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SCANNED MAY 2 1 2010

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

OMB No 1545-0052 20**1**0

Int	ernal R	evenue Se	ervice	Note: The foundati	on may	be able to	use a copy of	this return to s	satisfy state	reporting requirements	<u> </u>
F	or ca	Hendar	year 2009,	or tax year begi	nning		02.	/09 , 2009	, and endi	ng	12/31, 20 09
G	Che	eck all t	hat apply	X Initial retur	'n		Initial return	of a former p	oublic char	ity	Final return
_				Amended	return		Addre	ss change		Name change	
			Name of fo	undation						A Employer identifi	cation number
ι	Jse ti	he IRS									
		oel.	CONWAY-	-WELCH FAMIL	Y FO	UNDATI	ON, INC.			26-	4421502
	Other	rwise,	Number an	d street (or P O box	number	f mail is not	delivered to stree	t address)	Room/sui	te B Telephone number (see	page 10 of the instructions)
	-	int	P.O. BC	X 340020							
_		ype.	2300 CF	HARLOTTE AVE	., s:	rE. 10	3		! !	(61	5) 329-9902
		pecific ctions.	City or tow	n, state, and ZIP coo	te				l .	C If exemption applica	tion is
"	ısıru	cuons.	'							pending check here D 1 Foreign organizat	
			NASHVII	LE, TN 3720	3-002	20				2 Foreign organizat	,
н	Che	ck type		ation X Section			empt private	foundation		85% test, check h	ere and attach
Ϊ				onexempt charitable			her taxable pi		tion	computation .	
$^{+}$							nethod X C		rual	E If private foundation	
•			m Part II, co						luai	under section 507(b	
		eai (#0 ▶ \$	ili Falt II, C	47,731.	(Part I	column	ecify) (d) must be or	cash hasis I		F If the foundation is	
			rain of Barr	enue and Expens	<u> </u>	,	(d) must be of	l cash basis)		under section 507(b)	(1)(B) check here
	eIL	total o	f amounts in	columns (b), (c), and	d (d)	(a)R	evenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
		may n	ot necessarii	ly equal the amounts ge 11 of the instruct	s in		enses per books	incom	ne	income	purposes
\neg						 	75,000				(cash basis only)
	1		if the	s, etc., received (attach sch e foundation is not requ	ured to		, 5, 550				
	2	Check	attaci	h Sch B		-	81.		81.		ATCH 1
	3			d temporary cash inves		-	01.	<u> </u>	01.		AICH I
	4			est from securities							
				• • • • • • • •							
	þ	Net ren	tal income or (I	oss)							
ne			n or (loss) fron ales price for a	n sale of assets not on l	ine 10						
'en	b		on line 6a								
Revenue	7	Capital	gain net inc	come (from Part IV, I	ne 2) .						
_	8		•	tal gain							
	9			ns · · · · · · ·							
	I U a		ales less return: wances								
			ost of goods so							-	
	С) (attach schedule)							
i	11	Other	ncome (attac	ch schedule)							
4	12	Total. /	Add lines 1 t	hrough 11			75,081.		81.		
	13	Comper	nsation of offic	ers, directors, trustees,	etc		0.				
<u>"</u>	14	Other 6	employee sal	aries and wages .		<u></u>				,	
Se	15	Pensio	n plans, emp	oloyee benefits							· -
en en	16a	Legal f	ees (attach s	chedule)							
Expenses	b	Accour	nting fees (at	ttach schedule)							
				fees (Qteon) ser but	ED.						
ati	17	Interes	t .			_اب					
Administrative	18		į.	(see page 14 of the inst	nuctions)	S					
ا چَ.	19	Depred	iation (atlac	h schedule) and der	pietion	SO-S					
팅	20		1		· · ·	<u> œ </u>					
۲	21			and the long N,	UT						
٤Į	22			ations							
5	23		= :	tach schedule)				=0		· · · · · · · · · · · · · · · · · · ·	
ا≩	24		-	d administrative ex			-				
Operating and			-	d administrative ext jh 23 . . .			0.				
히	25		_				27,350.				27,350
- 1	25		_	, grants paid			27,350.				27,350
\dashv	26			ursements Add lines 24	and 25		2,,550.				21,330
	27		ct line 26 fro				47,731.		1		
Į				xpenses and disburseme		<u> </u>	71,131.		81.		
	þ	Net inv	estment inc	ome (if negative, en	ter -0-)				01.		

