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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_ 2010

Department of the Treasury Internal Revenue Service

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

			and ending				
G	Check a		turn of a former public			Final return	
	ome of fo	: Amended return : Add	ress change	Nam	e change	loyer identification num	her
		IAM H. FRIST FAMILY FOUNDATIO	N			-6271800	Jei
c	:/o I	DEBORAH A. KOLARICH, CPA			B Telep	phone number (see page 1	0 of the instructions)
N	umber ar	nd street (or P O box number if mail is not delivered to street address	3)	Room/suite		5-320-7888	
_2	2908	POSTON AVENUE			C If exe	emption application is pend	ing, check here
С	ity or tow	n, state, and ZIP code			D 1. Fo	oreign organizations, check	here
		VILLE TN 37203			_ 2 Fo	oreign organizations meetir	ig the
		ype of organization $ \mathbf{X} $ Section 501(c)(3) exempt private			85	5% test, check here and att	ach computation 🕨 📜
		4947(a)(1) nonexempt charitable trust Other taxable			·	vate foundation status was	
		ket value of all assets at J Accounting method	X Cash : A	ccrual		on 507(b)(1)(A), check here	
		ear (from Part II, col (c), Other (specify)			1	foundation is in a 60-mont r section 507(b)(1)(B), chei	
	ne 16)	, <u></u>			unde	Section 507(b)(T)(B), cher	
P	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net ii	nvestment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see page 11 of the instructions))	books	inc	come	income	purposes
	1			+			(cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check ▶ X if the foundation is not required to attach Sch. B		1			
	3	Interest on savings and temporary cash investments	3	7	37	37	
	4	Dividends and interest from securities	46,62		46,626		
	5a	Gross rents		1		, , ===	
ø		Net rental income or (loss)			, , , , , , , , , , , , , , , , , , , ,		
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	67,33	1			
ě	b	Gross sales price for all assets on line 6a 827,577					
Re	7	Capital gain net income (from Part IV, line 2)			67,331		
	8	Net short-term capital gain				0	
	9	Income modifications RECEIVED					
	10a	Gross sales less returns & allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule) 2 3 2011		-			
	11	Other Income (attach schedule)	113,99	4	112 004	16 663	
	12	Total. Add lines 1 through 11 OGDEN, UT	113,99	0	113,994	46,663	
es	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages		-			
Expenses	15	Pension plans, employee benefits		 			
g	16a	Legal fees (attach schedule)					
		Accounting fees (attach schedule) Stmt 1	1,60	0			1,600
Š	c	Other professional fees (attach schedule)					
_a±	17	Interest					
ist	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 2	1	1			
٠ <u>.</u> =	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
	21	Travel, conferences, and meetings	1				
an_	22	Printing and publications	12.55		10 ***		
Ľ	23	Other expenses (att sch) Stmt 3	12,11	2	12,112		
	24	Total operating and administrative expenses.	12 70	ا	12 110		1 600
Z'e	25	Add lines 13 through 23	13,72 127,00		12,112	0	1,600
Operating and Administrative	25	Contributions, gifts, grants paid Total expenses and disbursements.Add lines 24 and 25	140,72		12,112	0	127,000 128,600
<u> 1</u>	26 27	Subtract line 26 from line 12	130,72	-	,		120,000
	a a	Excess of revenue over expenses and disbursements	-26,72	او			
	b	Net investment income (if negative, enter -0-)			101,882		
	c	Adjusted net income (if negative, enter -0-)			,	46,663	
For		work Reduction Act Notice, see page 30 of the instruction	ons.	·		/ 1//	Form 990-PF (2010)
DAA		. -				614 No	,
						•	

