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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

20	09
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Fo	or cal	endar	year 2009,	or t	ax year begi	nning		, 2009	, and endin	9	, 20
G	Che	ck all t	hat apply:	L	Initial retu		Initial return	•	ublic charit	· i	Final return
_				Щ.	Amended	return	Addres	ss change		Name change	
			Name of for	unda	tion					A Employeride	ntification number
(he IRS								_	.0 (1(040)
	lab 						N 5006007		D		52-6160483
		wise, int	Number and	d stre	eet (or PO box	number if	mail is not delivered to street	(address)	Room/suit	e B Telephone number	r (see page 10 of the instructions)
	•	ype.		~						, I	(OCE) 071 2022
5	See S	pecific			Y STREET	4 :				C If exemption ap	(865) 971-2023
ı	nstru	ctions.	City or town	n, sta	ite, and ZIP co	ae				pending, check	here · · · · · ·
			MOVILL	T 173	TON 270) E 107	10				inizations, check here .
_	<u> </u>	<u> </u>			TN 3799					85% test, che	inizations meeting the eck here and attach
H	_		of organiza		_		c)(3) exempt private for X Other taxable pri		ion	computation	
+					empt charitable		unting method: X Ca			1 = '	ation status was terminated
ı			t value of al						iuai	ı	507(b)(1)(A), check here . P
		ear (<i>irc</i> ▶ \$	om Part II, co		, 259 .	(Part I	ther (specify) column (d) must be or	cash basis		-	in is in a 60-month termination 507(b)(1)(B), check here .
F					and Expens			1 00011 000101		under section 5	(d) Disbursements
ш	aiti				ımns (b), (c), aı		(a) Revenue and	(b) Net inve		(c) Adjusted net	for charitable
					ual the amount 1 of the instruc		expenses per books	incon	ne	income	purposes (cash basis only)
_	4										(cash basis only)
	1		if the	foun	received (attach so dation is not req	juired to					
	2 3	Check	- attac		B						
	4		•		porary cash inve rom securities		123,335.	12	3,335.		
					· · · · · · · ·		123/333.		3,333.	· · · · · · · · · · · · · · · · · · ·	
				_	of assets not on		-45,522.				
Revenue		Gross s	ales price for a		373						
Ver	7		on line 6a Ligaio, pet inc		(from Part IV,						
2	8				ain						
	9										
		Gross s	ales less return	s							
	ь		ost of goods so			•					
			•		ach schedule)						
	11										
	12	TotaR	Addlines 1	hiou	hedule)		77,813.	12	3,335.		
	13	Compe	nsation of office	ers, d	rector grustees	s, etc	20,622.		0,311.		10,311
	14	mother.	امم مصنمامهم		and leatha				NONE		ONE
ses	15	-Pensio	n plans, emp	loyee	benefæs			-	NONE	NC	ONE
ë	16 4	"Legal f	ees (attach_s	ched	ule)						
ă	ij	Accor	@D@N	tach	chedule						
ē	٦	Other	professional f	ees (attach schedu	le}					
ì	17										
and Administrative Expenses	18	Taxes (attach schedule	e) (see	page 14 of the T	ATCtions)	455.				
Ę	19	Depred	ciation (attach	n sch	edule) and de	pletion .					
ğ	20	•	•								WE
٥	21				meetings				NONE		ONE
	22				S				NONE	NC	ONE
Operating	23		•		schedule) STJ		381.				
ar F	24				ninistrative ex	•	01 450		, ,,,	310	NIE 10 211
ğ			-		3		21,458.		0,311.	NC	ONE 10,311
_	25		_	-	nts paid		363,700.		0 311	370	363,700
_	26				ents Add lines 2	4 and 25	385,158.]	0,311.	NC	ONE 374,011
	27	Subtra	ct line 26 fro	m lın	ie 12:		205 245		1		
	!			-	ses and disbursem		-307,345.		2 024	 	
	1				(if negative, e			1.	3,024.		
_	C	Adjust	ed net incon	ne (if	negative, ente	er -0-)	<u> </u>				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

