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

OMB No 1545-0052

2010Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, or tax year beginning , 2010, and ending

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation CHRISTIAN MISSION CONCERNS OF TENNESSEE, INC.		A Employer identification number 58-2021971
Number and street (or P O box number if mail is not delivered to street address) 3125 TUCKER RANCH ROAD		B Telephone number (see the instructions) (307) 733-8112
City or town WILSON	State ZIP code WY 83014	C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 23,637,552.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc., received (att sch)	39,000.			
	2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	660,238.	660,238.		
	4 Dividends and interest from securities	2,609.	2,609.		
	5a Gross rents				
	b Net rental income or (loss)		L-6a Stmt		
	6a Net gain/(loss) from sale of assets not on line 10	529,051.			
	b Gross sales price for all assets on line 6a	1,483,940.			
	7 Capital gain net income (from Part IV, line 2)		529,051.		
	8 Net short-term capital gain				
ADMINISTRATIVE AND OPERATING EXPENSES	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	See Line 11 Stmt	-1,195,019.	-1,475,446.	280,427.	
	12 Total. Add lines 1 through 11	35,879.	-283,548.	280,427.	
	13 Compensation of officers, directors, trustees, etc	130,667.	77,334.		53,333.
	14 Other employee salaries and wages				
	15 Pension plans and employee benefits				
	16a Legal fees (attach schedule)	226,010.	226,010.		
	b Accounting fees (attach sch)	17,205.	8,603.		8,602.
	c Other prof fees (attach sch)	5,618.	5,618.		
	17 Interest	33,109.	33,109.		
	18 Taxes (attach schedule) (see instr) See Line 18 Stmt	21,964.	8,742.	13,222.	
	19 Depreciation (attach sch) and depletion	33,961.		33,961.	
	20 Occupancy				
21 Travel, conferences, and meetings	43,555.	21,778.		21,777.	
22 Printing and publications					
23 Other expenses (attach schedule) See Line 23 Stmt	23,470.	18,568.		4,902.	
24 Total operating and administrative expenses. Add lines 13 through 23	535,559.	399,762.	47,183.	88,614.	
25 Contributions, gifts, grants paid	1,178,200.			1,178,200.	
26 Total expenses and disbursements. Add lines 24 and 25	1,713,759.	399,762.	47,183.	1,266,814.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,677,880.				
b Net investment income (if negative, enter 0)		0.			
c Adjusted net income (if negative, enter -0)			233,244.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing					
	2 Savings and temporary cash investments			2,268,552.	287,541.	287,541.
	3 Accounts receivable ▶					
	Less allowance for doubtful accounts ▶			0.		
	4 Pledges receivable ▶					
	Less allowance for doubtful accounts ▶					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)					
	7 Other notes and loans receivable (attach sch) ▶	19,806,217.	L-7 Stmt			
	Less allowance for doubtful accounts ▶	0.		15,518,597.	19,806,217.	19,674,170.
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges				18,400.	18,400.
	10a Investments — U.S. and state government obligations (attach schedule)					
	b Investments — corporate stock (attach schedule)					
	c Investments — corporate bonds (attach schedule)					
	11 Investments — land, buildings, and equipment basis ▶	3,100,111.				
LIABILITIES	Less accumulated depreciation (attach schedule) ▶	0.		3,100,111.	3,100,111.	1,550,055.
	12 Investments — mortgage loans					
	13 Investments — other (attach schedule)					
	14 Land, buildings, and equipment basis ▶	1,358,436.				
	Less accumulated depreciation (attach schedule) ▶	510,163.		882,234.	848,273.	848,273.
	15 Other assets (describe ▶ L-15 Stmt)			3,420,769.	1,259,113.	1,259,113.
	16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)			25,190,263.	25,319,655.	23,637,552.
	17 Accounts payable and accrued expenses			89,160.	0.	
	18 Grants payable					
	19 Deferred revenue					
NET FUND ASSETS BALANCES	20 Loans from officers, directors, trustees, & other disqualified persons					
	21 Mortgages and other notes payable (attach schedule)					
	22 Other liabilities (describe ▶ L-22 Stmt)			13,167.	54,864.	
	23 Total liabilities (add lines 17 through 22)			102,327.	54,864.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>					
	27 Capital stock, trust principal, or current funds					
	28 Paid-in or capital surplus, or land, building, and equipment fund					
NET FUND ASSETS BALANCES	29 Retained earnings, accumulated income, endowment, or other funds			25,087,936.	25,264,791.	
	30 Total net assets or fund balances (see the instructions)			25,087,936.	25,264,791.	
	31 Total liabilities and net assets/fund balances (see the instructions)			25,190,263.	25,319,655.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	25,087,936.
2 Enter amount from Part I, line 27a	2	-1,677,880.
3 Other increases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT — PER 2008 AUDIT RESULTS	3	2,114,426.
4 Add lines 1, 2, and 3	4	25,524,482.
5 Decreases not included in line 2 (itemize) ▶ See Other Decreases Stmt	5	259,691.
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	25,264,791.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a ISHARES TR FTSE		P	04/21/09	01/19/10
b VANGUARD ENERGY FUND		P	01/13/09	01/19/10
c BURLINGTON NORTHERN SANTAFE CORP		P	11/09/09	02/16/10
d BURLINGTON NORTHERN SANTAFE CORP		P	11/09/09	02/16/10
e See Columns (a) thru (d)				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 13,204.		9,978.	3,226.
b 73,542.		51,579.	21,963.
c 10,000.		9,739.	261.
d 93,000.		90,496.	2,504.
e See Columns (e) thru (h)		793,094.	501,097.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			3,226.
b			21,963.
c			261.
d			2,504.
e See Columns (i) thru (l)	0.	0.	501,097.