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See Statement 5

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

2,439,798

5 6

5 Decreases not included in line 2 (itemize) ▶

_	_
Page	3

	H. FRISI FAMILIE			02-02/1000			Page 3
	d Losses for Tax on Investm		ne	(b) How acquired			T
(a) List and describ 2-story brick ware	e the kınd(s) of property sold (e g , real esta house, or common stock, 200 shs MLC Co	te,)		P—Purchase D—Donation	(c) Date (mo , d		(d) Date sold (mo , day, yr)
1a Equitable Trust				P	Vari	ous	Various
b Equitable Trust				P	Vari	ous	Various
c Equitable/Cap Ga	ain Distrib						
d							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or of plus expen	1			n or (loss) f) minus (g)
a 361,216				374,522			-13,306
b 439,735				385,724			54,011
c 26,626							26,626
d							
e							
	gain in column (h) and owned by the f	oundation on	12/31/69		(1)	Gains (Col	(h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess			(k), but not	tless than -0-) or rom col (h))
a							-13,306
b							54,011
С							26,626
d							
e							
2 Capital gain net income or (net cap	oital loss) If gain, also enter If (loss), enter -0-				2		67,331
3 Net short-term capital gain or (loss			·				
	column (c) (see pages 13 and 17 of the		. T				
If (loss), enter -0- in Part I, line 8	column (e) (eee pages to and the et an		′ <u>}</u>	·	3		
	der Section 4940(e) for Redu	ced Tax o	n Net Inv	estment Incom			
(For optional use by domestic private f							
		` '		,			
If section 4940(d)(2) applies, leave this	s part blank						
Was the foundation liable for the section of "Yes," the foundation does not qualif			in the base	period?			Yes $ar{\mathbf{X}}$ No
1 Enter the appropriate amount in ea			ictions befor	e making any entries			
(a)	(b)			(c)			(d)
Base period years Calendar year (or tax year beginning i	Advicted avalifying distribu	itions	Net value o	of noncharitable-use ass	ets		inbution ratio divided by col. (c))
2009		50,030		2,575,	771	(00, (0)	0.062129
2008		1,525		3,212,		-	0.000475
2007		1,500		3,363,			0.000446
2006	-	1,500		2,957,			0.000507
2005		1,417		2,646,			0.000535
2003				2,010,			0.000333
2. Total of line 1. column (d)					2		0.064092
2 Total of line 1, column (d)	weer have period, divide the total on	lina 2 by 5 o	r by the		-	+	0.004032
3 Average distribution ratio for the 5			i by tile		,		0.012818
number of years the foundation ha	is been in existence if less than 5 year	5			3	+	0.012010
4 Enter the net value of noncharitab	le-use assets for 2010 from Part X, lin	e 5			4	-	2,723,431
5 Multiply line 4 by line 3					5		34,909
6 Enter 1% of net investment incom-	e (1% of Part I, line 27b)				6		1,019
7 Add lines 5 and 6					7		35,928
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 11	b, and comple	ete that part	using a 1% tax rate	See the		128,600

Part VI instructions on page 18

Form	990-PF (2010) WILLIAM H. FRIST FAMILY FOUNDATION 62-62/1800			Ρ	age 4
	Ft VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	s)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1				
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		_	1,	019
	here ▶ $^{1}\bar{\mathbf{X}}_{1}$ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2			1,	019
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1,	019
6	Credits/Payments				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6,817				
b	Exempt foreign organizations—tax withheld at source 6b		_		
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d			6,	817
8	Enter any penalty for underpayment of estimated tax. Check here 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			_5,	798
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 5,798 Refunded ▶ 11				
<u>Pa</u>	rt VII-A Statements Regarding Activities	E	-		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-		Yes	No
	participate or intervene in any political campaign?	<u> </u>	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	İ			
	of the instructions for definition)?		1b		X
	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			3	
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ţ			Į.
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$:	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	Į.			ŧ
	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		X
_	If "Yes," attach a detailed description of the activities	-			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		_		٠,
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	 -	3	. –	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?		4a		X
b	•	^	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5		
_	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
6	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	-	6	х	Ī
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	x	
_	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
8a	ınstructions) ▶ TN	ŀ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ŀ			ŧ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	<u></u>	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	F			•
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	\vdash	9		_X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		l X