APH827 K483 05/10/2010 12:09:34 500600

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MINZ V Z IAM CENNING

	.A. III	Polones	Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
Pa	AC III	balance	Sneets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-in	terest-beari	ng			·
- 1				cash investments	262,001.	130,834.	<u>130,834</u> .
	3	Accounts rec	eivable 🛌				
		Less [,] allowan	ce for doub	otful accounts >			
	4	Pledges recei	vable >				
		Less: allowan	ce for doub	otful accounts			
						-	
				ficers, directors, trustees, and other			
				ach schedule) (see page 16 of the instructions)			
				eceivable (attach schedule)			
				otful accounts ►NONE			
				se			
ets				eferred charges			
Assets				government obligations (attac Sachardula)	540,432.	549,375.	581,829.
1				stock (attach schedule) . STMT .4.	1,509,579.		
				bonds (attach schedule). STMT .5.	151,793.	151,793.	
1	11	Investments - I	and, building		101/100.		
١,				loans			
- 1				ich schedule)			
	14	Land, buildings	s, and				
		equipment bas Less accumula	sis ited deprecia	etion			
١,	15	(attach schedu Othor accete	le) (dosoribo	>)		<u></u>	
i				pleted by all filers - see the		·	
'				age 1, item I)	2 463 805	2,156,739.	2,581,259.
+,				ccrued expenses	2,103,003.	2/130/735.	2/332/232
ţį							
<u>∄</u> .			-	ers, trustees, and other disqualified persons			
				otes payable (attach schedule)			
4	22	Other Habiliti	es (describe	e ►)			
	23	Total liabiliti	es (add line	es 17 through 22)			
T		Foundation	s that foll	low SFAS 117, check here At through 26 and lines 30 and 31.			
Ses		•					
2	24 35						
ala ,	25						
1	40			not follow SFAS 117,			
Š				plete lines 27 through 31.			
or Fund Balances					2,463,805.	2,156,739.	
5	27			cipal, or current funds	2,403,003.	2,130,133.	
യ		•	•	r land, bldg , and equipment fund			
AS			-	lated income, endowment, or other funds			
<u>a</u>				d balances (see page 17 of the	2 462 905	2 156 720	
					2,463,805.	2,156,739.	
'				assets/fund balances (see page 17	2 462 005	2 156 720	
					2,463,805.	2,156,739.	
				anges in Net Assets or Fund			
				lances at beginning of year - Part II, o		l l	2 462 005
				on prior year's return)			2,463,805.
2 E	nter	amount fro	m Part I, I	ine 27a		2	-307,345.
				ed in line 2 (itemize) ►SEE_STA	TEMENT 6		279.
		ines 1, 2, ar				<u>4</u>	2,156,739.
5 [Decre	ases not in	cluded ın	line 2 (itemize)		5	
<u>6</u>]	Fotal	net assets o	or fund ba	lances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 30 6	2,156,739.
							Form 990-PF (2009)

Part IV Capital Gains	and Losses for Tax on Inv	estment Income	-		rage 3
(a) List and	d describe the kind(s) of property sold (e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
1a SEE PART IV DETA					
b					
<u>c</u>					
<u>d</u>					
<u>e</u>		(-) C		4.20: "	
(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	•
<u>a</u>					
_b					
<u>c</u>			ļ		
_ <u>d</u>					
Complete only for assets sho	wing gain in column (h) and owne	d by the foundation on 12/31/69		Cours (Cal. (b) a	our minus
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)		Gains (Col. (h) g (k), but not less Losses (from co	than -0-) or
	as of 12/31/69	over col (j), if any		203363 (110111 60	
a b			 		
c					-
d					
е					
2 Capital gain net income or	(net capital loss) $\left\{ \begin{array}{c} If \\ If \end{array} \right.$	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-45,522.
3 Net short-term capital gain	or (loss) as defined in sections 12	,		_	
If gain, also enter in Part I,	line 8, column (c) (see pages 13 ai	nd 17 of the instructions)			
If (loss), enter -0- in Part I, I	ine 8	<u> </u>	3		
		ced Tax on Net Investment Inc section 4940(a) tax on net investr			
		outable amount of any year in the b Do not complete this part.	ase perio	d?	Yes X No
		see page 18 of the instructions be	fore maki		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution r (col (b) divided by	
2008	167,780.	2,450,180.	i	0.06	847660172
2007	1,167,183.	3,161,125.		0.36	923025822
2006	197,041.	3,475,347.	<u> </u>	0.05	669678452
2005	235,208.	3,357,028.			006435454
2004	170,619.	3,249,643.	<u> </u>	0.05	<u>250392120 </u>
			2	0.61	<u>697192020</u>
•	for the 5-year base period - divide	•		2 12	220420404
number of years the found	dation has been in existence if less	than 5 years	3	0.12	339438404
4 Enter the net value of non	charitable-use assets for 2009 from	m Part X, line 5	4	<u> </u>	<u>2,353,137.</u>
5 Multiply line 4 by line 3			5		290,364.
					
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		1,130.
7 Add lines 5 and 6			7		291,494.
8 Enter qualifying distribution If line 8 is equal to or grant VI instructions on page	ons from Part XII, line 4 eater than line 7, check the box is 18.	in Part VI, line 1b, and complete	8 that part	using a 1% ta	374,011. x rate See the

Pär	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	truction	ıs)
1a	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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,13	<u> 30.</u>
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% / 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		1,13	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			<u>DNE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,13	<u>30.</u>
6	Credits/Payments·			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,141.			
b				
	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld		1 1	4 7
7	Total credits and payments. Add lines 6a through 6d		1,14	
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached			10.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>1.</u>
11 10	Enter the amount of line 10 to be Credited to 2010 estimated tax			
	t VII-A Statements Regarding Activities		Yes	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Tes	No X
	participate or intervene in any political campaign?	Ia		
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1b		X
	of the instructions for definition)?	-10		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		Į.	
	published or distributed by the foundation in connection with the activities	1c		Х
C	Did the foundation file Form 1120-POL for this year?			
d	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	
е	on foundation managers > \$		1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		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			
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ►STMT_7			
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	8b	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			v
	names and addresses	10		X

orm S	990-PF (2009) 62-6160483			age 3
Pärt	VII-A Statements Regarding Activities (continued)			
	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 page 20 of the instructions)	11		X
	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	1 1		
-	August 17, 2008?	12		<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
	Website address		-	
14	The books are in care of ► FIRST TENNESSEE Telephone no. ► _(865) 971-2	280		
	Located at ► TRUST DIVISION, KNOXVILLE, TN ZIP + 4 ► 37995-	1230		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	\Box
	and enter the amount of tax-exempt interest received or accrued during the year			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No_
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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 for			
	the deficit of use of a disqualified person):		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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 50 days / · · · · · · · · · · · · · · · · · ·			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	"		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		Х
_	were not corrected before the first day of the tax year beginning in 2009?			
2	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)). At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2009?		'	
	If "Yes," list the years			
h	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 page 20 of the instructions)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		l	
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year? Yes X No			
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 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)		-	
4a	g , ,	. 4a	 	<u>X</u>
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	 	1	v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		L DE	X
		Form 99	77-70	(2009)