JSA

P	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
u	allii	Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beam	ing			
			cash investments		47,731	47,731
	3	Accounts receivable ▶				
		Less allowance for dou	btful accounts			
					_	
		Less allowance for dou	btful accounts			
	5					
	6		fficers, directors, trustees, and other			
			ich schedule) (see page 16 of the instructions)			
	7		eceivable (attach schedule)	· 		
			btful accounts ▶			
~	8	Inventories for sale or us				
sets	9		eferred charges		,,	
Ass			e government obligations (attach schedule)			
_			stock (attach schedule)			
			bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis Less accumulated deprecia	s, >			
	12	(attach schedule)	loone			
			loans			
	14	Land, buildings, and		****		
		equipment basis Less accumulated deprecia	ation			
	15	(attach schedule)				
			▶) pleted by all filers - see the			
	'8		age 1, item I)		47.731	. 47,731.
_	17		ccrued expenses		1,,,01	17,701
						-
'n		Deferred revenue				-
Liabilities	20		ors, trustees, and other disqualified persons			1
豆	21		ites payable (attach schedule)			-
<u>:</u>	22		e >)			-
	2 2	Other habilities (describe	· · /			-
	23	Total liabilities (add line	es 17 through 22)		0	
_			low SFAS 117, check here ▶			<u>-</u>
			24 through 26 and lines 30 and 31.			
es	24	Unrestricted				
Suc.	25					1
39	26					
ā	24 25 26		not follow SFAS 117,			
Ë			plete lines 27 through 31. ► X			
7	27		cipal, or current funds			
ţ	28		land, bldg , and equipment fund	:-		
Net Assets	29		ulated income, endowment, or other funds		47,731.	
Ą	30	•	balances (see page 17 of the		<u> </u>	_
det					47,731.	
_		Total liabilities and net	assets/fund balances (see page 17			
					47,731.	
E	art II	Analysis of Cha	anges in Net Assets or Fund	Ralances		<u> </u>
_			alances at beginning of year - Part II		st agree with	
'			d on prior year's return)			
2		r amount from Part I, I				47,731.
					· · · · · · · · · 	1,,,,,,
			· · · · · · · · · · · · · · · · · · ·			47,731.
_	D	lines 1, 2, and 3	lino 2 (tamiza) s		_	47,731.
0	Decr	eases not included in	line 2 (itemize) ► lances at end of year (line 4 minus l	mo E\ Danill calina de	5	47,731.
O	ı otal	THE LASSELS OF TUNG DE	nances al enu or year (line 4 minus l	iiie 5) - Part II, Column (D), line 30 6	1 41,131.