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Form 99	0-PF (2010) WILLIAM H. FRIST FAMILY FOUNDA		<u> 5271800 </u>		Page 6
Part '	VII-B Statements Regarding Activities for Which Form	4720 May Be Re	quired (continu	ued)	
5a Du	uring the year did the foundation pay or incur any amount to				
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		'es X No	
(2)) Influence the outcome of any specific public election (see section 4955), or	to carry on,			
	directly or indirectly, any voter registration drive?		Y	'es 🏻 No	
(3)) Provide a grant to an individual for travel, study, or other similar purposes?		Y	'es 🗓 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 page 22 of the ins	tructions)	Y	'es X No	1200
(5)	Provide for any purpose other than religious, charitable, scientific, literary, o	r educational		_	
	purposes, or for the prevention of cruelty to children or animals?			'es X No	
b If a	any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions des	cnbed in	_	
	egulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b
	ganizations relying on a current notice regarding disaster assistance check h		•	▶ □	يبد التواج
	the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
	cause it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es No	
	'Yes," attach the statement required by Regulations section 53 4945-5(d)		,		1
	d the foundation, during the year, receive any funds, directly or indirectly, to p	av premiums			
	a personal benefit contract?	ay promisino		es X No	- 4.0
	d the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal henefit contrac			6b X
	"Yes" to 6b, file Form 8870	Toonal Denem Contrac	•		17.7
	any time during the tax year, was the foundation a party to a prohibited tax si	nelter transaction?		es X No	
	Yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b
				•	
Part	and Contractors	oundation mana	gers, riigiliy Fe	aid Lilipioyee	J,
1 liet	all officers, directors, trustees, foundation managers and their compens	sation (see page 22 c	of the instructions	·	
1 1151	an officers, directors, dustees, foundation managers and their compens	Sation (See page 22 C	T the motions		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit	(e) Expense account
	(a) Name and address	devoted to position	-0-)	plans and deferred compensation	other allowances
	TAN T. TIDTOT. NACHUTI E	TRUSTEE		compensation	
	IAM H. FRIST NASHVILLE	i		,	
	D. KOLARICH, CPA 2908 POSTON AVE TN 37203	0.25	0	C	<u> </u>
	N M. FRIST NASHVILLE	TRUSTEE		_	
C/O_I	D. KOLARICH, CPA 2908 POSTON AVE TN 37203	0.25	0	()
•					
			<u> </u>		
2 C	ompensation of five highest-paid employees (other than those included	on line 1 see page	e 23 of the instruct	tions).	
lf	none, enter "NONE."		·,·····		
		(b) Title, and average		(d) Contributions to	(-) 5
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
		devoted to position		compensation	
NONE					
		1			
		1			
	······································	**-			
		1			
Total nu	umber of other employees paid over \$50,000		1		D 0

Form 990-PF (2010)

Form 990-PF (2010) WILLIAM H. FRIST FAMILY FO	UNDATION 62.	-6271800	Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Man	agers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional service	s (see page 23 of the inst	ructions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,0	00	(b) Type of service	(c) Compensation
NONE			-
			
Total number of others receiving over \$50,000 for professional services			<u> </u>
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro-	elevant statistical information suc roduced, etc	ch as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments	(see page 24 of the	instructions)	
Describe the two largest program-related investments made by the foundation during the			Amount
1 N/A			
2	 		· · · · · · · · · · · · · · · · · · ·
All other program-related investments. See page 24 of the instructions.			

Total. Add lines 1 through 3

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128,600

<u>1,019</u> 127,581

3Ь

4

5

6

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

5262	71800 11/14/2011 3 04 PM				
orm	990-PF (2010) WILLIAM H. FRIST FAMILY		62-627180)	Page
Pa	art XIII Undistributed Income (see page 26 of t	he instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				135,15
2	Undistributed income, if any, as of the end of 2010			•	
а	Enter amount for 2009 only			126,811	
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2010			1	
а	From 2005			-	
b	From 2006			1	
С	From 2007			1	
d	From 2008			1	
е	From 2009			ŧ	
f	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII,			Į.	
	line 4 ▶ \$ 128,600			l l	
а	Applied to 2009, but not more than line 2a			126,811	
b	Applied to undistributed income of prior years			1	
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2010 distributable amount				1,78
е	Remaining amount distributed out of corpus	_ 			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same			<u> </u>	
	amount must be shown in column (a))			1	
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract			:	
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount—see page		,		
	27 of the instructions				
f	Undistributed income for 2010. Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2011				133,36
7	Amounts treated as distributions out of corpus			1	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			Į.	
	instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the			‡	
	instructions)	·			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9			ŧ	

е

Excess from 2006 Excess from 2007 Excess from 2008 Excess from 2009 Excess from 2010

