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## Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2011

Fo	r ca	alendar year 2011 or tax year beginning	, aı	nd ending			
Na	me o	of foundation			A E	mployer identification nu	mber
JA	MES	S W CARELL CHARITABLE TRUST				45-1555	589
N	mber	er and street (or P O box number if mail is not delivered to street add	dress)	Room/suite	вт	elephone number (see inst	
C/	O CE	HRISTY PALMER 2811 TYNE BLVD		1		(615) 986-	5588
		town, state, and ZIP code			C If	exemption application is pe	
NA	SHV	VILLE	TN	37215	" "	exemption application is pe	inding, check here =
		·· · · · · · · · · · · · · · · · · · ·	Il return of a former p		D 1	Foreign organizations, che	ck here
•	<b>U</b>		nded return	odbiio ondiny			
		- = =	e change		2.	Foreign organizations mee check here and attach con	-
	Chr	eck type of organization X Section 501(c)(3) exer				oneon here and attach con	
	_	ection 4947(a)(1) nonexempt charitable trust O				private foundation status w	_
느			<u> </u>	- <u> </u>		nder section 507(b)(1)(A), c	
ı		ir market value of all assets at end J Accounting in		n		the foundation is in a 60-mi	
	_	year (from Part II, col (c), ☐ Other (sp e 16) ► \$ 234,374 (Part I, column (d		(e.)	ui	nder section 507(b)(1)(B), c	lieck liefe
P:	ırt l			13 /			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions) )	books	income		ıncome	purposes (cash basis only)
-	1	Contributions, gifts, grants, etc , received (attach schedule)					(cash basis only)
	2						· · · · · · · · · · · · · · · · · · ·
	3	<del>[2]</del>	3,998				· ·
	4	- · · · · · · · · · · · · · · · · · · ·	3,993				
	5	a Gross rents	·		0		
a		b Net rental income or (loss)0		~			
Revenue	6	a Net gain or (loss) from sale of assets not on line 10	0				
S S	l	b Gross sales price for all assets on line 6a 0					
æ	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9		<u>-</u>	~			
2012	1	a Gross sales less returns and allowances 0					
20	1	b Less Cost of goods sold 0	1	APPEN!	<del>-D</del>		
<b>©</b>	1	c Gross profit or (loss) (attach schedule)	0 0	KECEIV		169	
<b>8</b>	11	`	300,000	1 6	<u>0</u> ਮਾਰਕ	0	· · · · · · · · · · · · · · · · · · ·
ED NOV	12		307,991	1101 2 1 Z	0120	1 4 44 44 4	
≥ s	13		1,0	110			
	14		<u> </u>	OCDER	-11		
	15			CHEHONLIV	2	^	
<b>€Ã</b>	10	b Accounting fees (attach schedule)	<u> </u>		0	<del> </del>	
<b>S</b> \$		c Other professional fees (attach schedule)	0		- 0		
	17		<u>v</u>				
<b>≥</b> 5	18		0		0	0	0
Ξ.	19	, , , , , , , , , , , , , , , , , , ,	0		0		
퉏	20	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · ·				
Ă	21	· · ·					
P	22	Printing and publications	-				
<u> </u>	23	Other expenses (attach schedule)	617			. 0	0
Ë	24	Total operating and administrative expenses.					
SCAMIN Operating and Administrative Ex		Add lines 13 through 23	617		0	0	
De	25	- · · · · · · · · · · · · · · · · · · ·	73,000				73,000
0	26	Total expenses and disbursements Add lines 24 and 25	73,617		0	0	73,000
	27	Subtract line 26 from line 12					
	ı	a Excess of revenue over expenses and disbursements	234,374				
		b Net investment income (if negative, enter -0-)	·		0		
	1	c Adjusted net income (if negative, enter -0-)				l o	