P	art IV Capital Gains	and Losses for Tax on In	vestment Income	T /b\ How		
		d describe the kind(s) of property sold		(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo, day, yr)
_		rick warehouse, or common stock, 200	O shs MLC Co)	D-Donation	(mo , day, yr)	(, day, y,)
<u>1a</u>				<u> </u>		
_ <u>b</u>				-		-
_ <u>c</u>					 	
e		 				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a						-
					•	
c	;					
_0	l					
_6				<u> </u>		
	complete only for assets sl	howing gain in column (h) and ov	vned by the foundation on 12/31/69	7 ''	Gains (Col (h) g	
_	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
_a		<u> </u>	<u> </u>			
t)					
	;					
_6				1		
2	Capital gain net income or	(not capital loce)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gain	or (loss) as defined in sections 1				
	If gain, also enter in Part I,	line 8, column (c) (see pages 13	B and 17 of the instructions)			
_		line 8		3		
P	art V Qualification Ur	nder Section 4940(e) for Red	luced Tax on Net Investment Inc	come	· · · · · · · · · · · · · · · · · · ·	
(F	or optional use by domestic	c private foundations subject to t	he section 4940(a) tax on net invest	ment inco	me)	
				W	DEBUDNA	
it	section 4940(d)(2) applies,	leave this part blank	T AVAILABLE FOR INITIAL	ILAK	KETURNS	
w	as the foundation liable for	the section 4942 tax on the distri	ibutable amount of any year in the b	ase nerio	42] Yes □ No
		not qualify under section 4940(e)	• •	400 po	ــ لـــ] 163 140
1			ar, see page 18 of the instructions be	efore mak	ing any entries	
	(a) Base penod years	(b)	(c)		(d) Distribution ra	atio.
_	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
	2008					
_	2007					
_	2006			ļ		
	2005		-			
_	2004			 		
	Total of line 1, column (d)			2		
3	_	•	de the total on line 2 by 5, or by the			
	number of years the found	dation has been in existence if les	ss than 5 years	3		
	Enter the not value of non	scharitable was appete for 2000 fr	om Dort V. Ino E			
4	Enter the net value of non	icilantable-use assets for 2009 in	om Part X, line 5	4		
5	Multiply line 4 by line 3			5		
Ū	, manupiy mio i by mio o					
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribution	ins from Part XII line 4		8		
•	If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box le 18	ın Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(a),	he in:	structi	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			_
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			2.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			2.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868).			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			2.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$(2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			j
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	Х
	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 instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) $ ightharpoonup^{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) of each state as required by General Instruction G? If "No," attach explanation	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			_
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATTACHMENT 2	10	X	

•	71					_
F	orm	99	0-F	F	(20	09)

4a

X No

Form 990-PF (2009)

Website address ▶_____

N/A

operating foundation defined in section 4942(i)(3) or 4942(i)(5))

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private

6e, Part XIII) for tax year(s) beginning before 2009?...........

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)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

b 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 beguest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and

Х

X

Par	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Regu	ired (continued)		rage U
	During the year did the foundation pay or incur any amou		· · · · · · · · · · · · · · · · · ·		1	
Ja	(1) Carry on propaganda, or otherwise attempt to influe		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election	•	. ,,			
	directly or indirectly, any voter registration drive?		•	Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or ot	her similar numnses?		Yes X No		
	(4) Provide a grant to an organization other than a char				´	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No	.	
	(5) Provide for any purpose other than religious, chanta	, , -	,		'	
	• • • •	•		Yes X No		
	purposes, or for the prevention of cruelty to children of			. — —	'	
Đ	If any answer is "Yes" to 5a(1)-(5) did any of the trans		•		_	j
	Regulations section 53 4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disas			– 🗀		
С	If the answer is "Yes" to question 5a(4), does the found					
	because it maintained expenditure responsibility for the g			. Yes No	'	
	If "Yes," attach the statement required by Regulations sec	• • •				
6 a	Did the foundation, during the year, receive any funds, of	•				
	on a personal benefit contract?				•	
þ	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	personal benefit contrac	^{;†?}	6b	X
	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a pa	•	•	• — —		
	If yes, did the foundation receive any proceeds or have					L
Par	Information About Officers, Directors and Contractors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,	
1	List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instr	uctions).	
	(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 and deferred compensation	(e) Expense a other allow	
ĀT	TACHMENT 3		0.	0.		0
					· -	
·						
		1	•			
			•			
2	Compensation of five highest-paid employees (ot	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
		(b) Title, and average hours per week	luded on line 1 - se	(d) Contributions to employee benefit plans and deferred	ructions). (e) Expense a	
	If none, enter "NONE."	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
(a	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,	,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If no	one. enter	"NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	T	Compensation
NONE			
			