Pa	et XIV Private Operating Fou	ndations (see pa	ge 27 of the instr	uctions and Part \	/II-A, question 9)	
1a	If the foundation has received a ruling or o		•			
	foundation, and the ruling is effective for 2	010, enter the date of t	he ruling	>		
b	Check box to indicate whether the founda			d in section 49	942(j)(3) or 494	·2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) rotal
	investment return from Part X for					1
	each year listed					
b	85% of line 2a		<u> </u>			
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly				1	
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
_	alternative test relied upon "Assets" alternative test—enter					
а	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
-	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter		·			
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					}
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income art XV Supplementary Inform	nation /Complete	this part only if th	o foundation bos		
re	rt XV Supplementary Inform any time during the ye	•			i \$5,000 or more i	n assets at
1	Information Regarding Foundation Mar		or the instruction	13./		
' a	List any managers of the foundation who l	_	than 2% of the total cor	atributions received by	the foundation	
u	before the close of any tax year (but only				and roundation	
	WILLIAM H. FRIST	.,		(-)(-)		
b	List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large po	ortion of the	
	ownership of a partnership or other entity)					
	N/A					
2	Information Regarding Contribution, G					
	Check here ► X if the foundation only				·	
	unsolicited requests for funds. If the found			f the instructions) to ind	ividuals or	
	organizations under other conditions, com					
а	The name, address, and telephone number	er of the person to who	m applications should b	oe addressed		
	N/A					
	The force in subself configurations about 1		ion and materials the co	should policeds		
b	The form in which applications should be : N/A	submitted and informat	ion and materials they s	snoula include		
	Any submission deadlines					
C	N/A					
_	Any restrictions or limitations on awards, s	such as by geographics	al areas, charitable field	s, kinds of institutions	or other	
u	factors.					
	N/A					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year George W. Bush Foundation 501 (c) 6116 N Central Expressway General Fund 50,000 Dallax TX 75206 Magdalene, Inc. 501 (c) Box 6330-B General Fund 1,000 Nashville TN 37235 Harvard Medical School 501 (c) 124 Mount Auburn Street Board of Fellows 10,000 Cambridge MA 02138 Eating Disorders Coal./TN 501 (c) 2120 Crestmoor Road General Fund 5,000 Nashville TN 37215 501 (c) Community Fdn of TN 3833 Cleghorn Avenue Advised Funds 22,000 Nashville TN 37215 Montgomery Bell Academy 501 (c) 4001 Harding Road General Fund 39,000 Nashville TN 37205 127,000 Total ▶ 3a Approved for future payment N/A Total ▶ 3b

DAA

Part XVI-			UCIDACE IDCOMO	Evoludos	1 by coding 512 512 as 514	
	nounts unless otherwise indicated service revenue	(a) Business code	(b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
a				ļ		
						<u></u>
f						
g Fees	and contracts from government agencies					
2 Membersh	nip dues and assessments					
3 Interest or	savings and temporary cash investments			14	37	
4 Dividends	and interest from securities			14	46,626	
5 Net rental	income or (loss) from real estate					
a Debt-	financed property					
b Not de	ebt-financed property					
6 Net rental	income or (loss) from personal property					
7 Other inve	estment income					
8 Gain or (lo	oss) from sales of assets other than inventory			18	67,331	
9 Net incom	e or (loss) from special events	_				
10 Gross pro	fit or (loss) from sales of inventory					
11 Other reve	enue a					
e						
12 Subtotal	Add columns (b), (d), and (e)		(113,994	(
13 Total. Add	l line 12, columns (b), (d), and (e)				13	
(See workshee	et in line 13 instructions on page 29 to verify calculat					
Part XVI-	B Relationship of Activities to the	<u>Accomplishmen</u>	t of Exempt Pu	rposes		
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur instructions)					ne
N/A	includations /					
						