Pär	VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)						
5a	During the year did the foundation pay or incur any amou	nt to:								
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No									
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,									
	directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No									
	(4) Provide a grant to an organization other than a charite	able, etc , organization	n described in		1					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	see page 22 of the ins	tructions)	Yes X No	,					
	(5) Provide for any purpose other than religious, charitable	e, scientific, literary, o	or educational							
	purposes, or for the prevention of cruelty to children of	or animals?		Yes X No	,	ŀ				
h	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in									
_	Regulations section 53.4945 or in a current notice regard				5b					
	Organizations relying on a current notice regarding disast									
c	If the answer is "Yes" to question 5a(4), does the foundation									
•	because it maintained expenditure responsibility for the g	•		Yes No	,					
	If "Yes," attach the statement required by Regulations sect									
6.	Did the foundation, during the year, receive any funds, dir		nov promitime							
va	on a personal benefit contract?	•	• • •	Yes X No	,					
ь	Did the foundation, during the year, pay premiums, direct				6ь	X				
~	If "Yes" to 6b, file Form 8870	y or manechy, on a p	ersonal benefit contrac		• • • • •					
7 a	At any time during the tax year, was the foundation a part	v to a prohibited tax	chalter transaction?	Yes X No	.	}				
	If yes, did the foundation receive any proceeds or have an				•					
	Information About Officers, Directors									
	and Contractors									
1	List all officers, directors, trustees, foundation ma	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens					
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all					
		devoted to position	<u> </u>	and deferred compensation						
SEF	STATEMENT 8		20,622.	-0-		-0-				
<u> </u>			20/022.							
]								
2	Compensation of five highest-paid employees (oth	er than those incli	uded on line 1 - see	page 23 of the inst	ructions).					
	f none, enter "NONE."									
	No	(b) Title, and average	(a) Campanation	(d) Contributions to employee benefit	(e) Expens	e account,				
(a	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all					
				compensation						
NON			NONE	NONE	N	ONE				
1101	<u> </u>		NONE	IVOTATI		ONL				
				···						
-										
	-									
			ļ							
										
-			i	İ						
Tot	I number of other employees paid over \$50,000 .	<u> </u>		<u>.</u>		NONE				
, ota	i number of other employees paid over \$50,000 .	<i></i>		. .		NONE				

Part VIII Information About Officers, Directors, Trustees, Foundation Management (Continued)	nagers, Highly Paid Emplo	/ees,
3 Five highest-paid independent contractors for professional services (see page 23	of the instructions) If none	enter "NONE "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
	!	
		
Total number of others receiving over \$50,000 for professional services	 ,	▶ NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	rmation such as the number	Expenses
1 NONE		
		
2		
3		
` 		
4		
	·	
Devi IV D. Common of Dromon Boloted Investments (1999) 22 of the in-	A	
Part IX-B Summary of Program-Related Investments (see page 23 of the instance Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a		Amount
1 NONE		
2		
All other program-related investments See page 24 of the instructions		
3NONE		

Total. Add lines 1 through 3		

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreisee page 24 of the instructions.)	gn foundation	is,
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	2,192,555.
b	Average of monthly cash balances	1b	196,417.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	2,388,972.
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	2	NONE
3	Subtract line 2 from line 1d	3	2,388,972.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25		
		4	35,835.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,353,137.
6	Minimum investment return. Enter 5% of line 5	6	117,657.
Par	Minimum investment return. Enter 5% of line 5	ite operating part)	
1	Minimum investment return from Part X, line 6	1	117,657.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b	1	
	Add lines 2a and 2b	7 2c	1,130.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	116,527.
	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	116,527.
_	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	116,527.
Par	t 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	374 <u>,011</u> .
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		374,011.
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	1,130.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	372,881.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the four	
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2009)

Page 9

	990-PF (2009)				Page 9
Pa	t XIII 'Undistributed Income (see page :	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				116,527.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			NONE	
b	Total for prior years: 20_07_,20,20		NONE		
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005]	
C	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e	1,183,338.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 [.] ▶ \$374,011.				
а	Applied to 2008, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election		27027		
	required - see page 26 of the instructions)		NONE		
С	Treated as distributions out of corpus (Election	MONTH			
	required - see page 26 of the instructions)	NONB			116 527
	Applied to 2009 distributable amount	257 404			116,527.
	Remaining amount distributed out of corpus	257,484.			NONE
5	Excess distributions carryover applied to 2009 . [If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	1,440,822.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,440,022.			
b	Prior years' undistributed income Subtract		NONE		
c	line 4b from line 2b		NON P		
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has		NONE		
	been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		NONE		
е	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount - see page			NONE	
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2010				NONE
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 instructions)	NONE			
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	14,411.			
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a	1,426,411.			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006 29,709.				
	Excess from 2007 1,015,619.				
d	Excess from 2008 47,715.				
e	Excess from 2009 257,484.				<u></u>
					Form 990-PF (2009)