Do	Eals Balance Sheete		Beginning of year	End o	d of year	
	Ш	should be for end-of-year amounts only (See instructions )	(a) Book Value 、	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing .				
	2	Savings and temporary cash investments				
	3	Accounts receivable   0			_	
		Less allowance for doubtful accounts		0	0	
	4	Pledges receivable ▶ 0				
		Less allowance for doubtful accounts	0	0	0	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons (attach schedule) (see instructions)	o	0	0	
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts	0	0	0	
S	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges			<del> </del>	
SS		a Investments—U.S. and state government obligations (attach schedule)	0	0	0	
4		b Investments—corporate stock (attach schedule)	0	234,374	234,374	
		C Investments—corporate bonds (attach schedule)	0	0	0	
	11	Investments—land, buildings, and equipment basis				
	٠.	, , , , , , , , , , , , , , , , , , , ,	0	0	0	
	12	Less accumulated depreciation (attach schedule) University Univers	├ <del>─</del>			
	13		0	0	0	
	14	Investments—other (attach schedule)  Land, buildings, and equipment basis ▶ 0				
	14			0	0	
	45	and an arrange as production (catalog as a catalog as a c	0	0		
	15	Other assets (describe   Tatal assets (to be assets to all follows and the				
	16	Total assets (to be completed by all filers—see the		224 274	234,374	
_	47	instructions Also, see page 1, item I)	0	234,374	254,574	
	17	Accounts payable and accrued expenses				
es	18	Grants payable				
Liabilities	19	Deferred revenue	-			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons	0	0		
Ë	21	Mortgages and other notes payable (attach schedule)	0	0		
	22	Other liabilities (describe   Tatal liabilities (add lines 17 through 22)		0		
	23	Total liabilities (add lines 17 through 22)	0	<u> </u>		
S		Foundations that follow SFAS 117, check here				
ဗ္ဗ		and complete lines 24 through 26 and lines 30 and 31.				
alances	24	Unrestricted				
	25	Temporarily restricted .				
B	26	Permanently restricted				
Net Assets or Fund		Foundations that do not follow SFAS 117, check here				
Ľ.		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds		234,374		
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
⋖	30	Total net assets or fund balances (see instructions)	0	234,374		
ē	31	Total liabilities and net assets/fund balances (see				
		instructions)	0	234,374	<u></u>	
Pai	rt 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	e 30 (must agree with			
	end-o	of-year figure reported on prior year's return)		1	0	
2	Enter	amount from Part I, line 27a		2	234,374	
3	Other	r increases not included in line 2 (itemize)		3	0	
4	Add I	ines 1, 2, and 3		4	234,374	
5	Decre	eases not included in line 2 (itemize)		5	0	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 30	6	234,374	

45-1555589

Ρć	TIV Capital Gains an	d Losses for Tax on Inve	estment Inco	me (b) How acquired			
	* *	e kınd(s) of property sold (e g , real est se, or common stock, 200 shs MLC C		P—Purchase D—Donation	(c) Date a		(d) Date sold (mo , day, yr )
1a							
b							
C		<del></del>					
<u>d</u> e	<del></del>	<del></del>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	or other basis ense of sale			or (loss) ) minus (g)
а	0	0		0	-		C
b	<del></del>	0		0			0
<u>c</u>		0		0			
<u>d</u> e		0		<u>0</u>			0
	<u> </u>	ving gain in column (h) and owne	d by the foundatu	<del>-</del>	(0)	Gaine (Col	(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i)		(k), but not	less than -0-) or om col (h))
а	0	0		0			0
b		0		0			<u></u>
<u>c</u>		0		0			
<u>d</u>		0		0		<del></del>	0
е		(If gain	ı also enter ın Pa				
	Capital gain net income or		, enter -0- ın Pa	rt I, line 7	2		
3	If gain, also enter in Part I,	line 8, column (c) (see instru		•			
П	in Part I, line 8	der Section 4940(e) for R	educed Toy o	n Not Invoctm	ont Incon		
If s Wa	section 4940(d)(2) applies, least the foundation liable for the	private foundations subject to eave this part blank he section 4942 tax on the dis ot qualify under section 4940	stributable amo	unt of any year in			
1		ount in each column for each			making a	ny entrie	S
С	(a) Base period years alendar year (or tax year beginning ii	(b)		(c) of noncharitable-use a		Dist	(d) ribution ratio livided by col (c))
	2010						0 000000
	2009						0 000000
	2008						0.000000
	2007						0 000000
	2006		<u> </u>	<del></del>		Т	0 000000
		or the 5-year base period—di	vide the total o			_	0.000000
	the number of years the for	undation has been in existen	ce if less than 5	years	. 3	1	0 000000
4	Enter the net value of nonc	charitable-use assets for 201	1 from Part X, li	ne 5	. 4	+	(
5	Multiply line 4 by line 3 .		•		. 5	<del> </del>	(
6	Enter 1% of net investment	t income (1% of Part I, line 27	7b)		6	+	
7	Add lines 5 and 6				. 7	+	(
8		ns from Part XII, line 4 er than line 7, check the box			that part u	sing a 1	% tax rate. See