2 Capital gain net income or (net capital loss).	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>		2	529,051.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 </div>		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2009			
2008			
2007			
2006			
2005			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
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-		5	0.
6 Credits/Payments			
a 2010 estimated tax prmts and 2009 overpayment credited to 2010	6a	18,400.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	5,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7	23,400.	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	23,400.	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax 23,400. Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
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 \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) TN – Tennessee		
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? <i>If 'No,' attach explanation</i>	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities (Continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>PAUL PIPER, JR.</u> Telephone no <u>(307) 733-8112</u> Located at <u>3125 TUCKER RANCH ROAD</u> <u>JACKSON</u> <u>WY</u> ZIP + 4 <u>83014</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country <u></u>				X

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <u></u>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
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))		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2010 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 2010)	3b	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b 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 2010?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**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 regarding disaster assistance (see instructions)?**5b**

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b**

If 'Yes' to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**7b****b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PAUL PIPER 3125 TUCKER RANCH ROAD JACKSON WY 83014	PRESIDENT 16.00	0.	0.	56,953.
RONALD K. PIPER 3125 TUCKER RANCH ROAD JACKSON WY 83014	V. PRESIDENT 16.00	106,667.	0.	9,723.
THOMAS L. MASCHMEYER, JR. 3125 TUCKER RANCH ROAD JACKSON WY 83014	SECRETARY 8.00	24,000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a	Average monthly fair market value of securities	1a	625,343.
b	Average of monthly cash balances	1b	1,421,745.
c	Fair market value of all other assets (see instructions)	1c	23,331,611.
d	Total (add lines 1a, b, and c)	1d	25,378,699.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	25,378,699.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	380,680.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,998,019.
6	Minimum investment return. Enter 5% of line 5	6	1,249,901.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,249,901.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	0.
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,249,901.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,249,901.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,249,901.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	1,266,814.
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,266,814.
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 instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,266,814.

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				1,249,901.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			1,168,898.	
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2010				
a From 2005	0.			
b From 2006	0.			
c From 2007	0.			
d From 2008	0.			
e From 2009	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 1,266,814.				
a Applied to 2009, but not more than line 2a			1,168,898.	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2010 distributable amount				97,916.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				1,151,985.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006	0.			
b Excess from 2007	0.			
c Excess from 2008	0.			
d Excess from 2009	0.			
e Excess from 2010	0.			

BAA

Form 990-PF (2010)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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				
AGAPE 111 RACINE ST MEMPHIS TN 38111		NOT A FDTN	RELIGIOUS	100,000.
COLLIERVILLE HIGH SCHOOL ALUMNI ASSOCIATION 1101 NEW BYHALIA RD COLLIERVILLE TN 38017		NOT A FDTN	COMMUNITY OUTREACH	2,000.
COMMUNITY FOUNDATION OF JACKSON HOLE 255 E SIMPSON AVE JACKSON WY 83001		NOT A FDTN	COMMUNITY OUTREACH	1,000.
CYSTIC FIBROSIS FOUNDATION 1028 CRESTHAVEN RD SUITE 203 MEMPHIS TN 38119		NOT A FDTN	COMMUNITY OUTREACH	5,000.
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD AUSTIN TX 78748		NOT A FDTN	COMMUNITY OUTREACH	10,000.
FAITH COMES BY HEARING 2421 AZTEC RD NE ALBUQUERQUE NM 87107		NOT A FDTN	RELIGIOUS	525,000.
GEORGIA BAPTIST WOMEN'S MISSIONARY UNION 6405 SUGARLOAF PARKWAY DULUTH GA 30097		NOT A FDTN	RELIGIOUS	500.
JACKSON HOLE SKI AND SNOWBOARD CLUB PO BOX 461 JACKSON WY 83001		NOT A FDTN	COMMUNITY OUTREACH	500.
MISSION ARLINGTON 210 W SOUTH STREET ARLINGTON TX 76010		NOT A FDTN	RELIGIOUS	525,000.
See Line 3a statement				9,200.
Total			3a	1,178,200.
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a CHILD CARE INCOME					280,428.
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	660,238.	
4 Dividends and interest from securities			14	2,609.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					529,051.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				662,847.	809,479.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,472,326.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
1a (1)		X
1a (2)		X
1b (1)		X
1b (2)		X
1b (3)		X
1b (4)		X
1b (5)		X
1b (6)		X
1c		X

- a Transfers from the reporting foundation to a noncharitable exempt organization of:**

- (1) Cash

- (2) Other assets**

- b Other transactions:**

- (1) Sales of assets to a noncharitable exempt organization**

- (2) Purchases of assets from a noncharitable exempt organization**

- (3) Rental of facilities, equipment, or other assets

- #### (4) Reimbursement arrangements

- (5) Loans or loan guarantees

- (6) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

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.