	If the foundation has re- foundation, and the ruling	is effective for 2009, e	nter the date of the ruling) <i></i>	. ▶	
b	Check box to indicate whet)(3) or 4942(j)(
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	 	(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
a	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					
а	alternative test relied upon "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 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					
	(j)(3)(B)(iii)					ļ
	(3) Largest amount of sup- port from an exempt					
	organization					
Pa	rt XV Supplementar			only if the founda	ation had \$5,000	or more in ass
			e page 28 of the ir	istructions.)		
1	Information Regarding List any managers of the	•		e than 2% of the total	L contributions receiv	ed by the foundati
u	before the close of any t					ed by the loundath
<u>_</u>	NONE List any managers of t	ha foundation who	own 10% or more of	f the stock of a corne	vestion for an equally	large portion of t
U	ownership of a partners					large portion of t
	NONE			•		
	Information Regarding					
2	Check here ▶ if th	e foundation only	makes contributions	to preselected charit	able organizations a	nd does not acce
2	unsolicited requests to	r tunds it the tour	idation makes diπs.	grants, etc. (see page	28 of the instruction	ins) to individuals
2				1 ત		
	organizations under other	er conditions, compl	ete items 2a, b, c, and		o addrogad:	
	organizations under other. The name, address, and	er conditions, compl	ete items 2a, b, c, and		e addressed:	
а	organizations under other. The name, address, and SEE STATEMENT 9	er conditions, compl telephone number (ete items 2a, b, c, and of the person to whom	applications should be		
а	organizations under other. The name, address, and	er conditions, compl telephone number of cations should be su	ete items 2a, b, c, and of the person to whom obmitted and informati	applications should be		
a	The name, address, and SEE STATEMENT 9 The form in which applies SEE ATTACHED STATEMENT STATEMENT SEE ATTACHED STATEMENT	er conditions, completelephone number of cations should be sure ATEMENT FOR L	ete items 2a, b, c, and of the person to whom obmitted and informati	applications should be		
a b	organizations under other name, address, and SEE STATEMENT 9 The form in which applies	er conditions, completelephone number of cations should be sure ATEMENT FOR Less:	ete items 2a, b, c, and of the person to whom the state of the person to whom the state of the s	applications should be		
a b	organizations under other name, address, and SEE STATEMENT 9 The form in which applie SEE ATTACHED STATEMENT STATEMENT SEE ATTACHED SEE ATTACHED STATEMENT SEE ATTACHED S	er conditions, complete lephone number of cations should be sure ATEMENT FOR Less	ete items 2a, b, c, and of the person to whom the bmitted and information of the 2.	on and materials they s	should include:	unctitutions or oth
a b	organizations under other the name, address, and SEE STATEMENT 9 The form in which applies SEE ATTACHED STATEMENT SEE ATTACHED STATEMENT Any submission deadlines SEE ATTACHED STATEMENT Any restrictions or limit factors.	er conditions, completelephone number of cations should be sure ATEMENT FOR LESS. ATEMENT FOR LESS. ATEMENT FOR LESS.	ete items 2a, b, c, and of the person to whom obmitted and information of the person to whom the second of the person to whom the person to whom the person of the person to whom the person of the person to whom the person of the person of the person of the person to whom the person of the pe	on and materials they s	should include:	institutions, or oth
a b	organizations under other the name, address, and SEE STATEMENT 9 The form in which applies SEE ATTACHED STATEMENT SEED SEED SEED SEED SEED SEED SEED SEE	er conditions, completelephone number of cations should be sure ATEMENT FOR LESS. ATEMENT FOR LESS. ATEMENT FOR LESS.	ete items 2a, b, c, and of the person to whom obmitted and information of the person to whom the second of the person to whom the person to whom the person of the person to whom the person of the person to whom the person of the person of the person of the person to whom the person of the pe	on and materials they s	should include:	Institutions, or oth

Page 11

3	Grants and Contributions Paid During	a the Veer or Appre	wed for E	Liture Payment	<u> </u>
	Recipient	If recipient is an individual,		T	
	Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a	Paid during the year	Or substantial contributor	100.		
	3 ,				
	SEE STATEMENT 12				
				j	
				ľ	
	Total	<u> </u>		▶ 3a	363,700.
b	Approved for future payment			1	
	j				
	1				
					