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney

General (or designate) of each state as required by General Instruction G? If "No," attach explanation 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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

TENNESSEE

complete Part XIV

their names and addresses

Х

8b

10

Par	t'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 make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► CHRISTY PALMER  Telephone no ► (615) 986-5	588		
4 =	Located at ► 2811 TYNE BLVD NASHVILLE, TN ZIP+4 ► 37215			
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		•	• L_
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country	L		
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?			,
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ŀ		
	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)  Yes X No			
h		ł		
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>	1,77,	<u> </u>
С	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 2011?	1c		Х
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))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?  Yes X No		ŀ	
	If "Yes," list the years 20, 20, 20		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
<b>L</b>		}		
þ	If "Yes," did it have excess business holdings in 2011 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 2011 )	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	numbers that had not been removed from jeonardy before the first day of the tay year beginning in 20112	4h	I	Ιx

orm	n 990-PF (2011) JAMES W. CARELL CHARIT	ABLE TRUST			45-155	5589	Р	age 6
⊃a	rt VII-B Statements Regarding Activiti		1 4720 May Be Re	equired (continued)				
	During the year did the foundation pay or incur any						-	
	(1) Carry on propaganda, or otherwise attempt t		section 4945(e))?	Yes	X No			
	(2) Influence the outcome of any specific public	•		L 1				
	on, directly or indirectly, any voter registratio	•		Yes	X No			
	(2) Decude a contact of advantual factorial at		2		=			
	(3) Provide a grant to an individual for travel, stu	•	•	Yes [	X] No			
	(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49	_		Yes	X No			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	· · · · · · · · · · · · · · · · · · ·	•	Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ransactions fail to qual	ify under the exceptio	ns described in				
	Regulations section 53 4945 or in a current notice	regarding disaster assi	stance (see instructio	ns)?		5b	N/A	
	Organizations relying on a current notice regarding	disaster assistance ch	neck here	▶				
С	If the answer is "Yes" to question 5a(4), does the f	oundation claim exemp	otion from the				-	l
	tax because it maintained expenditure responsibili	ty for the grant?		Yes	No			
	If "Yes," attach the statement required by Regulati	ons section 53 4945–5	(d)					
а	Did the foundation, during the year, receive any fu	nds, directly or indirectl	y, to pay					
	premiums on a personal benefit contract?			Yes	No			
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	on a personal benefit o	contract?		6b		Х
	If "Yes" to 6b, file Form 8870							
a	At any time during the tax year, was the foundation	a party to a prohibited	i tax shelter transactio	n? Yes [	X No			
	If "Yes," did the foundation receive any proceeds of					7b		
P	art VIII Information About Officers	Directors, Truste	es, Foundation	Managers, Highly P	aid Em	ploy	ees,	
	and Contractors	•						
1	List all officers, directors, trustees, found	ation managers and	d their compensat	ion (see instructions)	).			
		(b) Title, and average	(c) Compensation	(d) Contributions to				
				I	(e)	Expens	se acco	unt,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	1 1	Expension all		
A١	· · · · · · · · · · · · · · · · · · ·	hours per week devoted to position TRUSTEE	(If not paid, enter		1 1			
	MES W. CARELL	devoted to position TRUSTEE	(If not paid, enter		1 1			
	· · · · · · · · · · · · · · · · · · ·	devoted to position TRUSTEE	(If not paid, enter -0-)		n (			es
	MES W. CARELL	devoted to position TRUSTEE	(If not paid, enter -0-)		n (			es
	MES W. CARELL	devoted to position TRUSTEE AS REQ	(If not paid, enter -0-)		0			<u>0</u>
	MES W. CARELL	devoted to position TRUSTEE AS REQ	(If not paid, enter -0-)		0			<u>0</u>
	MES W. CARELL	devoted to position TRUSTEE AS REQ 00	(If not paid, enter -0-)		0			0 0
	MES W. CARELL	devoted to position TRUSTEE AS REQ 00	(If not paid, enter -0-)  0		0			0 0
06	MES W. CARELL	devoted to position TRUSTEE AS REQ  00 .00	(If not paid, enter -0-)  0  0	and deferred compensation	0 0 0	other all		0 0
06	MES W. CARELL 36 VAUGHN CREST DR FRANKLIN TN 370(	devoted to position TRUSTEE AS REQ  00 .00	(If not paid, enter -0-)  0  0	and deferred compensation	0 0 0 0 s). If no	other all		0 0
06	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3700	devoted to position TRUSTEE AS REQ  00 .00	(If not paid, enter -0-)  0  0  0  ose included on li	ne 1—see instruction	0 0 0 0 s). If no	ne,	owance	0 0 0
2	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3700	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the lower hours per week	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit	0 0 0 0 s). If no	ne,	se acco	0 0 0
2	MES W. CARELL 36 VAUGHN CREST DR FRANKLIN TN 3700  Compensation of five highest-paid emploenter "NONE."	devoted to position TRUSTEE AS REQ  00 .00 yees (other than the	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to	0 0 0 0 s). If no	ne,	se acco	0 0 0
2 (a)	MES W. CARELL 36 VAUGHN CREST DR FRANKLIN TN 3700  Compensation of five highest-paid emploenter "NONE."	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the hours per week devoted to position)	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If no	ne,	se acco	0 0 0
2 (a)	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3706  Compensation of five highest-paid emploenter "NONE."  Name and address of each employee paid more than \$50,	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the hours per week devoted to position)	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If no	ne,	se acco	0 0 0
2 (a)	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3706  Compensation of five highest-paid emploenter "NONE."  Name and address of each employee paid more than \$50,	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the hours per week devoted to position)	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If no	ne,	se acco	0 0 0
2 (a)	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3706  Compensation of five highest-paid emploenter "NONE."  Name and address of each employee paid more than \$50,	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the hours per week devoted to position)	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If no	ne,	se acco	0 0 0
2 (a)	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3706  Compensation of five highest-paid emploenter "NONE."  Name and address of each employee paid more than \$50,	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the hours per week devoted to position)	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If no	ne,	se acco	0 0 0
2 (a)	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3706  Compensation of five highest-paid emploenter "NONE."  Name and address of each employee paid more than \$50,	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the hours per week devoted to position)	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If no	ne,	se acco	0 0 0
2 (a)	MES W. CARELL S6 VAUGHN CREST DR FRANKLIN TN 3706  Compensation of five highest-paid emploenter "NONE."  Name and address of each employee paid more than \$50,	devoted to position TRUSTEE AS REQ  00  .00  yees (other than the hours per week devoted to position)	(If not paid, enter -0-)  0  0  0  ose included on line	ne 1—see instruction  (d) Contributions to employee benefit plans and deferred	0 0 0 0 s). If no	ne,	se acco	0 0 0