Total numb	er of others receiving over \$50,000 for professional services	<u></u>	.► NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ons and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1_N/A			_
2			
3			
4			
		~-	<u> </u>
	Summary of Program-Related Investments (see page 23 of the instructions)		
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A 			
2			
-	gram-related investments. See page 24 of the instructions		
3 NONE	·		
Total Add I	unos 1 through 2		

	1990-FF (2009)		Page o
Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	ign foundations	5,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	56,767.
С	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	56,767.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Cubtrast line 2 from line 1d	3	56,767.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	852.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	55,915.
6	Minimum investment return. Enter 5% of line 5	6	2,796.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ate operating	
	foundations and certain foreign organizations check here > and do not complete this		
1	Minimum investment return from Part X, line 6	1	2,796.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 2.		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b	1	
	Add lines 2a and 2h	1 2c	2.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,794.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,794.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2,794.
Ρa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	27,350.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,350.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,350.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

1	Distributable amount for 2009 from Part XI.	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7				2,794
2	Undistributed income, if any, as of the end of 2009				
	F-4				
	Total for pnor years 20_0720_0620_05				
3	Excess distributions carryover, if any, to 2009			<u>-</u>	
-	From 2004				
h	F 2005				
٦	From 2006				
•	From 2007				
	From 2008				
	Qualifying distributions for 2009 from Part XII,	·			
	line 4 ▶ \$ 27,350.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				2,794
	Remaining amount distributed out of corpus	24,556.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,556.		İ	
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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.				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page			ĺ	
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
9	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a	24,556.			
10	Analysis of line 9			_	
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
	Excess from 2009 24,556.				

Forn	n 990-PF (2009)			26-44	421502	Page 10
Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling		. ▶	
b	Check box to indicate wh				1 1	j)(3) or 4942(j)(5)
_		Tax year		Prior 3 years		
2a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment	(2,222				
	return from Part X for each			1		
	year listed	· · · · · · · · · · · · · · · · · · ·				
Þ	85% of line 2a					
С	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					
е	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-			1		
_	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"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 sup- port from an exempt					
	organization					
	(4) Gross investment income	1 (1 ()	.1.4. 41.1	- 1 'C Ab - C 1	- 41 In I.	
Pá		ary information (C during the year - se			ation had \$5,000	or more in assets
1	Information Regardin	g Foundation Manage	rs:			
а	List any managers of	the foundation who h	ave contributed mor	e than 2% of the tota	I contributions receiv	red by the foundation
	before the close of any	tax year (but only if th	ney have contributed i	more than \$5,000) (Se	ee section 507(d)(2))	
	N/A					
	List any managers of	the foundation who	own 10% or more o	f the stock of a corno	oration (or an equally	large portion of the
D	ownership of a partner					riarge portion or the
	N/A					
2	Information Regardin	g Contribution. Grant	, Gift, Loan, Scholarsi	nip, etc., Programs:		
_				· •	table organizations s	and door not account
	Check here ► X if t unsolicited requests f	or funds if the foun	nakes continutions dation makes rifts in	ito preselecteu chant irants etc (see nade	able organizations at 28 of the instruction	one) to individuals or
	organizations under ot				20 of the manded	may to maintagais of
						<u> </u>
а	The name, address, a	na telephone number	of the person to whor	n applications should be	e addressed	
b	The form in which app	lications should be sul	bmitted and information	on and materials they	should include	
~	с арр					
	Any submission deadli	nes				
·	, ary subminission deadin					
_	Any rootsotions on the	mitations on awards	nuch as hy assau	anhical aross sharets	blo fields binds of	inetitutions or other
a	Any restrictions or li factors	initations on awards,	such as by geogra	apriicai areas, charitai	DIE HEIDS, KINDS OF	modulions, or other