	Total	<u> </u>		<u> ▶ _</u> 3b	

Part XVI-A	Analysis of Income-Produ	cing Activ	/ities			
	nts unless otherwise indicated.	(a)	ted business income (b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
1 Program service	ce revenue.	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions.)
a		ļ				
b			<u> </u>			
		<u> </u>		 		
d						
				 		
f				 		- · - · · · · · · · · · · · · · · · · ·
•	ntracts from government agencies					
	ues and assessments					
	gs and temporary cash investments interest from securities			14	123,335.	·
	me or (loss) from real estate			 	123,333.	
	ced property			<u> </u>		
	nanced property				-	
	e or (loss) from personal property .			- 1		
	ent income					
	m sales of assets other than inventory			18	-45,522.	
	(loss) from special events				- 1	
	(loss) from sales of inventory					
•	· a					
_						
е						
12 Subtotal Add	columns (b), (d), and (e)				77,813.	
Line No. Exp	Relationship of Activities plain below how each active accomplishment of the foge 29 of the instructions)	ity for whi	ch income is reporte	d in column	(e) of Part XVI-A con	tributed importantly t such purposes). (Se
_						
				_		
			NOT APPLICABI	⊔£ 		
						Form 990-PF (2009

Part X		lonch		_{je} 13 able
	the organization directly or indirectly engage in any of the following with any other organization described section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political injustions? Sters from the reporting foundation to a noncharitable exempt organization of:		Yes	No
(1)	·	1a(1) 1a(2)		X

1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(3) 1b(4) 1b(5) 1b(6) d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization

				-		
						
						
<u>b</u>	section 501(c) of the Code (c if "Yes," complete the followi (a) Name of organizat	ng schedule	01(c)(3)) or in section 5			Yes X No
	(a) Name of Organizat	1011	(b) Type of org		(c) Descript	ion or relationship
					-	
						
	-					
				<u>-</u>		
	Under panalties of perjury, I de belief, it is the, conrect, and co first Tehnessee Ban	clare that I have example to Declaration of	mined this return, includir f preparer (other than tax)	ng accompanying scl payer or fiduciary) is	hedules and statements, and based on all information of v	to the best of my knowledge and which preparer has any knowledge
	N MUN S	0141	·	05	/10/2010 VICE	PRESIDENT _
ē	Signature of officer or truste	e FIRST	TENNESSEE BANK	K Date	Title	
Sign He	Preparer's			Date	Check if self-employed ▶	Preparer's identifying number (See Signature on page 30 of the instructions)
•,	Firm's name (or yours					
Sign Here	Signature of officer or truste Preparer's signature	clyl		05 K	/10/2010 VICE Title	PRESIDENT Preparer's identifying number (See Signature on

Form 990-PF (2009)

Phone no.

b Other transactions:

self-employed), address,

and ZIP code

issionId><EFIN>620866</BFIN><GovernmentCode>IRS</GovernmentCode><SubmissionType>990PR</SubmissionType><TaxYear>2009</TaxYear>SubmissionCategory>EO</S ntainedAlerts><StatusDate>2010-05-10</StatusDate><StateSubmissionCopyCount>0</StateSubmissionCopyCount><TIN>526160483</TIN><TaxPeriodEndDate>2009-12-3 cErrorList errorCount="5"><Error errorId="1"><DocumentID>NA</DocumentID><XPath>/efile:Return[1]/efile:ReturnData[1]/efile:IRS990PF[1]/efile:OfcrDirTru steesKeyEmployeeInfo[1]/efile:OfcrDirTrusteesOrKeyEmployee[1]/efile:PersonName[1]</XPath><ErrorCategory>XML Error</ErrorCategory><ErrorCategory><ErrorMessage>The XML :0-9'\-]' for type 'PersonNameType'.</ErrorMessage><RuleNumber>X0000-005</RuleNumber><Severity>Reject And Stop</Severity></Error><Error errorId="2">< ocumentID>NA</bocumentID>XPath>/efile:Return[1]/efile:ReturnData[1]/efile:IRS990PF[1]/efile:OfcrDirTrusteesKeyEmployeeInfo[1]/efile:OfcrDirTrusteesOr KeyEmployee[1]/efile:PersonName[1]</XPath><ErrorCategory>XML ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><Er has failed schema validation. . cvc-type.3.1.3: The value '-705' of element 'Amount' is not valid.</ErrorMessage><RuleNumber>X0000-005</RuleNumber><Se /erity>Reject And Stop</Severity></Brror><Error errorId="4"><DocumentID>NA</DocumentID>NA
DocumentID>
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/efile:ReturnData(1]
/efile:TaxesSchedule 1.3. The value '-705' of element 'Amount' is not valid.</ErrorMessage><RuleNumber>X0000-005</RuleNumber><Severity>Reject And Stop</Severity></Error>< Error errorId="5"><DocumentID>NA</DocumentID>XPath>/efile:Return[1]/efile:ReturnData[1]/efile:TaxesSchedule[1]/efile:TaxesSchedule[1]/efile:Amount[1] «ErrorCategory>XML Brror