					- ·	
		 	-			
	-		_			
			· · · · · · · · · · · · · · · · · · ·	-		
						·

Par	t XVII	Information Rega	_	ansfers to and	Transaction	s and Relationship	ps With I	Noncharii	table		
4 1	Oud the era	Exempt Organiza anization directly or indire		e in any of the follow	una with any othe	ar organization describe			-	Yes	No
	_	ion(c) of the Code (other							į.	163	
		` '	uiaii seciloi	ii 50 i(c)(5) diganiza	ations) of in section	on 527, relating to politic	Cai				
	organizatio	rom the reporting founda	tion to a no	ncharitable evernt (organization of						
		om the reporting rounds	lion to a noi	nonamable exempt	organization of				12/1		х
	(1) Cash	annata.							1a(1)		X
	(2) Other a								1a(2)	-	 -
-	Other trans		blo avamet.	organi z ation					4 15 (4)	1	х
	•	of assets to a noncharital	· ·	_					1b(1)		X
	•	ses of assets from a nor							1b(2)		X
,	. ,	of facilities, equipment, o	JI Ulliel asse	E15					1b(3)		X
		ursement arrangements							1b(4)		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
		or loan guarantees	mborchin or	fundraising colicitat	ions				1b(5)		X
	•	nance of services or mei facilities, equipment, mai	-	-					1b(6) 1c		X
	_	er to any of the above is	-			(h) should always show	u the four m	arkot	[10		
		e goods, other assets, or	•	_							
		y transaction or sharing	•								
	Line no	(b) Amount involved	Г	e of noncharitable exem		(d) Description of to			shanno arrange	ments	
A\N	Line no	(b) / anount involved	(6) (10)	. or nondrianable exem	.pr organization	(a) Bosonphon on a		TOCOLOTIO, CITIC	Sharing arrange	merne	
1/21			-								
											
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		†	-								
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				• • • • • • • • • • • • • • • • • • • •							
22	s the found	dation directly or indirectl	ly affiliated v	with or related to on	ne or more tax-ex	emnt organizations					
		n section 501(c) of the C	•			· •			\Box \checkmark	es X	l No
		mplete the following sch	•	man section sortext	o)) or iii section c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				35 45	INO
<u> </u>		a) Name of organization	squic	(b) Type of o	rganization		(c) Descripti	on of relations	shin		
Ŋ	/A	- <u>/</u>		(-, -,,	- 5		(с) — сс. р				
	/										
							<u> </u>				
		 		 	-	<u> </u>					
				· · · · · · · · · · · · · · · · · · ·							
	Under n	enalties of penury, I declare	that I have ex	camined this return, incl	luding accompanyir	o schedules and statement	s and to the	hest of my kn	lowledge and		
\:		is true, correct, and complete									
Sign		M/ am	$^{\vee}$ $w_{^{\vee}}$	tant	-	15-1)	TRUS	ree			
lere	Sig	nature of officer or trustee		, <u>,</u>	Date	· ·	Title				
	Print/	Type preparer's name			Preparer's signat	ure .		T	Date	Check	v
aid	1	Type preparer of name			i roparor o digital	.u.o			Date	Check self-em	
repa	rer Debo	rah A. Kolario	:h		001-	O. Kea.		ļ	11/14/11		F
lse O	· · · · · · ·		ah A.	Kolarich,	CPA	724		PTIN	P01421	746	
	1		Postor						62-121		
	'"'''		rille,		,		F	Phone no	615-32		
									Form 99		

626271800 WILLIAM H. FRIST FAMILY FOUNDATION 62-6271800 FYE: 12/31/2010	OUNDATION Federal S	Statements	-	11/14/2011 3:04 PM
State	Statement 1 - Form 990-PF, P	990-PF, Part I, Line 16b - Accounting Fees	ting Fees	
Description Accounting/Tax Preparation Total	S 1,600	Net Investment	Adjusted Net	Charitable Purpose \$\frac{1,600}{1,600}\$
	Statement 2 - Form 990	- Form 990-PF, Part I, Line 18 - Taxes	(es	
Description Foreign Taxes - Equitable Total	S 11 11 11 11 11 11 11 11 11 11 11 11 11	Net Investment	Adjusted Net	Charitable Purpose \$
State	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Part I, Line 23 - Other E	sesuedx	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses Investment Management Expense Total	12,112 \$ 12,112	12,112 \$ 12,112	0	. v
			-	
				1-3

626271800 WILLIAM H. FRIST FAMILY FOUNDATION 62-6271800 FYE: 12/31/2010

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Part II. Line	
Part II. Line	֡
Part II. Line 10b - Corporate	
F. Part II. Line	
F. Part II. Line	
PF. Part II. Line	
PF. Part II. Line	
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Form 990-PF. Part II. Line	
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t 4 - Form 990-PF	֡
t 4 - Form 990-PF	֡
-PF	֡