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

▶

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Part VIII Information About Officers, Directors, Trustees and Contractors (continued)	s, Foundation Managers, Highly Paid	d Employees,
3 Five highest-paid independent contractors for professional services (s	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		
NONE		0
		<u>~</u>
•••••••••••		0
		0
<del></del>		
<del></del>		0
		0
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 chantable activities during the tax year. Include relevathe number of organizations and other beneficiaries served, conferences convened, research		Expenses
1 VARIOUS GRANTS TO HELP THE SICK, POOR AND HUNGRY		
1 VARIOUS GRANTS TO HELP THE SICK, POOR AND HONGET		:
		73,000
2		75,000
2		
3		
4		
Part IX-B Summary of Program-Related Investments (se		
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		
		0
Total. Add lines 1 through 3		0

Form **990-PF** (2011)

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

all	XIII Undistributed incom	ie (see instructions)		<del></del> -	<del></del>	<del></del>
1	Distributable amount for 2011 fro	om Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
_	line 7		<u> </u>			11,081
2	Undistributed income, if any, as	of the end of 2011				
а	Enter amount for 2010 only				0	
	Total for prior years 20,			0		
3	Excess distributions carryover, if					
а	From 2006	0				
b	From 2007	0				
С	From 2008	0				
d	From 2009	0				
е	From 2010	0				
f	Total of lines 3a through e		0			
4	Qualifying distributions for 2011	from Part				
	XII, line 4 ► \$	73,000				
а	Applied to 2010, but not more th	an line 2a			0	
b	Applied to undistributed income	of prior years				
	(Election required—see instruction	ons)		0		
С	Treated as distributions out of co	orpus (Election				
	required—see instructions)		0			
d	Applied to 2011 distributable am	ount				11,081
е	Remaining amount distributed or	ut of corpus	61,919			
5	Excess distributions carryover a	pplied to 2011	0			0
	(If an amount appears in column					
6	same amount must be shown in Enter the net total of each colu	· · · ·				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	61,919			
b	Prior years' undistributed income	Subtract				
	line 4b from line 2b			0		
С	Enter the amount of prior years'	undistributed				
	income for which a notice of defi	iciency has				
	been issued, or on which the sec	ction 4942(a)				
	tax has been previously assesse	ed				
d	Subtract line 6c from line 6b Ta	xable				!
	amount—see instructions			0		
е	Undistributed income for 2010 S	Subtract line				į
	4a from line 2a Taxable amount	t-see				
	instructions	ļ			0	
f	Undistributed income for 2011 S	Subtract				
	lines 4d and 5 from line 1. This a	amount must				
	be distributed in 2012					0
7	Amounts treated as distributions	out of		i		
	corpus to satisfy requirements in	nposed by				
	section 170(b)(1)(F) or 4942(g)(3	3) (see instructions)				
8	Excess distributions carryover fr	om 2006				
	not applied on line 5 or line 7 (se	ee instructions)	0			
9	Excess distributions carryove	·				
	Subtract lines 7 and 8 from line	6a	61,919			
10	Analysis of line 9				-	
а	Excess from 2007	o				
b	Excess from 2008	0				
C	Excess from 2009	0				
d	Excess from 2010	0				
_	Excess from 2011	61,919	·			

	990-PF (2011) JAMES W CARELL CHARI				45-15			
	t XIV Private Operating Foundations (s			uestion 9)		N/A		
1 a	If the foundation has received a ruling or determinate foundation, and the ruling is effective for 2011, enter			<b>•</b>				
	Check box to indicate whether the foundation is a p	private operating fou	ndation described in	n section	4942(J)(3) o	or X 4942(J)(5)		
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(a) 7-4-1		
	investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total		
	year listed	0				N/A		
b	85% of line 2a	0	0	0	0	N/A		
С	Qualifying distributions from Part XII, line 4 for each year listed	0				0		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0		
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0			
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter			1000000				
	(1) Value of all assets					N/A		
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					N/A		
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0		
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)			:		IN/A		
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					N/A		
	(3) Largest amount of support from an exempt organization					N/A		
	(4) Gross investment income	<del></del>				N/A		
Pa	t XV Supplementary Information (Cor	nplete this part	only if the four	ndation had \$5,	000 or more in			
	assets at any time during the year	ar—see instruc	tions.)					
1	Information Regarding Foundation Manag	ers:						
а	List any managers of the foundation who have con before the close of any tax year (but only if they ha			•	the foundation			
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the			
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	olarship, etc., Pr	rograms:				
	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation material other conditions, complete items 2a, b, c, and d							
а	The name, address, and telephone number of the	person to whom app	olications should be	addressed				
b	The form in which applications should be submitted	d and information ar	nd materials they sho	ould include	<del></del>			
С	Any submission deadlines		<del></del>		<del></del>			
d	Any restrictions or limitations on awards, such as b	y geographical area	is, charitable fields,	kinds of institutions,	or other			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	or substantial contributor	recipient	Contribution							
a Paid during the year										
DISCOVERY PLACE	NONE	EXEMPT	DRUG	2,500						
1635 SPENCER MILL RD			REHABILITATION							
BURNS TN 37029										
SAFE HAVEN FAMILY SHELTER	NONE	EXEMPT	HOMELESS FAMILIES	3,000						
1234 THIRD AVE SO										
NASHVILLE TN 37210	None	EVEL 45T	END (IDOMENITAL	0.500						
TENNESSEE ENVIRONMENT COUNCIL	NONE	EXEMPT	ENVIROMENTAL ISSUES	3,500						
1 VANTAGE WAY STE E250 NASHVILLE TN 37228			ISSUES							
SECOND HARVEST FOOD BANK	NONE	EXEMPT	HUNGER	8,000						
331 GREAT CIRCLE RD	NONE	EXCIVIF	HUNGER	8,000						
NASHVILLE TN 372287										
ST EDWARDS CHURCH	NONE	EXEMPT	HOMELESSNESS	1,500						
190 THOMPSON LANE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,000						
NASHVILLE TN 37211		-								
DISABLED AMERICAN VETERANS	NONE	EXEMPT	VETERANS	2,000						
3725 ALEXANDRIA PIKE			REHABILITATION							
COLD SPRINGS KY 41076										
AMERICAN CANCER SOCIETY	NONE	EXEMPT	CANCER RESEARCH	2,000						
2000 CHAROLOTTE AVE										
NASHVILLE TN 37203										
VANDERBILT CHILDRENS HOSPITAL	NONE	EXEMPT	RESEARCH	2,500						
2301 VANDERBILT PLACE										
NASHVILLE TN 37240	NONE	CYCMOT	MEDICAL CARE FOR	E 000						
AMAZIMA MINISTRIES MEDICAL CLINC	NONE	EXEMPT	MEDICAL CARE FOR POOR	5,000						
1694 AUTUMN PLACE BRENTWOOD TN 37241			FOOR							
MCNEILLY CENTER FOR CHILDREN	NONE	EXEMPT	UNDERPRIVILIGED	5,000						
400 MERIDIAN STREET	NONE		CHILDREN	0,000						
NASHVILLE TN 37207										
UNITED CEREBAL PALSY OF TENNESSEE	NONE	EXEMPT	CHILDREN WITH	13,000						
1200 9TH AVE STE 110			CEREBAL PALSY							
NASHVILLE TN 37208										
Total See Attached Statement		·	<u> ▶ 3a</u>	73,000						
b Approved for future payment										
· <del></del>		L								
Total	<u>.</u> .	<u> </u>		0						