BrootAtegory>

BrootMessage>The XML data has failed schema validation. cvc-minInclusive-valid. Value '-705' is not facet-value. ubmissionCategory><8lectronicPostmark>2010-05-10T18:12:44z/RlectronicPostmark><AcceptanceStatus>Rejected</AcceptanceStatus><ContainedAlerts>false</Co |c/TaxPeriodEndDate><CompletedValidation>false</CompletedValidation><EmbeddedCRC32>0x1061667</EmbeddedCRC32><ComputedCRC32>0x1061667</ComputedCRC32> data has failed schema validation. cvc-pattern-valid. Value 'MS. CARLA BEWLEY' is not facet-valid with respect to pattern '([A-Za-z0-9'\-] ?)*[A-Za--type.2.2. Element 'PersonName' must have no element [children], and the value must be valid.</ErrorMessage><RuleNumber>X0000-005</RuleNumber><Severi lid with respect to minInclusive '0' for type 'USAmountNNType'.</ErrorMessage><RuleNumber>X0000-005</RuleNumber><Severity>Reject And Stop</Severity></ [1]/efile:Taxes[1]/efile:Amount[1]</XPath><ErrorCategory>XML BrrorCAtegory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><BrrorCategory><Brror ty>Reject And Stop</Severity></Error><Error errorId="3"><DocumentID>NA</DocumentID><ErrorCategory>XML Error</ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><ErrorCategory><Er &rror></BrrorList></Acknowledgement> FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

· Kind of Property	GAINS AND LO		ription		or P	Date	Date sold
Gross sale Depreciation price less allowed/ expenses of sale allowable	Cost or other	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D	acquired Gain or (loss)	
CABCHAGO OF SUICE PROPERTY.	TOTAL SHORT					331.	
	TOTAL LONG-	TERM CAPITA	AL GAIN DIV	IDENDS		2.	
13,299.00	596.902 AST PROPERTY TY 9,915.00			GRW-I	l	03/24/2009	12/11/2009
	1161.016 AM PROPERTY TY			U-IS		11/26/2007	12/11/2009
20,237.00	26,692.00	PE: SECURI.	1162			-6,455.00	
	376.823 EUR PROPERTY TY					02/11/2008	12/11/2009
14,572.00	17,063.00	IB. BECORT	1110			-2,491.00	
	140000. FHL			50% 8/1		10/19/2004	08/18/2009
140,000.00	141,057.00					-1,057.00	
	416.98 GROW PROPERTY TY			C		02/11/2008	12/11/2009
11,292.00	12,987.00					-1,695.00	
	284.357 HAR PROPERTY TY			D		02/11/2008	12/14/2009
15,827.00	14,674.00					1,153.00	
	176. CEF IS PROPERTY TY			VALUE		11/17/2008	12/11/2009
11,327.00	8,330.00					2,997.00	
	458.436 MUN PROPERTY TY			D Y		11/26/2007	12/11/2009
10,209.00	13,331.00					-3,122.00	
	628.611 T R PROPERTY TY			ROWTH FD		11/18/2008	03/25/2009
14,559.00	13,679.00					880.00	
	3339.813 T PROPERTY TY			GROWTH F		02/11/2008	03/25/2009
77,350.00	105,323.00					-27,973.00	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GA	INS AND LO	JSSES FUR	TAX UNI	INAFPLIA	ΛİF	ENT INCOM	<u> </u>
Kind of Property		Descr	iption		or D	Date acquired	Date sold
Gross sale Depreciation price less allowed/	Cost or other	FMV as of	Adj. basıs as of	Excess of FMV over		Gain or	
expenses of sale allowable	basis	12/31/69	12/31/69	adı basıs	H	(loss)	
	203.645 VAN			SIGNAL		11/26/2007	12/14/2009
17,357.00	21,865.00					-4,508.00	
	872.185 VAN			STK INS		04/26/2006	12/14/2009
11,434.00	14,103.00					-2,669.00	
	942.043 VAN	GUARD S/C G	GROWTH INDX	INS		06/04/2007	12/14/2009
15,468.00	19,981.00					-4,513.00	
	1. MISCELLA PROPERTY TY		TIES			01/01/2005	05/08/2009
190.00						190.00	
	1. MISCELLA		TEC			01/01/2005	06/15/2009
24.00	PROPERTY TY	PE: SECURIT	TES			24.00	:
TOTAL GAIN(LOSS)						-45,522. ======	

FORM 990PF, PART I - TAXES

	REVENUE AND EXPENSES
DESCRIPTION	PER BOOKS
FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR	-705. 611. 549.
TOTALS	455.
	===========

FORM 990PF, PART I - OTHER EXPENSES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION

OTHER ALLOCABLE EXPENSE-PRINCI

381.

TOTALS

381.

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

MARY G.K. FOX FOUNDATION 5006007

ENDING FMV 	150,329. 221,062. 210,438.
ENDING BOOK VALUE	150,000. 199,500. 199,875.
NO 	TOTALS
DESCRIPTION	FHLB NOTE FHLB NOTE FFCB NOTE

- CORPORATE STOCK FORM 990PF, PART II

MARY G.K. FOX FOUNDATION 5006007

62-6160483

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
AMERICAN EUROPACIFIC BRITISH AMERICAN TOBACCO ASTON MONTAG & CALDWELL GRW HARBOR INTERNATIONAL FUND AMERICAN FUNDS GROWTH FUND	85,954. 41,510. 83,185. 76,179. 96,831.	121,216. 358,688. 112,833. 130,909. 95,615.
T KOWE PRICE BLUE CHIP VANGUARD SMALL CAP STK AMERICAN BEACON L/C VALU-IS MUNDER M/C CORE GROWTH	97,27	8,03
VANGUARD SMALL CAP VALUE VANGUARD 500 INDEX PIMCO LOW DURATION PIMCO TOTAL RETURN	109,739. 173,267. 17,420. 58,595.	95,790. 144,908. 19,049. 61,602.
VANGUARD INTERM TERM BOND VANGUARD SHORT TERM INVEST CEF ISHARES S&P MIDCAP VANGUARD S/C GROWTH	8,59 7,42 9,76 9,86	3,96 8,97 7,19 3,18

1,709,201.