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

- b** If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

**Sign
Here**

Signature of officer or trustee

Water

PRESIDENT

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

HAROLD N. LEAVELL

Preparer's signature

Gate	
------	--

11/10/11

Check of		of	PTIN
----------	--	----	------

☐ self-employed

Firm's name LEAVELL & ASSOCIATES, PC

PO BOX 1830

JACKSON

WY 83001

Phone no (307) 733-5656

(307) 733-5656

BAA

Form 990-PF (2010)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No 1545-0047

2010

Name of the organization

CHRISTIAN MISSION CONCERNS OF TENNESSEE, INC.

Employer identification number

58-2021971

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)(____) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

CHRISTIAN MISSION CONCERNS OF TENNESSEE, INC.

58-2021971

Part I Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARY PIPER 8551 HUEBNER #226 SAN ANTONIO TX 78240	\$ 39,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Application for Change in Accounting Method

OMB No 1545-0152

Name of filer (name of parent corporation if a consolidated group) (see instructions)		Identification number (see instructions) 58-2021971	
CHRISTIAN MISSION CONCERNS OF TENNESSEE, INC.		Principal business activity code number (see instructions)	
Number, street, and room or suite no. If a P.O. box, see the instructions 3125 TUCKER RANCH ROAD		Tax year of change begins (MM/DD/YYYY) 01/01/2010	
City or town, state, and ZIP Code WILSON WY 83014		Tax year of change ends (MM/DD/YYYY) 12/31/2010	
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)		Name of contact person (see instructions)	
		Contact person's telephone number	

If the applicant is a member of a consolidated group, check this box ☐
If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box ☐

Check the box to indicate the applicant. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Controlled foreign corporation (Section 957) <input type="checkbox"/> 10/50 corporation (Section 904(d)(2)(E)) <input type="checkbox"/> Qualified personal service corporation (Section 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization Enter Code section 501(c)3 corp	<input type="checkbox"/> Cooperative (Section 1381) <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Insurance company (Section 816(a)) <input type="checkbox"/> Insurance company (Section 831) <input type="checkbox"/> Other (specify) _____	Check the appropriate box to indicate the type of accounting method change being requested. (see instructions) <input type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input checked="" type="checkbox"/> Other (specify) ACCRUAL TO CASH
--	--	--

Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.
The taxpayer must attach all applicable supplemental statements requested throughout this form.

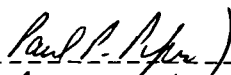

Part I Information For Automatic Change Request		Yes	No
1 Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check 'Other,' and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions. (a) Change No. 33 (b) Other <input type="checkbox"/> Description _____			
2 Do any of the scope limitations described in section 4.02 of Rev Proc 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If 'Yes,' attach an explanation.			X

Note: Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable)

Part II Information for All Requests		Yes	No
3 Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If 'Yes,' the applicant is not eligible to make the change under automatic change request procedures.			X
4a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If 'No,' go to line 5			X
b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?			X

Signature (see instructions)

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and, to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.

Filer  Signature and date PAUL P. PIPER JR Name and title (print or type)	Preparer (other than filer/applicant)  Signature of individual preparing the application and date HAROLD N. LEAVELL Name of individual preparing the application (print or type) LEAVELL & ASSOCIATES, PC PO BOX 1830 JACKSON WY 83001 Name of firm preparing the application
---	--

Part II Information For All Requests (continued)

	Yes	No
4c Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		
d Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If 'Yes,' attach the consent statement from the director		
e Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If 'Yes,' check the box for the applicable window period and attach the required statement (see instructions) <input type="checkbox"/> 90 day <input type="checkbox"/> 120 day Date examination ended ▶ _____		
f If you answered 'Yes' to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		
g Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		
5a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? If 'Yes,' enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, and the tax year(s) before Appeals and/or a Federal court Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		X
b Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?		
c Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? If 'Yes,' attach an explanation.		
6 If the applicant answered 'Yes' to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court		
7 If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? If 'Yes,' the applicant is not eligible to make the change		
8a Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		X
b If 'Yes,' attach an explanation		
9a Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?		X
b If 'Yes,' for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent		
c If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was sent to the taxpayer but was not signed and returned to the IRS, or if the change was not made or not made in the requested year of change, attach an explanation		
10a Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
b If 'Yes,' for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s)		
11 Is the applicant requesting to change its overall method of accounting? If 'Yes,' check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form Present method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description) Proposed method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)	X	