Part'XVI-A Analysis of Income-Producing Acti	vities				5589 Page <b>12</b>
Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a		0		0	0
b		0		0	0
С		0		0	0
d		0		0	0
e		0		0	0
f		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments				<u> </u>	
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate	一位商品配付	Chromad	1. 19 27 1年	3 - "WARE	THE AND THE STATE
Debt-financed property					
b Not debt-financed property				<u> </u>	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		0	<del> </del>	0	<del></del>
b	.	0		0	<del></del>
c		, 0		0	<del></del>
d		0	<del> </del>	0	<del> </del>
e		0		0	
12 Subtotal Add columns (b), (d), and (e)		0	<u></u>	0	<u> </u>
13 Total. Add line 12, columns (b), (d), and (e)				13	0
(See worksheet in line 13 instructions to verify calculations )	<u> </u>	- ( F			
Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which incom					
the accomplishment of the foundation's exempt	purposes (other tha	an by providing fu	nds for such purp	oses) (See instru	uctions )
			<u>-</u>	<del> </del>	

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Part <sup>®</sup>		nformation Regariza	-	sfers To and T	ransacti	ions and F	Relationships W	ith Nonchari	table		
ın	d the o	rganization directly 501(c) of the Code	or indirectly e							Yes	No
		from the reporting		a noncharitable e	exempt o	rganization	of <sup>.</sup>		12(1)		X
(2	•	r assets nsactions:							1a(1) 1a(2)		x
(1 (2	) Sales ) Purch	s of assets to a non- nases of assets from al of facilities, equip	m a noncharita	able exempt orga					1b(1) 1b(2) 1b(3)		X
(4 (5	Reim Loan	bursement arrange s or loan guarantee	ments s						1b(4) 1b(5)		X
c S	haring o	rmance of services of facilities, equipme	ent, mailing lis	ts, other assets,	or paid ei	mployees			1b(6) 1c		X
Vá	alue of the	wer to any of the at he goods, other ass iny transaction or sl	sets, or servic	es given by the re	eportina f	oundation	f the foundation re	ceived less tha	ın faır m	arket	j
(a) Lin	e no	(b) Amount involved	<del></del>	of noncharitable exemp	ot organizati	on (d)	Description of transfers,	transactions, and s	sharing arr	angem	ents
		0							-		
		<u>0</u>	<del> </del>				<del></del>				
		0	<del> </del>			_   _					
		0									
		0	†								
		0		<del> </del>				<del>-</del>			
		0		<del></del>							
		0									
		0									
		<u>0</u>	ł								
	\	0	<del>†</del>								
		0							-		
d	escribed	ndation directly or i d in section 501(c) occupiete the following	of the Code (o				ion 527?	· U	Yes X	] No	
		(a) Name of organization		(b) Type	e of organiz	ation	(c)	Description of relat	ionship		
			<del></del>								
						<del></del>					
	T						to and to the best of my leasu	dedge and holiaf it is to			
Sigr	correc	penalties of penjury, I declare t t, and complete Declaration of						May the IRS	_	nis retu	rn
Her	<b>∌</b> <u>∮</u>	A. W (w fighture of officer or trusted		11/12/13		Trus	166	with the prej		_	w (see No
	J	Print/Type preparer's na		Preparer's signature		-	Date	T	PTIN		
Paid Prer	arer	DAVID HINTON, O		1 11	8-1		11/12/2012	Check X if self-employed	P0089	8794	ļ
		Firm's name ► DA	AVID HINTON					Firm's EIN			
Firm's address 404 BNA DR STE 108 NASHVILLE, TN 37217								Phone no (61	5) 986-	5588	