1,324,737.

_	BONDS
5006007	CORPORATE
ION	S
Ι	1
FOUNDATION	ΙΙ
FOI	PART II
FOX	Ъ/
<u>F</u>	F
ſ G.K.	990PF,
MARY	FORM

BERKSHIRE HATHAWAY BANK OF AMERICAN CORP DESCRIPTION

TOTALS

ENDING FMV ENDING BOOK VALUE

62-6160483

53,304. 106,091. 1 1 50,075. 101,718.

159,395. 151,793. Ŋ

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

TIMING/ROUNDING VARIANCES 279.

TOTAL 279.

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STATE(S) WHERE THE FOUNDATION IS REGISTERED

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FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

FIRST TENNESSEE BANK NA

ADDRESS:

800 S. GAY STREET

KNOXVILLE, TN 37995-1230

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 25

COMPENSATION 20,622.

COMPENSATION EXPLANATION:

TRUSTEE FEES BASED UPON PUBLISHED FEE SCHEDULES

OFFICER NAME:

MS. CARLA BEWLEY

ADDRESS:

1890 GREYSTONE ROAD

GREENEVILLE, TN 37743

TITLE:

BOARD MEMB

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 5

OFFICER NAME:

TERRY BELLAMY

ADDRESS:

151 SOUTHWIND CIRCLE

GREENEVILLE, TN 37743

TITLE:

BOARD MEMB

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 5

OFFICER NAME:

JOHN MCINTURFF

ADDRESS:

1825 MOORE AVENUE

GREENEVILLE, TN 37745

TITLE:

BOARD MEMB

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 5

TOTAL COMPENSATION:

20,622.

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8

MARY G.K. FOX FOUNDATION 5006007 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

DAVID LANTZ

ADDRESS:

FIRST TENNESSEE BANK KNOXVILLE, TN 37995-1230

RECIPIENT'S PHONE NUMBER: 865-971-2742

FORM, INFORMATION AND MATERIALS:

WRITTEN

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS: GREENEVILLE/GREENE COUNTY TENNESSEE CHARITABLE ORGANIZATIONS ONLY MARY G.K. FOX FOUNDATION 5006007 62-6160483 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: FELLOWSHIP OF CHRISTIAN ATHLETES ADDRESS: 210 MOUNTAIN VIEW CIRCLE ELIZABETHTON, TN 37643 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SCHOLARSHIPS TO FCA EVENTS FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: BOY SCOUTS OF AMERICA SEOUOYAH COUNCIL ADDRESS: 129 BOONE RIDGE DRIVE JOHNSON CITY, TN 37615 RELATIONSHIP: NONE PURPOSE OF GRANT: SUMMER PROGRAMMING AND LEADER MATERIALS FOUNDATION STATUS OF RECIPIENT: N/A 4,000. AMOUNT OF GRANT PAID RECIPIENT NAME: TUSCULUM COLLEGE ADDRESS: P.O. BOX 5040 GREENEVILLE, TN 37743 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID

STATEMENT

PURPOSE OF GRANT: SCHOLARSHIP FUNDS

FOUNDATION STATUS OF RECIPIENT:

20,000.

10

MARY G.K. FOX FOUNDATION 5006007 62-6160483 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: FRIENDS OF GREENEVILLE GREENE CO LIBRARY ADDRESS: 210 NORTH MAIN STREET GREENEVILLE, TN 37745 RELATIONSHIP: NONE PURPOSE OF GRANT: SUMMER READING PROGRAM / IMAGINATION LIBRARY FOUNDATION STATUS OF RECIPIENT: N/A9,700. AMOUNT OF GRANT PAID RECIPIENT NAME: GREENEVILLE-GREENE COUNTY COMMUNITY MINISTRIES ADDRESS: 107 N. CUTLER STREET GREENEVILLE, TN 37743 RELATIONSHIP: NONE PURPOSE OF GRANT: EMERGENCY HOUSING ASSISTANCE AND FOOD PURCHAS FOUNDATION STATUS OF RECIPIENT: N/A 20,000. AMOUNT OF GRANT PAID RECIPIENT NAME: NATHANAIAL GREENE MUSEUM ADDRESS: 101 WEST MCKEE STREET GREENEVILLE, TN 37743 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID

200,000.

PURPOSE OF GRANT:

PURCHASE OF PROPERTY FOR PUBLIC USE

FOUNDATION STATUS OF RECIPIENT:

11

5006007

MARY G.K. FOX FOUNDATION 5006007 62-6160483 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID .

RECIPIENT NAME:
BOYS AND GIRLS CLUB
ADDRESS:
740 W. CHURCH STREET
GREENEVILLE, TN 37743

GREENEVILLE, TN 3774
RELATIONSHIP:
NONE

PURPOSE OF GRANT:
BUILDING RENOVATION AND ADDITION
FOUNDATION STATUS OF RECIPIENT:
N/A

AMOUNT OF GRANT PAID 100,000.