Part II Information For All Requests (continued)				Yes	No						
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following.										
	a The item(s) being changed										
	b The applicant's present method for the item(s) being changed										
	c The applicant's proposed method for the item(s) being changed										
	d The applicant's present overall method of accounting (cash, accrual, or hybrid)										
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application										
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If 'No,' attach an explanation		X								
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?			X							
	b If 'Yes,' for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application										
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?			X							
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">1st preceding year ended mo 12 yr 2009</td> <td style="width: 33%; border-bottom: 1px solid black;">2nd preceding year ended mo 12 yr 2008</td> <td style="width: 33%; border-bottom: 1px solid black;">3rd preceding year ended mo 12 yr 2007</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 2,218,160.</td> <td style="border-bottom: 1px solid black;">\$ 8,042,423.</td> <td style="border-bottom: 1px solid black;">\$ 4,366,645.</td> </tr> </table>	1st preceding year ended mo 12 yr 2009	2nd preceding year ended mo 12 yr 2008	3rd preceding year ended mo 12 yr 2007	\$ 2,218,160.	\$ 8,042,423.	\$ 4,366,645.				
1st preceding year ended mo 12 yr 2009	2nd preceding year ended mo 12 yr 2008	3rd preceding year ended mo 12 yr 2007									
\$ 2,218,160.	\$ 8,042,423.	\$ 4,366,645.									
Part III Information For Advance Consent Request				Yes	No						
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent request procedures										
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists										
20	Attach a copy of all documents related to the proposed change (see instructions)										
21	Attach a statement of the applicant's reasons for the proposed change										
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If 'No,' attach an explanation										
23 a	Enter the amount of user fee attached to this application (see instructions) ▶ \$ _____										
	b If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)										
Part IV Section 481(a) Adjustment				Yes	No						
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? If 'Yes,' do not complete lines 25, 26, and 27 below			X							
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income ▶ \$ -863,910. Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant										

Part IV Section 481(a) Adjustment

- 26 If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?
- 27 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties?
- If 'Yes', attach an explanation

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Schedule A – Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed)**Part I Change in Overall Method** (see instructions)

- 1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state 'None'. Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g

a Income accrued but not received

Amount
\$ -953,070.

b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method

None

c Expenses accrued but not paid (such as accounts payable)

89,160.

d Prepaid expenses previously deducted

None

e Supplies on hand previously deducted and/or not previously reported

None

f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II

None

g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment

None

h **Net section 481(a) adjustment** (Combine lines 1a – 1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25

\$ -863,910.

- 2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? ☐ Yes ☒ No
- 3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations

Schedule B – Change in Reporting Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev Proc 2004-34, 2004-1 CB 991, attach the following information:
- a A statement explaining how the advance payments meet the definition in section 2.01 of Rev Proc 2004-34
- b If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 8.02(3)(a)-(c) of Rev Proc 2004-34.
- c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 8.03(2)(a)-(f) of Rev Proc 2004-34.
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following:
- a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1)
- b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)
- d A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Form 3115 (Rev 12-2009)

Schedule C – Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a Valuing inventory (e.g., unit method or dollar-value method)
 - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc)
 - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc)
 - d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
 - a A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
 - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

BAA

Form 3115 (Rev 12-2009)

Schedule D – Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I	Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8)
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- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.
- 2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? ☐ Yes ☐ No
- b If 'Yes,' do all the contracts qualify for the exception under section 460(e) (see instructions)? ☐ Yes ☐ No
- If line 2b is 'No,' attach an explanation.
- c If line 2b is 'Yes,' is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? ☐ Yes ☐ No
- d If line 2c is 'No,' is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? ☐ Yes ☐ No
- If line 2d is 'Yes,' attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor.
- If line 2d is 'No,' attach an explanation of what method the applicant is using and the authority for its use.
- 3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? ☐ Yes ☐ No
- b If 'Yes,' attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
- c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
- 4 To determine a contract's completion factor using the percentage-of-completion method:
- a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)? ☐ Yes ☐ No
- b If line 4a is 'No,' is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))? ☐ Yes ☐ No
- 5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II **Change in Valuing Inventories Including Cost Allocation Changes** (Also complete Part III on pages 7 and 8)

- 1 Attach a description of the inventory goods being changed
- 2 Attach a description of the inventory goods (if any) NOT being changed
- 3a Is the applicant subject to section 263A? If 'No,' go to line 4a ☐ Yes ☐ No
- b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)
If 'No,' attach a detailed explanation ☐ Yes ☐ No

4a Check the appropriate boxes below

Identification methods:

Specific identification

FIFO

LIFO

Other (attach explanation)

Valuation methods

Cost

Cost or market, whichever is lower

Retail cost

Retail, lower of cost or market

Other (attach explanation)

b Enter the value at the end of the tax year preceding the year of change

- 5** If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions)

a Copies of Form(s) 970 filed to adopt or expand the use of the method

b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method

c Only for applicants requesting an automatic change. The statement required by section 22 01(5) of the Appendix of Rev Proc 2008-52 (or its successor)

[illegible]

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see the instructions))**Section A – Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following.