Form 990-PF (2009)			26-4421502	Page 1
Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Dur	ing the Year or App		uture 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	Contribution	
a Paid during the year				
ATTACHMENT 4				
		İ		
		l j		07.250
Total		· · · · · · · · · · · · · · · · · · ·	▶ 3a	27,350
b Approved for future payment		1		
]		
T-A-I	<u> </u>			
Total			▶ 3b	l

	-A Analysis of Income-Produ	1	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a	7 Service revenue					and mondediens)
b						
c						
d						
e						
g Fees	s and contracts from government agencies					
_	ship dues and assessments					
3 Interest of	on savings and temporary cash investments			14	81.	
	ds and interest from securities					
	tal income or (loss) from real estate					·
	t-financed property					
	debt-financed property					- ·
	vestment income	<u></u>	-			
	loss) from sales of assets other than inventory					
•	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue a					
b						-
c						
d			······································		···· - ·	,,
θ				 	81.	
	Add columns (b), (d), and (e)					81.
	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28				13	
Part XVI				xempt Purp	oses	
Line No.	Explain below how each activ					tributed importantly t
▼	the accomplishment of the fo					
	page 29 of the instructions)		-·			
						
-						•
			186			
					*	
			NOT APPLICABI	ΞE		
		2.0				
	I					

m 990-PF	· · · · · · · · · · · · · · · · · · ·				1421502			age
art XVI	Information Re Exempt Organ	egarding Transfers zations	To and Transact	tions and	Relationships	With Non	chari	tal
		or indirectly engage in a e (other than section 501					Yes	,
a Frans	· · · · · · · · · · · · · · · · · · ·	ndation to a nonchantable ex	· -					
								╁
	transactions		• • • • • • • • • • • •			<u>1a(2</u>	9	\vdash
		itable exempt organization					<u>u</u>	╀
		nonchantable exempt organiza					?)	╀
		t or other assets						╁
		s						+
		nembership or fundraising sol						t
		mailing lists, other assets, or p					1	t
		above is "Yes," complet					_	ma
value	of the goods, other as	sets, or services given by	y the reporting foun	ndation If th	e foundation rece	eived less than	fair	ma
value	in any transaction or s	sharing arrangement, show	n column (d) the	value of th	e goods, other a	ssets, or servi	ces re	се
Line no	(b) Amount involved	(c) Name of noncharitable ex		• • •	of transfers, transaction	ons, and shanng ar	rangeme	ents
	N/A			N/A		. <u> </u>		
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			-					
section	•	directly affiliated with, or r than section 501(c)(3)) or in chedule	·	•	•		/es	X]
	(a) Name of organization	(b) 1	Type of organization		(c) Description	n of relationship		
					<u>-</u>			
	 							
Under belief,	penalties of perjury, I declare it is true; correct, and comple	that I have examined this retuine Declaration of preparer (other	m, including accompanying than taxpayer or fiducia	ng schedules a ary) is based on	nd statements, and to all information of wh	the best of my	knowled	ge
	Julie	uli		5-13-	10 Se	irede	عَهُ	ζ
s	ignature of officer or trustee			Date	Title			<u>/</u>
Paid Preparer's Use Only	Preparer's signature	D Horlacke	Date J-/1	Che self	eck if -employed ►	Preparer's ident number (See Sigr page 30 of the ins P00266949	nature o	
Pai epa se C	Firm's name (or yours if	TOM SMITH & AS	SOCIATES			2-0792222		
د ۾ ا	self-employed), address,	611 COMMERCE S						
	and ZIP code	NASHVILLE, TN		37203-	3742 Phone no	615-256-2	2127	