Recipient(s) paid during the year	<u>ne 3a (990-PF) -</u>	Gran	ts and Con	tributions Paid	During th	e Year
Name						
WARNER ELEMENTARY SCHOOL						
Street				<del>-</del>		
626 RUSELL STREET						
City		State	Zip Code	Foreign Countr	у	
NASHVILLE		TN	37206			
Relationship	Foundation Status					
NONE	EXEMPT				<u></u>	<del></del>
Purpose of grant/contribution					Amount	
FIELD TRIP FOR UNDERPRIVLEGED	CHILDREN				1,, .	1,000
Name						
THE COMMUNITY FOUNDATION						
Street						
PO BOX 440225	<del></del>	I a	I			
City			Zip Code	Foreign Countr	У	
NASHVILLE Relationship	Tourndation Ctatus	TN	37244			
NONE	Foundation Status EXEMPT					
Purpose of grant/contribution	ILXLIVIF I				Amount	
FAMILY & CHILDRENS SERVICES					, anoun	8,000
					<b></b>	
Name	-N.1					
BIG SISTER/BIG BROTHER OF MID-T Street	<u>N</u>			· · ·		
1704 CHAROLOTTE AVE STE 130						
City		State	Zıp Code	Foreign Countr	v	
NASHVILLE		TN	37203	i oroigir oburni	,	
Relationship	Foundation Status		10.00	····		
NONE	EXEMPT					
Purpose of grant/contribution					Amount	
CHILDRENS SERVICES					<u></u>	1,000
Name						
BACK FIELD IN MOTION						
Street			<del></del>	<del></del>		
920 WOODLAND STREET						
City				Foreign Counti	у	
NASHVILLE	-r=	TN	37206			
Relationship	Foundation Status					
NONE	EXEMPT				Amount	
Purpose of grant/contribution YOUTH SPORTS					Amount	5,000
1001113F0K13						0,000
Name						
JUNIOR ACHIEVEMENT OF MID-TN			<del></del>			
Street						
120 POWELL PLACE City		State	Zıp Code	Foreign Countr	~	
NASHVILLE		TN	37204	l oreign count	У	
Relationship	Foundation Status	1 114.	107204			
NONE	EXEMPT					
Purpose of grant/contribution					Amount	
YOUTH ECUCATION						5,000
Name						
MID CUMBERLAND MEALS ON WHE	FIS					
Street	<u> </u>		<del>-</del> · · ·			
1101 KERMIT DRIVE STE 300						
City		State	Zip Code	Foreign Counti	у	
NASHVILLE		TN	37217		- 	
Relationship	Foundation Status					
NONE	EXEMPT	_				
Purpose of grant/contribution					Amount	
HUNGER					1	5.000

## Line 11 (990-PF) - Other Income

0	Adjusted	Net Income										
0	Net Investment		0	0	0	0	0	0	0	0	0	0
300,000	Revenue and Expenses	per Books	300,000									
		Description	J W CARELL FAMILY FOUNDATION									
			1	7	3	4	5	9	7	8	6	10

## Line 23 (990-PF) - Other Expenses

		617	617	0	
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
-	Amortization See attached statement	0	0	0	
7	Fund Raising				
က	POSTAGE ETC	307			
4	INVESTMENT MGR FEES	310	310		
2					
9					
7					
8					
6					
10					