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B – Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark 'N/A' in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs)		

BAA

Form 3115 (Rev 12-2009)

Part III Method of Cost Allocation (see instructions) (continued)**Section C – Other Costs Not Required To Be Allocated** (Complete Section C only if the applicant is requesting to change its method for these costs)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses		
2 Research and experimental expenses not included in Section B, line 26		
3 Bidding expenses not included in Section B, line 22		
4 General and administrative costs not included in Section B		
5 Income taxes		
6 Cost of strikes		
7 Warranty and product liability costs		
8 Section 179 costs		
9 On-site storage		
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11 Other costs (Attach a list of these costs)		

Schedule E – Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section
Applicants must provide this information for each item or class of property for which a change is requested

Note: See the **List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions)

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADRY)? ☐ Yes ☐ No
If 'Yes,' the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii)
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e g , section 263A)? ☐ Yes ☐ No
If 'Yes,' enter the applicable section _____
- 3 Has a depreciation, amortization, or expense election been made for the property (e g , the election under section 168(f)(1), 179, or 179C)? ☐ Yes ☐ No
If 'Yes,' state the election made _____
- 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity
- b If the property is residential rental property, did the applicant live in the property before renting it? ☐ Yes ☐ No
- c Is the property public utility property? ☐ Yes ☐ No
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e g , depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc)
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, the following information for both the present (if applicable) and proposed methods
- a The Code section under which the property is or will be depreciated or amortized (e g , section 168(g))
- b The applicable asset class from Rev Proc 87-56, 1987-2 CB 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 CB 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
- c The facts to support the asset class for the proposed method
- d The depreciation or amortization method of the property, including the applicable Code section (e g , 200% declining balance method under section 168(b)(1))
- e The useful life, recovery period, or amortization period of the property
- f The applicable convention of the property
- g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed

**Form 990-PF
Part I, Line 6a****Net Gain or Loss From Sale of Assets****2010**

Name CHRISTIAN MISSION CONCERNS OF TENNESSEE, INC.	Employer Identification Number 58-2021971
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Asset Information:

Description of Property		<u>2010 STOCK SALES - JENNINGS INVESTMENT ADVISORS LLC</u>	
Date Acquired.	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>Various</u>	Name of Buyer	
Sales Price	<u>1,259,443.</u>	Cost or other basis (do not reduce by depreciation)	<u>954,889.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>304,554.</u>	Accumulation Depreciation	
Description of Property		<u>CAPITAL GAINS FROM K-1S</u>	
Date Acquired	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>Various</u>	Name of Buyer	
Sales Price	<u>224,497.</u>	Cost or other basis (do not reduce by depreciation)	<u>0.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>224,497.</u>	Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	

Form 990-PF
Part II, Lines 6 and 7

Receivables

2010

Name <u>CHRISTIAN MISSION CONCERNS OF TENNESSEE, INC.</u>	Employer Identification Number <u>58-2021971</u>
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Lender Information

Loan Receivable Type 4
Borrower's Name AMERICAN GUARANTY Borrower's Title AMERICAN GUARANTY
Check Box, if Borrower is a Business ☒ Relationship of Borrower (other loans only) NONE
Repayment Terms AT LIQUIDATION Borrower's Security NONE
Purpose of Loan COMMERCIAL REAL ESTATE IN DENVER Description of Consideration CMC GAVE AMERICAN GAURANTY A \$5,200,000 LOAN
Original Amount 5,200,000. Beginning Year Balance 5,200,000. Year End Balance 5,200,000.
FMV of at Year End 5,200,000. FMV of Consideration 5,200,000.
Allowance for Doubtful Accounts (other loans only) 0.
Date of Note 01/01/09 Maturity Date 01/01/14 Interest Rate 6.00
Loan Receivable Type 4

Borrower's Name AMERICAN GUARANTY ES Borrower's Title AMERICAN GUARANTY
Check Box, if Borrower is a Business ☒ Relationship of Borrower (other loans only) NONE
Repayment Terms AT LIQUIDATION Borrower's Security EVERGREEN SPORTS CENTER, EVERGREEN CO
Purpose of Loan COMMERCIAL REAL ESTATE IN DENVER Description of Consideration CMC GAVE AMERICAN GUARANTY A \$2,362,000 LOAN
Original Amount 2,285,000. Beginning Year Balance 2,285,000. Year End Balance 2,362,000.
FMV of at Year End 2,362,000. FMV of Consideration 2,362,000.
Allowance for Doubtful Accounts (other loans only) 0.
Date of Note 01/01/09 Maturity Date 01/01/14 Interest Rate 6.00
Loan Receivable Type 4

Borrower's Name CORR JENSEN HBR Borrower's Title CORR-JENSEN LABS, INC.
Check Box, if Borrower is a Business ☒ Relationship of Borrower (other loans only) NONE
Repayment Terms INTEREST MONTHLY WITH PRINCIPAL REDUCTIONS AN Borrower's Security INVENTORY AND A/R FROM GENERAL NUTRITION DISTRIBUTION
Purpose of Loan 640000 CONVENTIONAL LOAN, 560000 LINE OF CREDIT Description of Consideration CMC GAVE CORR-JENSEN A \$1,200,000 LOAN
Original Amount 1,200,000. Beginning Year Balance 640,000. Year End Balance 640,000.
FMV of at Year End 640,000. FMV of Consideration 1,200,000.
Allowance for Doubtful Accounts (other loans only) 0.
Date of Note 10/01/09 Maturity Date 12/31/12 Interest Rate 12.00
Loan Receivable Type 4