TOTAL GRANTS PAID: 363,700.

STATEMENT 12

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

MARY G.K. FOX FOUNDATION 5006007

Employer identification number

62-6160483

	: Form 5227 filers need to complete only Pa						
Pari	Short-Term Capital Gains and Los			ar or Less	(e) Cost or other b	asis	(f) Gain or (loss) for
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(see page 4 of the instructions)		the entire year Subtract (e) from (d)
1a	HORT-TERM CAPITAL GAIN DIVID	ENDS	STMT 1				331
b	Enter the short-term gain or (loss), if any, fro	om Schedule D	1, line 1b			1b	4,264
2	Short-term capital gain or (loss) from Forms	4684, 6252, 6	3781, and 882	4		2	
3	Net short-term gain or (loss) from partnersh					3	
4	Short-term capital loss carryover. Enter the Carryover Worksheet					4	()
5	Net short-term gain or (loss). Combine line column (3) on the back	<u> </u>		<u> </u>	i i	5	4,595
Part	Long-Term Capital Gains and Losses	- Assets Held	More Than On	e Year	· · · · · · · · · · · · · · · · · · ·		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other b (see page 4 of th instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a I	ONG-TERM CAPITAL GAIN DIVIDE	NDS	STMT 1				2
						_	
b	Enter the long-term gain or (loss), if any, fro	m Schedule D-	1, line 6b			6b	-50,119
7	Long-term capital gain or (loss) from Forms	2439, 4684, 6	252, 6781, an	d 8824		7	
8	Net long-term gain or (loss) from partnership	ps, S corporatio	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter the a Carryover Worksheet					11	()
12	Net long-term gain or (loss). Combine lines column (3) on the back	6 6a through 11	in column (f).	Enter here and on lin	ne 14a,	12	-50,117
For P	aperwork Reduction Act Notice, see the Instruct					edule	D (Form 1041) 2009

Schedule D (Form 1041) 2009

31

32

33

30

Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts

SCHEDULE: D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. **Employer identification number**

MARY G.K. FOX FOUNDATION 5006007 62-6160483 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the (b) Date (a) Description of property (Example: 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) acquired (mo, day, yr) Subtract (e) from (d) instructions) (mo , day, yr) 1a 596.902 ASTON MONTAG & 03/24/2009 12/11/2009 13,299.00 9,915.00 3,384.00 CALDWELL GRW-I 628.611 T ROWE PRICE BLUE CHIP GROWTH FD #93 11/18/2008 03/25/2009 14,559.00 13,679.00 880.00

4,264.00

Schedule D-1 (Form 1041) 2009

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

Page 2

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side **Employer identification number** MARY G.K. FOX FOUNDATION 5006007 62-6160483 Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the (e) Cost or other basis (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) (see page 4 of the acquired (mo , day, yr) (mo , day, yr) Subtract (e) from (d) instructions) instructions) 6a 1161.016 AMERICAN BEACON L/C VALU-IS 11/26/2007 12/11/2009 20,237.00 26,692.00 -6,455.00 376.823 EUROPACIFIC GROWTH FUND <u>02/1</u>1/2008 12/11/2009 14,572.00 17,063.00 -2,491.00 140000. FHLB 10/19/2004 3.750% 8/18/09 08/18/2009 140,000.00 141,057.00 -1,057.00416.98 GROWTH FUND OF 02/11/2008 AMERICA INC 12/11/2009 11,292.00 12,987.00 -1,695.00 284.357 HARBOR INTERNATION 02/11/2008 15,827.00 AL FUND 12/14/2009 14,674.00 1,153.00 176. CEF ISHARES S&P 11/17/2008 MIDCAP 400/VALUE 12/11/2009 11,327.00 8,330.00 2,997.00 458.436 MUNDER M/C CORE GROWTH FD Y 11/26/2007 12/11/2009 10,209.00 13,331.00 -3,122.003339.813 T ROWE PRICE BLUE CHIP GROWTH FD #93 02/11/2008 03/25/2009 77,350.00 105,323.00 -27,973.00 203.645 VANGUARD 500 INDEX 17,357.00 FUND-SIGNAL 11/26/2007 12/14/2009 21,865.00 -4,508.00 872.185 VANGUARD SMALL CAP VALUE STK INSTL 04/26/2006 12/14/2009 11,434.00 14,103.00 -2,669.00 942.043 VANGUARD S/C GROWTH INDX INS 06/04/2007 12/14/2009 19,981.00 15,468.00 -4,513.00 1. MISCELLANEOUS 01/01/2005 05/08/2009 190.00 190.00 1. MISCELLANEOUS 01/01/2005 06/15/2009 24.00 24.00 -50,119.00 6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b

FEDERAL CAPITAL GAIN DIVIDENDS

SHORT-TERM CAPITAL GAIN DIVIDENDS		
PIMCO LOW DURATION FUND INST CL PIMCO TOTAL RETURN II-INSTL	14.00 317.00	
TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS		331.00
LONG-TERM CAPITAL GAIN DIVIDENDS	==	=======
15% RATE CAPITAL GAIN DIVIDENDS		
PIMCO LOW DURATION FUND INST CL	2.00	
TOTAL 15% RATE CAPITAL GAIN DIVIDENDS		2.00
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS	==	2.00