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 CONWAY-WELCH FAMIL	V FOILNDAMION I	NC	Employer identification number
CONWAI-WELCH FAMIL	i FOUNDATION, I	.nc.	26-4421502
Organization type (check or	ne)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1)	nonexempt charitable trust not treated as a p	rivate foundation
	527 politica	al organization	
Form 990-PF	X 501(c)(3) e	xempt private foundation	
	4947(a)(1)	nonexempt charitable trust treated as a priva	te foundation
	501(c)(3) ta	exable private foundation	
instructions General Rule	, , , (e), or (10) organiz	ation can check boxes for both the General Ru	ic and a openial real occ
(n filing Form 990, 990	-EZ, or 990-PF that received, during the year	\$5,000 or more (in more); or
	one contributor Com		popular in more (in money of
Special Rules			
sections 509(a)(1)	and 170(b)(1)(A)(vi),	g Form 990 or 990-EZ that met the 331/3% su and received from any one contributor, during n (i) Form 990, Part VIII, line 1h or (ii) Form 99	the year, a contribution of the greater
the year, aggregat	te contributions of mor	inization filing Form 990 or 990-EZ that receive than \$1,000 for use exclusively for religious, of cruelty to children or animals. Complete Pai	charitable, scientific, literary, or
the year, contribut aggregate to more year for an exclusiv applies to this orga	ions for use exclusively than \$1,000 If this be vely religious, charitable anization because it re	inization filing Form 990 or 990-EZ that receive for religious, charitable, etc., purposes, but to it is checked, enter here the total contribution e, etc., purpose. Do not complete any of the poceived nonexclusively religious, charitable, etc.	hese contributions did not ns that were received during the parts unless the General Rule c , contributions of \$5,000 or more
990-EZ, or 990-PF), but it mi	ust answer "No" on Pa	General Rule and/or the Special Rules does irt IV, line 2 of its Form 990, or check the box es not meet the filing requirements of Schedu	on line H of its Form 990-EZ,
For Privacy Act and Paperwork Re	duction Act Notice, see the I	nstructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2009)		Page of
Name of organiza	ntion CONWAY-WEICH FAMILY FOUNDATION	ON, INC.	Employer identification number 26-4421502
Part! Con	tributors (see instructions)		
(a)	(b)	(c) Aggregate contributions	(d) Type of contributio
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributio

No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	COLLEEN CONWAY-WELCH 109 LYNNWOOD TERRACE NASHVILLE, TN 37205	\$\$.000.	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 Payroli 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)

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INTEREST ON TEMPORARY CASH INVESTMENTS	
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NET INVESTMENT	INCOME	. 81.
REVENUE AND EXPENSES		81.
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		FINNACLE NATIONAL BANK

81.

81.

TOTAL

12:37:03 PMV 09-5

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ATTACHMENT

NEW SUBSTANTIAL CONTRIBUTORS 10 LINE PART VII-A, FORM 990PF,

DATE

DIRECT

PUBLIC SUPPORT

75,000.

COLLEEN CONWAY-WELCH 109 LYNNWOOD TERRACE NASHVILLE, TN 37205

NAME AND ADDRESS

04/06/2009

TOTAL CONTRIBUTION AMOUNTS

75,000.

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
COLLEEN CONWAY-WELCH 109 LYNNWOOD TERRACE NASHVILLE, TN 37205	PRESIDENT/AS NEEDED	.0		.0	
FRANK BUMSTEAD 2300 CHARLOTTE AVE., STE. 103 NASHVILLE, TN 37203	SECRETARY/AS NEEDED	.0	·	·	
TERRI ANNE SCHMIDT-FELLNER 275 KING ROAD ATLANTA, GA 30342	TREASURER/AS NEEDED	.0	.0		
TED H. WELCH 109 LYNNWOOD TERRACE NASHVILLE, TN 37205	DIRECTOR/AS NEEDED	.0	.0	.0	
	GRAND TOTALS	0	0	0	