Description	Beginning of Year		End of Year	Basis of Valuation	<u>к</u>	Fair Market Value
CAPITAL WORLD GROWTH MUTUAL FUND	\$ 2,95	\$ 99 90	3,057	Cost	ഗ	4,054
EQUITABLE IRUSI/COMMON SIOCA EQUITABLE TRUST/FIXED INCOME FUNDS	324,52	± 00	326,006	Cost		340,331
EQUITABLE TRUST/BALANCED	130,00	00	380,000	Cost		433,340
TRUST/LARGE CAP	578,66	54	578,664	Cost		701,439
TRUST/MID CAP FUNDS	355,8	17	258,605	Cost		331,759
TRUST/SMALL CAP FUNDS			159,868	Cost		232,548
TRUST/INT'L EQUITY FUNDS	325,5	94	251,794	Cost		353,360
TRUST/COMMODITY	100,00	00		Cost		
TRUST/BULLION FUNDS	112, 6	69	234,487	Cost		302,410
TRUST/CLOSELY HELD	11,5	91	11,591	Cost		7,781
TRUST/DIVIDENDS RECEIVABLE	2,104)4	1,987	Cost		1,987
	\$ 2,086,83	37 \$	2,206,059		ᡐ	2,709,009

626271800 WILLIAM H. FRIST FAMILY FOUNDATION 62-6271800 Federal Statements 62-6271800

FYE: 12/31/2010

Statement 5 - Form 990-PF, Part III, Line 5 - Other Decreases

	Description	Aı	mount
Rounding		\$	1
Total		\$	1

11/14/2011 3:04 PM

Form 8868 (Rev 1-2011)					Page 2
• If you ar	e filing for an Additional (Not Automatic) 3-Month Ext	ension, com	plete only Part II and check this box			<u> </u>
Note. Only	complete Part II if you have already been granted an auto	omatic 3-mor	ith extension on a previously filed Form	8868		.,.
• If you ar	e filing for an Automatic 3-Month Extension, complete	only Part I	(on page 1)			
Part II	Additional (Not Automatic) 3-Month Ex	tension o	f Time. Only file the original (no copie:	s needed).	
Type or	Name of exempt organization			Employ	er identificat	tion number
print	WILLIAM H. FRIST FAMILY B	rADNUO?	!ION			
File by the	c/o DEBORAH A. KOLARICH,	ARICH, CPA			271800	
extended	Number, street, and room or suite no If a P.O. box,	see instructi	ons.			
due date for filing your	2908 POSTON AVENUE					
return See	City, town or post office, state, and ZIP code. For a	foreign addre	ess, see instructions.			
instructions	NASHVILLE TN	37203	3			
Enter the Re	eturn code for the return that this application is for (file a s	separate app	lication for each return)			04
Application	on	Return	Application	· - · · · · ·		Return
ls For		Code	Is For			Code
Form 990		01				
Form 990-		02	Form 1041-A			08
Form 990-		03	Form 4720			09
Form 990-		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		,	11
Form 990-	-T (trust other than above)	06	Form 8870			12
STOP! Do r	not complete Part II if you were not already granted a	n automatic	3-month extension on a previously	filed Form	8868.	
 If the org If this is for the whole list with the interest org 	names and EINs of all members the extension is for.	roup Exempti t of the group	States, check this box on Number (GEN) , check this box	ıs d attach a		• []
		/15/11				
	alendar year 2010 , or other tax year beginning	-1	, and ending			
6 If the	tax year entered in line 5 is for less than 12 months, chec	ck reason.	Initial return Final return			
7 (1-1-	Change in accounting period in detail why you need the extension					
ADI	DITIONAL TIME IS NEEDED TO COMPLETE AND ACCURATE TAX RETU		INFORMATION WITH W	HICH 1	O PREP	ARE A
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter	he tentative tax, less any			
	fundable credits. See instructions	 		8a	\$	500
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, er	nter any refur	ndable credits and			
estim	ated tax payments made. Include any prior year overpay	ment allowed	i as a credit and any			
	int paid previously with Form 8868			8b	\$	6,817
c Balar	nce Due. Subtract line 8b from line 8a. Include your payn	nent with this	form, if required, by using EFTPS			
(Elect	tronic Federal Tax Payment System). See instructions.			8c	\$	
	Sig	gnature a	nd Verification			
	es of perjury, I declare that I have examined this form, including a and complete, and that I am authonzed to prepare this form	ccompanying s	chedules and statements, and to the best of	my knowledg	e and belief, it is	s
Signature K	Melenal a Kalancel	Т	itle ▶ CPA			08/15/11
	*				Form i	8868 (Rev 1-2011)

