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Form **990-PF**

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

Depa	ırtmen	nt of the Treasury Do not ente	er Social Security numbers on	this form as it may be m	ade public.	2010
Inter	nal Re	venue Service Information about F	orm 990-PF and its separate		s.gov/torm990pt.	Open to Public Inspection
		ndar year 2013 or tax year beginning		, and ending	T	
Na	me o	f foundation			A Employer identificatio	n number
W	TC	FOUNDATION			02-077971	5
		and street (or P O box number if mail is not delivered to stre	eet address)	Room/suite	B Telephone number	
4	25	JACKSON BLVD				-8200
		own, state or province, country, and ZIP or foreign	ı postal code		C If exemption application is	pending, check here
N	<u>AS</u>	HVILLE, TN 37205		*		
G (Check	k all that apply: Initial return		ormer public charity	D 1. Foreign organization	is, check here
		Final return	Amended return		Foreign organizations mocheck here and attach of	eeting the 85% test.
	امما	X Address change	Name change		7	
\Box		k type of organization: LX Section 501(c)(3) ection 4947(a)(1) nonexempt charitable trust	exempt private foundation Other taxable private founda	ation	E If private foundation st under section 507(b)(
L E			nting method: X Cash	Accrual	1	., ,
		· —	Other (specify)	/loordan	F If the foundation is in a under section 507(b)(1	_ [
	-\$		olumn (d) must be on cash b	pasis.)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	art 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))	(a) Davenus and	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	227,896.		N/A	
	2	Check If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	32.	32.		STATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
ne	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	D	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
Be	8	Net short-term capital gain		<u> </u>	•	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	Ι.	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income	005 005			
	12	Total Add lines 1 through 11	227,928.	32.		
	13	Other employee caleries and wares	0.	0.		0.
	14 15	Other employee salaries and wages Pension plans, employee benefits				
es	162	Legal fees				
ens	.va b	Accounting fees STMT 2	1,742.	0.		0.
Expenses	c	Other professional fees				
	17	unterest == = = = = = = = = = = = = = = = = =				
trat	18	axes				
inis	19	Depreciation and depletion 14				
and Administrative	20	Occupancy				
Αþ	21	Havel Comercines, and theetings		***		
3 an	22	Other expenses STMT 3	38,243.	0.		0
Operating	24	Total operating and administrative	30,443.	<u>U</u>		
era	- 7	expenses Add lines 13 through 23	39,985.	0.		0
Ö	25	Contributions, gifts, grants paid	186,325.			186,325
	26	Total expenses and disbursements.				
		Add lines 24 and 25	226,310.	0 .		186,325
	27	Subtract line 26 from line 12:				
	1.	Excess of revenue over expenses and disbursements	1,618.			-
	1	Net investment income (if negative, enter -0-)		32.		
	C	Adjusted net income (if negative, enter -0-)	1		N/A	Ī

LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF (2013) WTC FOUNDATION		<u>02-0</u>	779716 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
		Savings and temporary cash investments	<3,545.>	<3,789.>	<3,789.>
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			·····
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation	İ		
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	<3,545.>	<3,789.>	<3,789.>
	17	Accounts payable and accrued expenses -			
	18	Grants payable			
s	19	Deferred revenue			
Liabilıtıes	l	Loans from officers, directors, trustees, and other disqualified persons			
٩	21	Mortgages and other notes payable			
Ë		Other liabilities (describe ► STATEMENT 4)	1,862.	0.	
		DITIENT (COSONIDO P			
	23	Total liabilities (add lines 17 through 22)	1,862.	0.	
		Foundations that follow SFAS 117, check here	2/0021		
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
ű	25	Temporarily restricted			
39	26	Permanently restricted			
ᅙ	20	Foundations that do not follow SFAS 117, check here			
Ē	İ	and complete lines 27 through 31			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SS	28	Retained earnings, accumulated income, endowment, or other funds	<5,407.>	<3,789.	
et/	29		<5,407.>	<3,789.	
Ž	30	Total net assets or fund balances	<u> </u>	<u> </u>	•
		Total Pat 1992 and and accept that Abeliana	<3,545.>	<3,789.	
	31	Total liabilities and net assets/fund balances		<3,109.0	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
-	Tota	I not accord or fund halanage at heavaning of year. Port II column (a) has	30		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		Æ 407 .
_	-	st agree with end-of-year figure reported on prior year's return)		1	<u><5,407.</u> >
		r amount from Part I, line 27a		2	1,618.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	<3,789.>
		eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	<3,789.>
					Form 990-PF (2013)

