt organization			1b(2)		X
(:	(3) Rental of facilities, equipment, or other assets			1b(3)		X
(4	(4) Reimbursement arrangements			1b(4)		X
((5) Loans or loan guarantees			1b(5)		X
(1	(6) Performance of services or membership or fundraising solicitation	ns		1b(6)		Х
c S	Sharing of facilities, equipment, mailing lists, other assets, or paid emp	ployees		10		X
	If the answer to any of the above is "Yes," complete the following sche				ets,	
0	or services given by the reporting foundation. If the foundation receive	ed less than fair market valu	e in any transaction or sharing arrangemer	ıt, show ın		
С	column (d) the value of the goods, other assets, or services received	<u> </u>				
a) Line	, ,	exempt organization	(d) Description of transfers, transactions,	and sharing arr	rangeme	nts
	N/A					
		,,				
					_	
		<u> </u>				
		· · ·				
					-	
0 - 1	The black of the state of the s		estions described			
	is the foundation directly or indirectly affiliated with, or related to, one in section 501(c) of the Code (other than section 501(c)(3)) or in sect	. •	zations described	Yes	ΓX	□ No
	If "Yes," complete the following schedule	1011 321 7		162		_ 140
D I	(a) Name of organization	(b) Type of organization	(c) Description of relation	onship		
	N/A	(2) 1) po o o o o o o o o o o o o o o o o o o	(6)			
	21,12					
_						
Ur	nder penalties of penyry, I declare that I have examined this return including acco	mpanying schedules and statem	nents, and to the best of my knowledge and belief,	it is true, corre	ect,	
Can	nd complete Declaration of preparer (other than taxpater or fiduciary) is based on	all information of which preparer	has any knowledge			
1	HUMPHLY W. Weller	1/0-7-17) \			
2	Signature of officer or trustee	Date	Title			
ligic ligit	Preparer's			eparer's identif	ying nur	nber
ਨ ਨ	2 sinnature		10/5/10 self- employed ▶ □			
Paid	Firm's name (or yours BURKE & SCHINDLER,	PLL	EIN ►			
" ,	if self-employed), 901 ADAMS CROSSING					
1.	address, and ZIP code CINCINNATI, OH 4520	2	Phone no (51	L3) 45	5-8	200

923622 02-02-10

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

2009

Name of the organization	on	Employer identification number
,	WTC FOUNDATION	02-0779716
Organization type (chec	····	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specition filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more	
contributor Cor	mplete Parts I and II.	
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution o on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or or other strains of the strain \$1,000 for use exclusively for religious, charitable, scientific, liter of cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or use exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an excit complete any of the parts unless the General Rule applies to this organization becarable, etc., contributions of \$5,000 or more during the year.	not aggregate to more than \$1,000. <i>liusively</i> religious, charitable, etc ,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act at for Form 990, 990	•	dule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

WTC FOUNDATION

02-0779716

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KIMBERLY W. COAKLEY 202 SUNNYSIDE DRIVE NASHVILLE, TN 37205	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
NASHVILLE BANK & TRUST			-	9	17.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	-	9	17.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITA E PURPOS	
TAX RETURN PREPARATION	4,468.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	4,468.	0.			0.
F	PART VII-A,		S	STATEMENT	3
NAME OF CONTRIBUTOR	ADDR ———	ESS			
KIMBERLY W. COAKLEY		SUNNYSIDE DRI VILLE, TN 372			

STATEMENT

FORM 990-PF

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		TUUOMA
CATHOLIC FOUNDATION OF TENNESSEE, INC. 2400 TWENTY-FIRST AVE SOUTH NASHVILLE, TN 37212	NONE FINANCIAL SUPPORT	PAROCHIAL SCHOOL	2,000.
LOVE HELPS, INC. P.O. BOX 669 MADISON, TN 37116	NONE FINANCIAL SUPPORT	NON-PROFIT SOCIAL WELFARE	500.
ST CECILIA ACADEMY 4210 HARDING ROAD NASHVILLE, TN 37205	NONE FINANCIAL SUPPORT	NON-PROFIT SCHOOL	5,000.
TENNESSE TRUCKING FOUNDATION 4531 TROUSDALE DRIVE NASHVILLE, TN 37204		NON-PROFIT EDUCATIONA PROGRAM	500.
VANDERBILT CHILDREN'S HOSPITAL - EVE OF JANUS BENEFIT, INC 2200 CHILDREN'S WAY NASHVILLE, TN 37232		NON-PROFIT HEALTH ORG	500.
VISITATION HOSPITAL FOUNDATION 2500 21ST AVENUE SOUTH, SUITE 207 NASHVILLE, TN 37212		NON-PROFIT HEALTH ORG	1,000.
Y-CAP YMCA 1021 RUSSELL STREET NASHVILLE, TN 37206	NONE FINANCIAL SUPPORT	NON-PROFIT SOCIAL WELFARE	5,000.
POPE JOHN PAUL II HIGH SCHOOL 117 CALDWELL DRIVE HENDERSONVILLE, TN 37075	NONE FINANCIAL SUPPORT	NON-PROFIT SCHOOL	250.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