Borrower's Name See Receivables Borrower's Title
Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only)
Repayment Terms Borrower's Security
Purpose of Loan Description of Consideration
Original Amount Beginning Year Balance Year End Balance
FMV of at Year End FMV of Consideration
Allowance for Doubtful Accounts (other loans only)
Date of Note Maturity Date Interest Rate

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
Child Care Income	280,427.	0.	280,427.
INCOME FROM K-1S	-611,535.	-611,535.	
SECTION 481(a) ADJUSTMENT	-863,911.	-863,911.	
Total	<u>-1,195,019.</u>	<u>-1,475,446.</u>	<u>280,427.</u>

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
PROPERTY TAXES	13,222.		13,222.	
TAXES & LICENSES	356.	356.		
EXCISE TAX	8,386.	8,386.		
Total	<u>21,964.</u>	<u>8,742.</u>	<u>13,222.</u>	

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
BANK CHARGES	137.	69.		69.
INSURANCE	12,834.	12,834.		
MEALS & ENTERTAINMENT	894.	894.		
MISCELLANEOUS	3,527.	1,763.		1,762.
OFFICE SUPPLIES & POSTAGE	1,429.	715.		714.
TELEPHONE	4,585.	2,293.		2,293.
CHARITABLE CONTRIBUTION FROM K-1	64.			64.
Total	<u>23,470.</u>	<u>18,568.</u>		<u>4,902.</u>

Form 990-PF, Page 2, Part III, Line 5

Other Decreases Stmt

NON-DEDUCTIBLE EXP FROM K-1S	5,256.
UNREALIZED STOCK LOSS	254,435.
Total	<u>259,691.</u>

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
COLUMBIA ACORN FUND	P	10/03/08	04/28/10
COLUMBIA ACORN INTERNATIONAL FUND	P	01/13/09	04/28/10
ISHARES TR S&P	P	01/13/09	04/28/10
ISHARES TR S&P	P	01/19/10	04/28/10
ISHARES MSCI	P	01/19/10	04/28/10
ROYCE PENNSYLVANIA MUTUAL FUND	P	01/13/09	04/28/10
SPDR S&P MIDCAP 400 ETF TRUST	P	01/13/09	04/28/10
SSDA INTERNATIONAL STOCK SELECTION	P	01/13/09	04/28/10

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (a) thru (d)

Continued

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
VANGUARD PRIMECAP CORE FUND	P	01/13/09	04/28/10
BARCLAYS BANK PLC	P	01/19/10	05/03/10
BARCLAYS BANK PLC	P	08/20/09	05/03/10
COLUMBIA ACORN INTERNATIONAL	P	01/13/09	05/03/10
ISHARES TR S&P	P	01/19/10	05/03/10
ISHARES MSCI EMERGING MKT	P	01/19/10	05/03/10
ISHARES MSCI EMERGING MKT	P	01/19/10	05/03/10
ISHARES MSCI EMERGING MKT	P	10/28/08	05/03/10
ISHARES TRUST S&P	P	10/08/08	05/03/10
ROYCE PENNSYLVANIA MUTUAL FUND	P	01/13/09	05/03/10
SPDR S&P MIDCAP 400	P	01/13/09	05/03/10
SSGA INTERNATIONAL STOCKSELECTION	P	01/13/09	05/03/10
VANGUARD PRIMECAP CORE FUND	P	01/13/09	05/03/10
VANGUARD PRIMECAP CORE FUND	P	12/22/08	05/03/10
BARCLAYS BANK PLC IPATHETN 12/06/36	P	08/20/09	06/11/10
BARCLAYS BANK PLC IPATHETN 12/06/36	P	08/20/09	06/11/10
BARCLAYS BANK PLC IPATHETN 12/06/36	P	08/20/09	06/11/10
BARCLAYS BANK PLC IPATHETN 12/06/36	P	05/18/10	06/11/10
COLUMBIA ACORN FUND	P	10/03/08	06/11/10
COLUMBIA ACORN INTERNATIONAL FD	P	01/13/09	06/11/10
ISHARES TR S&P	P	01/19/10	06/11/10
ISHARES MSCI EMERGING MKT INDEX FUND	P	10/27/08	06/11/10
ISHARES TRUST S&P	P	10/03/08	06/11/10
ROYCE PENNSYLVANIA MUTUAL FUND	P	01/13/09	06/11/10
SSGA INTERNATIONAL STOCK SELECTION	P	01/13/09	06/11/10
VANGUARD PRIMECAP CORE FUND	P	12/22/08	06/11/10
COLUMBIA ACORN INTERNATIONAL FD	P	01/13/09	12/21/10
ISHARES MSCI EMERGING MKT	P	10/27/08	12/21/10
ROYCE PENNSYLVANIA MUTUAL FUND	P	01/13/09	12/21/10
SPDR S&P MIDCAP 400	P	01/13/09	12/21/10
SPDR S&P MIDCAP 400	P	01/13/09	12/21/10
VANGUARD PRIMECAP CORE FUND	P	12/22/08	12/21/10
CAPITAL GAINS FROM K-1S	P	Various	Various