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	FOUNDATION					0	2-077	9716	Page 3
	and Losses for Tax on li		Income						
	ribe the kind(s) of property sold (e.g irehouse; or common stock, 200 sh			(b) How a	cquired chase	(c) Date a	acquired	(d) Date (mo., day	
1a	actions, or continon stock, 200 sit	13. WILO 00.)		D - Dor	iation	(-3, ,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b NO	NF.								
C 110			 -						
d	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		,	i		_			
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 107	t or other basis xpense of sale				aın or (loss) s (f) mınus (
a	··								
<u>b</u>									
Ç .		+							
d		+							
Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69			\ Gaine (C	ol (h) gain	minue	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col. (1)		col	. (k), but r	ol. (h) gain not less thar (from col. (l	า -0-) or	
a									
b									
С									
d									
e									
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).	nd (6): r Reduced	Tax on Net		ment Inc	ome			
f section 4940(d)(2) applies, leave t	his part blank.								
Was the foundation liable for the sec if "Yes," the foundation does not qua			•	riod?				Yes [X No
1 Enter the appropriate amount in				ntries.					
(a) Base period years Calendar year (or tax year beginni	(b)		Net value of no	(c)	e-use assets		Distrib (col. (b) div	(d) oution ratio ided by col. ((c))
2012		37,749.		(59,904			3.40	1079
2011	2.	79,800.		18	32,763			1.53	30944
2010		94,705.			1,765			.49	3860
2009		15,250.			24,423				<u> 7952</u>
2008		79,610.			<u>23,783</u>			3.34	<u> 17349</u>
2 Total of line 1, column (d) 3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5	or by the number	of vears		2		8.84	11184
the foundation has been in existe		2 0 , 0,	2. 2) 310 Hallibor	2. y 0 m 0		3		1.76	8237
4 Enter the net value of noncharital	ole-use assets for 2013 from Part X	, line 5				4		34,	812.
5 Multiply line 4 by line 3						5	_	61,	556.

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.

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61,556.

186,325.

8 Enter qualifying distributions from Part XII, line 4

7 Add lines 5 and 6

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6 Enter 1% of net investment income (1% of Part I, line 27b)

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ir	nstru	ction	<u>1S)</u>
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)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1				<u>0.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				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	<u> </u>			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	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 3	<u>.</u>				
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7				3.
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	1 0				3.
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11				0.
Pa	rt VII-A Statements Regarding Activities					
´1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interventional.	ne in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definit	on)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	shed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		İ			
		٠.			1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0.			i		
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 incorporatio	n. or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_	•	5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or		i			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	tate law				
	remain in the governing instrument?			6	х	
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	χv		7	X	
	g , , , , , , , , , , , , , , , , , ,					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	TN					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
_	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for 6	alendar				
-	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	aionau		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT	. 5	10	X	
	in the control of the contr					

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Part VII-B Statements Regarding Activities for Which I	Form 4/20 May Be F	required (continu	ued)	 _	
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		s X No	1	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?			s X No		İ
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				İ
the prevention of cruelty to children or animals?		-	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	, ,	•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		. —			
expenditure responsibility for the grant?		1/A 	s Ll No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	X_
If "Yes" to 6b, file Form 8870				Ì	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribute the foundation receive any proceeds or have any net income attribute.				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	/		
List all officers, directors, trustees, foundation managers and their	compensation				
r Elst all officers, all cotors, a assess, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
VIMPEDIV W CONVIEV	to position	enter-u-)	compensation	allu	owances
KIMBERLY W. COAKLEY 425 JACKSON BLVD	TRUSTEE				
NASHVILLE, TN 37205	1.00	0.	0.		0.
MADIIVIIIIE, IN 57205	1.00	0.	<u>0.</u>	 	·
	-				
	-				
	-			-	-
	1				
		 			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	unt, other owances
NONE	dovoted to position		compensation	-	-
TONE	-			}	
	1				
	-				
				 	