WTC FOUNDATION

YORK, NY 10001

02-0779716

ALZHEIMER'S FOUNDATION OF AMERICA 322 8TH AVENUE, 7TH FLOOR NEW NONE FINANCIAL SUPPORT NON-PROFIT HEALTH ORG 500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

15,250.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

• If you	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this complete Part II unless you have already been granted an automatic 3-month extension on a previously fil		▶ 🛣 rm 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		-
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com nly	plete	▶□
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an icome tax returns	exter	asion of time
noted by (not aut you mu	inic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic comatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or const submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits.	cally it rsolid	f (1) you want the additional ated Form 990-T. Instead,
Type o	Name of Exempt Organization	Emp	loyer identification number
print	TIME HOUNDAMEON		2-0779716
File by the		0	2-0119110
due date i filing your			
return Se instruction	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	NASHVILLE, TN 37205-3407		
Check	type of return to be filed (file a separate application for each return).		
F	orm 990 Form 990-T (corporation) Form 47		
=	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52		
=	orm 990-EZ Form 990-T (trust other than above) Form 60		
LX) F	orm 990-PF	70	
Tele If the	THE FOUNDATION books are in the care of ▶ 202 SUNNYSIDE DRIVE - NASHVILLE, TN 372 phone No ▶ (513) 455-8200 FAX No. ▶ e organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all in the content of the group in	s is fo	r the whole group, check this
15	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti- NOVEMBER 15, 2010 , to file the exempt organization return for the organization named at for the organization's return for. X calendar year 2009 or tax year beginning , and ending		The extension
•	tax year degritting		_ ·
2 If	this tax year is for less than 12 months, check reason: Initial return		Change in accounting period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		. F0
	onrefundable credits See instructions.	За	\$ 50.
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3b	\$ 0.
_	ix payments made Include any prior year overpayment allowed as a credit alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	30	\$ 0.
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	ee instructions	3с	\$ 50.
	n. 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.
	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)
LHA	FOI PHYSICA ACT SHO PROBLEMOIN MEDICOLOGI ACT MODICE, SEE HIST DELIVIDIS.		1 01111 0000 (11011 7 £000)

923831 05-26-09



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

Form 8868 (Rev. 4-2009)		Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox	▶ [X]	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868	
● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies i	needed)	
Type or Name of Exempt Organization	Emp	loyer identification number	
print WTC FOUNDATION	0	2-0779716	
File by the extended Number, street, and room or suite no. If a P O box, see instructions due date for 202 SUNNYSIDE DRIVE	For IRS use only		
filing the return See Instructions NASHVILLE, TN 37205-3407			
Check type of return to be filed (File a separate application for each return)			
Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	_	orm 5227 Form 8870	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ısly file	ed Form 8868.	
MUE EQUINDAMION			
THE FOUNDATION • The books are in the care of ▶ 202 SUNNYSIDE DRIVE - NASHVILLE, TN 372	<u> 205-</u>	3407	
Telephone No. ► <u>(513) 455-8200</u> 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)	us is fo	r 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	memb	ers the extension is for	
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.			
5 For calendar year 2009, or other tax year beginning, and ending			
6 If this tax year is for less than 12 months, check reason.		Change in accounting period	
7 State in detail why you need the extension			
ADDITIONAL TIME IS NEEDED TO ASSEMBLE THE INFORMATION	NEC	ESSARY TO	
PREPARE AN ACCURATE RETURN.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits See instructions	8a	\$ 50.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax payments made include any prior year overpayment allowed as a credit and any amount paid			
previously with Form 8868	8b	\$ 50.	
c Balance Due. Subtract line 8b from line 8a 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	8c	s 0.	
Signature and Verification			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.			
Signature Man Kerster Title CPA	Date	► 7/23/16	
	2210	Form 8868 (Rev. 4-2009)	



923832 05-26-09