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
15,000.		11,822.	3,178.
35,000.		21,794.	13,206.
131,133.		96,096.	35,037.
17,882.		17,276.	606.
8,282.		8,534.	-252.
7,454.		7,673.	-219.
44,970.		28,348.	16,622.
17,983.		11,377.	6,606.
75,000.		60,221.	14,779.
179,970.		122,944.	57,026.
12,194.		12,620.	-426.
7,885.		7,403.	482.
5,100.		3,136.	1,964.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (e) thru (h)

Continued

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
19,075.		18,197.	878.
1,268.		1,279.	-11.
8,452.		8,526.	-74.
1,690.		806.	884.
4,695.		4,220.	475.
21,970.		13,743.	8,227.
10,158.		6,352.	3,806.
11,500.		9,176.	2,324.
25,927.		17,552.	8,375.
66,043.		44,001.	22,042.
6,046.		6,144.	-98.
3,755.		3,815.	-60.
7,510.		7,628.	-118.
16,485.		16,583.	-98.
17,058.		14,693.	2,365.
15,000.		10,299.	4,701.
35,710.		37,661.	-1,951.
10,015.		5,241.	4,774.
6,914.		7,053.	-139.
9,970.		6,875.	3,095.
11,694.		10,496.	1,198.
109,970.		80,683.	29,287.
9,904.		5,508.	4,396.
9,278.		4,031.	5,247.
14,287.		8,181.	6,106.
16,441.		9,481.	6,960.
493.		284.	209.
40,533.		25,342.	15,191.
224,497.		0.	224,497.
Total		793,094.	501,097.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (i) thru (l)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
			3,178.
			13,206.
			35,037.
			606.
			-252.
			-219.
			16,622.
			6,606.
			14,779.
			57,026.
			-426.
			482.
			1,964.
			878.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (i) thru (l)

Continued

Complete only for assets showing gain in column (h) and owned
by the foundation on 12/31/69(l) Gains (column (h)
gain minus column (k),
but not less than -0-)
or losses (from
column (h))

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
			-11.
			-74.
			884.
			475.
			8,227.
			3,806.
			2,324.
			8,375.
			22,042.
			-98.
			-60.
			-118.
			-98.
			2,365.
			4,701.
			-1,951.
			4,774.
			-139.
			3,095.
			1,198.
			29,287.
			4,396.
			5,247.
			6,106.
			6,960.
			209.
0.	0.	0.	15,191.
			224,497.
Total	0.	0.	501,097.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
PRESBYTERIAN CHURCH OF JACKSON HOLE 1251 SOUTH PARK LOOP RD JACKSON WY 83001		NOT A FDNT	RELIGIOUS	Person or Business <input checked="" type="checkbox"/> 6,000.
TETON LITERACY PROGRAM 1715 HIGH SCHOOL ROAD JACKSON WY 83001		NOT A FDNT	COMMUNITY OUTREACH	Person or Business <input checked="" type="checkbox"/> 200.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i> UT HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE MC 7881 SAN ANTONIO TX 78229-3900		NOT A FDNT	COMMUNITY OUTREACH	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 3,000.

Total

9,200.