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(1.01 00.12.1)	,							
Department of the Internal Revenue		► File a	separate a	pplication for each return.				
		tomatic 3-Month Extension, complete	only Part I	and check this box				X
				plete only Part II (on page 2 of this form	n)			
				month extension on a previously filed For				
Electronic fili	ng (e-file). You	can electronically file Form 8868 if you	need a 3-m	onth automatic extension of time to file (6	6 months fo	or		
a corporation i	required to file	Form 990-T), or an additional (not autom	natic) 3-mon	th extension of time. You can electronica	illy file Forr	n		
8868 to reque	st an extension	of time to file any of the forms listed in I	Part I or Part	t II with the exception of Form 8870, Info	rmation			
Return for Tra	nsfers Associa	ted With Certain Personal Benefit Contra	acts, which r	must be sent to the IRS in paper format (see			
instructions) F	or more details	s on the electronic filing of this form, visi	t www.irs go	v/efile and click on e-file for Charities & N	Vonprofits			
Part I	Automati	c 3-Month Extension of Time.	Only sub	mit original (no copies needed)).			
A corporation	required to file	Form 990-T and requesting an automati	c 6-month e	xtension-check this box and complete				_
Part I only							•	
All other corpo	orations (includi	ng 1120-C filers), partnerships, REMICs	, and trusts	must use Form 7004 to request an exter	nsion of tim	ie		
to file income t	tax returns.							
Type or	Name of exe	empt organization			Employ	er ident	tification number	
print	WILLIA	M H. FRIST FAMILY F	'ADNUO'	TION				
File by the	c/o DE	BORAH A. KOLARICH,	CPA		62-6	2718	00	
due date for filing your	1	eet, and room or suite no If a P O box, POSTON AVENUE	see instructi	ons				
return See instructions		post office, state, and ZIP code. For a f	oreign addre	ess, see instructions				
mstructions	NASHVI		37203					
	·							\equiv
Enter the Retu	ırn code for the	return that this application is for (file a s	eparate app	lication for each return)			L	04
Application	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Return	Application			Retu	ırn
Is For	•		Code	Is For			Cod	
Form 990			01	Form 990-T (corporation)			07	
Form 990-B			02	Form 1041-A			08	
Form 990-E			03	Form 4720			09	
Form 990-P			04	Form 5227			10	
	(sec 401(a) o	r 408(a) trust)	05	Form 6069			11	
	(trust other tha		06	Form 8870			12	
• If the orga • If this is for the whole or	e No F 61 enization does in a Group Retugroup, check the	_	oup Exempt	States, check this box ion Number (GEN)	this is		•	
		Is of all members the extension is for	ad to file	Form 000 T) outpours of time				
•		3-month (6 months for a corporation red		anization named above. The extension is				
	organization's r		i ioi tile orga	anization harried above. The extension is	•			
▶ 🔀	calendar year	2010 or						
P	tax year begin	ning , and ending						
	ax year entered Change in acco	in line 1 is for less than 12 months, che unting period	ck reason [.]	Initial return Final return				
20 16 16 1	naliantina :- f-:	Form 990-BL, 990-PF, 990-T, 4720, or	6060 0010-	the tentative tax loss any				
		See instructions.	ooos, enter	the tentative tax, less any	3a	\$	5	500
b If this a	pplication is for	Form 990-PF, 990-T, 4720, or 6069, en	iter any refu	ndable credits and				
	• •	ts made. Include any prior year overpay			3b	\$	6,8	<u> 31</u> 7
c Balanc	e due. Subtrac	t line 3b from line 3a Include your paym	ent with this	form, if required, by using EFTPS				
		x Payment System) See instructions			3с	\$		
Caution. If yo	ou are going to	make an electronic fund withdrawal with	this Form 8	868, see Form 8453-EO and Form 8879	-EO for			