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ATTACHMENT

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HOPE THROUGH HEALING HANDS 2033 RICHARD JONES ROAD NASHVILLE, TN 37215	NONE 501 (C) (3)	GENERAL FUND	10,000
ROTARY FOUNDATION P O BOX 110102 NASHVILLE, TN 37222-0102	NONE 501(C)(3)	GENERAL FUND	100
T T MARTELL FOUNDATION 15 MUSIC SQUARE WEST, SUITE C NASHVILLE, TN 37203	NONE 501(C)(3)	GENERAL FUND	750
COMPREHENSIVE CARE CENTER 111 BROADWAY, SUITE 200 NASHVILLE, TN 37201	NONE 501(C)(3)	GENERAL FUND	2,000
FRIST GALA 2009 919 BROADWAY NASHVILLE, TN 37203	NONE 501(C)(3)	GENERAL FUND	2,500
AMERICAN RED CROSS NASHVILLE AREA CHAPTER 2201 CHARLOTTE AVE NASHVILLE, TN 37203	NONE 501(C)(3)	GENERAL FUND	10,000
AMERICAN HEART ASSOCIATION 1818 PATTERSON STREET NASHVILLE, TN 37203	NONE 501(C)(3)	GENERAL FUND	1,000

26-4421502

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YEAR	
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WANTS AND CONTRIBUTIONS	
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PART >	
990PF,	
FORM	

1,000 AMOUNT ATTACHMENT 4 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION GENERAL FUND RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT 501(C)(3) NONE SAVE THE CHILDREN (SURVIVE TO 5) RECIPIENT NAME AND ADDRESS WESTPORT, CT 06880 54 WILTON ROAD

27,350 TOTAL CONTRIBUTIONS PAID

PAGE 20 ATTACHMENT 4

V 09-5

Diagnostic Report

Tax Year : 2009

Return No: 8TK0SB

Taxpayer: CONWAY-WELCH FAMILY FOUNDATION, INC.

ID No : 26-4421502

** NO SEVERE DIAGNOSTICS DETECTED **

INFORMATIONAL DIAGNOSTICS : TOTAL 2

FEDERAL (2)

1.COUNTRY CODES

DUE TO IRS CHANGES, PLEASE REVIEW THE INPUT FOR COUNTRY CODES.

2.FORM 2220

THE FORM 2220 WILL NOT PRINT PER YOUR UNDERPAYMENT PENALTY COMPUTE OPTION

* indicates Diagnostic has been suppressed

Override Summary Report

Tax Year: 2009 Return No: 8TKOSB

Taxpayer: CONWAY-WELCH FAMILY FOUNDATION, INC.

ID No : 26-4421502

Screen Name			Override Data	Automatic/Computed Data
COMPUTE OPT	IONS		2	1
OFFICERS, D	IRECTORS	(990PF	109 LYNNWOOD TERRACE	
OFFICERS, D	IRECTORS	(990PF	2300 CHARLOTTE AVE., STE. 1	
OFFICERS, D	IRECTORS	(990PF	275 KING ROAD	
OFFICERS, D	IRECTORS	(990PF	109 LYNNWOOD TERRACE	
OFFICERS, D	IRECTORS	(990PF	NASHVILLE	
OFFICERS, D	IRECTORS	(990PF	TN	
OFFICERS, D	IRECTORS	(990PF	37205	
OFFICERS, D	IRECTORS	(990PF	NASHVILLE	
OFFICERS, D	IRECTORS	(990PF	37203	
OFFICERS, D	IRECTORS	(990PF	30342	
OFFICERS, D	IRECTORS	(990PF	GA	
OFFICERS, D	DIRECTORS	(990PF	ATLANTA	
OFFICERS, D	DIRECTORS	(990PF	NASHVILLE	
OFFICERS, D	IRECTORS	(990PF	TN	
OFFICERS, D	IRECTORS	(990PF	37205	
OFFICERS, D	IRECTORS	(990PF	TN	
STEP 1- ENA	ABLE LETTE	CRS	А	G