Form 990-PF, Part II, Lines 6 and 7

Receivables**Lender Information:**

Loan Receivable Type <u>4</u>	Borrower's Title <u>EVERGREEN PLASTICS, LLC</u>
Borrowers Name <u>EVERGREEN PLASTICS</u>	Borrower's Title <u>EVERGREEN PLASTICS, LLC</u>
Check Box, if Borrower is a Business <input checked="" type="checkbox"/> Relationship of Borrower (Other loans only) <u>NONE</u>	
Repayment Terms <u>INTEREST QUARTERLY, DUE IN FULL 12/31/2010</u>	Borrower's Security <u>EQUIPMENT, INVENTORY, & ACCOUNTS RECEIVABLE</u>
Purpose of Loan <u>LINE OF CREDIT</u>	Description of Consideration <u>CMC GAVE EVERGREEN PLASTICS A \$2,000,000 LOAN</u>
Original Amount <u>2,000,000.</u> Beginning Year Balance <u>940,925.</u>	Year End Balance <u>2,640,925.</u>
FMV at Year End <u>2,508,879.</u> FMV of Consideration <u>2,000,000.</u>	
Allowance for Doubtful Accounts (other loans only) <u>0.</u>	
Date of Note <u>12/31/09</u> Maturity Date <u>12/31/10</u> Interest Rate <u>8.00</u>	
Loan Receivable Type <u>4</u>	Borrower's Title <u>GEORGIA CAPITAL, LLC</u>
Borrowers Name <u>GEORGIA CAPITAL</u>	Borrower's Title <u>GEORGIA CAPITAL, LLC</u>
Check Box, if Borrower is a Business <input type="checkbox"/> Relationship of Borrower (Other loans only) <u>NONE</u>	
Repayment Terms <u>AT LIQUIDATION OF HOLDINGS</u>	Borrower's Security <u>HARBISON PROPERTIES REAL ESTATE</u>
Purpose of Loan <u>NONE</u>	Description of Consideration <u>CMC GAVE GA CAPITAL A \$1,000,000 LOAN</u>
Original Amount <u>1,000,000.</u> Beginning Year Balance <u>17,964.</u>	Year End Balance <u>637,032.</u>
FMV at Year End <u>637,032.</u> FMV of Consideration <u>1,000,000.</u>	
Allowance for Doubtful Accounts (other loans only) <u>0.</u>	
Date of Note <u>12/07/07</u> Maturity Date <u>12/08/08</u> Interest Rate <u>13.00</u>	
Loan Receivable Type <u>4</u>	Borrower's Title <u>INTERMOUNTAIN INVESTMENT GROUP, LLC</u>
Borrowers Name <u>INTERMOUNTAIN INVESTMENT</u>	Borrower's Title <u>INTERMOUNTAIN INVESTMENT GROUP, LLC</u>
Check Box, if Borrower is a Business <input type="checkbox"/> Relationship of Borrower (Other loans only) <u>CMC OWNS A 33.34% INTEREST</u>	
Repayment Terms <u>AT LIQUIDATION OF HOLDINGS</u>	Borrower's Security <u>NONE</u>
Purpose of Loan <u>LINE OF CREDIT</u>	Description of Consideration <u>CMC GAVE IIG A \$500,000 LOAN</u>
Original Amount <u>500,000.</u> Beginning Year Balance <u>144,184.</u>	Year End Balance <u>117,683.</u>
FMV at Year End <u>117,682.</u> FMV of Consideration <u>500,000.</u>	
Allowance for Doubtful Accounts (other loans only) <u>0.</u>	
Date of Note <u>01/01/09</u> Maturity Date <u>12/31/13</u> Interest Rate <u>8.00</u>	
Loan Receivable Type <u>4</u>	Borrower's Title <u>NEW WYOMING VENTURES, LLC</u>
Borrowers Name <u>NEW WYOMING VENTURES</u>	Borrower's Title <u>NEW WYOMING VENTURES, LLC</u>
Check Box, if Borrower is a Business <input type="checkbox"/> Relationship of Borrower (Other loans only) <u>CMC OWNS A 25% INTEREST</u>	
Repayment Terms <u>AT LIQUIDATION OF HOLDINGS</u>	Borrower's Security <u>ALL ASSETS</u>
Purpose of Loan <u>LINE OF CREDIT</u>	Description of Consideration <u>CMC GAVE NWV A \$6,000,000 LOAN</u>
Original Amount <u>6,000,000.</u> Beginning Year Balance <u>5,211,515.</u>	Year End Balance <u>5,752,077.</u>
FMV at Year End <u>5,752,077.</u> FMV of Consideration <u>6,000,000.</u>	
Allowance for Doubtful Accounts (other loans only) <u>0.</u>	
Date of Note <u>12/01/08</u> Maturity Date <u>12/31/13</u> Interest Rate <u>8.00</u>	
Loan Receivable Type <u>4</u>	Borrower's Title <u>SEVEN PRODUCTS, INC.</u>
Borrowers Name <u>SEVEN PRODUCTS</u>	Borrower's Title <u>SEVEN PRODUCTS, INC.</u>
Check Box, if Borrower is a Business <input type="checkbox"/> Relationship of Borrower (Other loans only) <u>NONE</u>	
Repayment Terms <u>NONE</u>	Borrower's Security <u>NONE</u>
Purpose of Loan <u>NONE</u>	Description of Consideration <u>CMC GAVE SEVEN PRODUCTS A \$1,456,500 LOAN</u>
Original Amount <u>1,456,500.</u> Beginning Year Balance <u>1,456,500.</u>	Year End Balance <u>1,456,500.</u>
FMV at Year End <u>1,456,500.</u> FMV of Consideration <u>1,456,500.</u>	

Form 990-PF, Page 2, Part II, Line 15

Other Assets Stmt

Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
JENNINGS INVESTMENT	1,250,541.	0.	0.
INVESTMENT, FLUID IMAGES	99,143.	101,340.	101,340.
INVESTMENT, IIG	-1,363.	-23,999.	-23,999.
INVESTMENT, REFUSE LEASING	2,224,075.	1,806,010.	1,806,010.
INVESTMENT, NEW WY VENTURES	-151,627.	-624,238.	-624,238.
Total	<u>3,420,769.</u>	<u>1,259,113.</u>	<u>1,259,113.</u>

Form 990-PF, Page 2, Part II, Line 22

Other Liab Stmt

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
DUE TO KINDERCARE	13,167.	54,864.
Total	<u>13,167.</u>	<u>54,864.</u>