	1				
	†				
Total number of other employees paid over \$50,000	<u> </u>	1		<u> </u>	0

Total. Add lines 1 through 3

4940(e) reduction of tax in those years.

a	expenses, contributions, girls, etc total from Part I, column (d), line 26	1a	100,343.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
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	186,325.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	186,325.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun-	dation qualifies for the	section

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	00/400	70010 11101 10 120 12	2012	
line 7				1,741.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 78,421.				
b From 2009 4,047. c From 2010 85,132.			•	
d From 2011 270,675.				
e From 2012 234, 256.				
f Total of lines 3a through e	672,531.			
4 Qualifying distributions for 2013 from	07273311			
Part XII, line 4: ►\$ 186, 325.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	,			
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				1,741.
e Remaining amount distributed out of corpus	184,584.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount	0.			0.
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	857,115.			
b Prior years' undistributed income. Subtract	03172231			
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		0.		
d Subtract line 6c from line 6b. Taxable		- '		
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	•			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	TO 401			
not applied on line 5 or line 7	78,421.			
9 Excess distributions carryover to 2014.	778,694.			
Subtract lines 7 and 8 from line 6a	110,034.			
10 Analysis of line 9: a Excess from 2009 4,047.				
b Excess from 2010 85,132.				
c Excess from 2011 270,675.				
d Excess from 2012 234, 256.				
e Excess from 2013 184,584.				
				Form 990-PF (2013)

orm 990-PF (2013) WTC FOUI			·	<u> 02-0'</u>	779716 Page 10
Part XIV. Private Operating Fo	oundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2013, enter the date of t	he ruling	▶		
b Check box to indicate whether the foundate		ig foundation described i		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0040	Prior 3 years	(4) 0040	/a) Tatal
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying			-		
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "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 Part XV Supplementary Info	mation (Comple	to this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during the			ii tiie iouiluatic	ni nau \$5,000 or n	iore in assets
1 Information Regarding Foundation					
a List any managers of the foundation who	•	than 2% of the total cont	ributions received by t	he foundation before the cl	ose of any tax
year (but only if they have contributed m			nound no roce roce by a	no roundation porono ano or	ooo or any tax
KIMBERLY W. COAKLEY					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	or an equally large po	rtion of the ownership of a	partnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	, Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of					
the foundation makes gifts, grants, etc. (nd d.
a The name, address, and telephone numb	er or e-mail address of t	the person to whom appli	cations should be add	ressed:	
h. The form in which applications about h	a submitted and informs	tion and materials that al	aculd include:		
b The form in which applications should be	s saviililleu alia intorma	non and materials they si	iouiu meluue.		
c Any submission deadlines:					
5 . my odomiosion doddintos,					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields.	kınds of institutions. o	or other factors:	
	, , , , , , , , , , , , , , , , , , , ,	,		. 	
23601 10-10-13					Form 990-PF (2013

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN HEART ASSOCIATION NONE NON-PROFIT FINANCIAL SUPPORT 1818 PATTERSON STREET HEALTH ORG NASHVILLE, TN 37203 150,000. BOYS HOPE GIRLS HOPE NONE FINANCIAL SUPPORT NON-PROFIT 4225 MALSBARY RD #208 SOCIAL WELFARE ORG BLUE ASH, OH 45242 500. NONE CAMP MARYMOUNT SCHOLARSHIP FUND NON-PROFIT FINANCIAL SUPPORT 1318 FAIRVIEW BOULEVARD SOCIAL WELFARE FAIRVIEW, TN 37062 ORG 500. CATHOLIC CHARITIES OF TENNESSEE, INC. NONE NON-PROFIT FINANCIAL SUPPORT 30 WHITE BRIDGE ROAD SOCIAL WELFARE NASHVILLE, TN 37205 500. CYSTIC FIBROSIS FOUNDATION NONE NON-PROFIT FINANCIAL SUPPORT 6931 ARLINGTON ROAD SOCIAL WELFARE BETHESDA MD 20814 000. SEE CONTINUATION SHEET(S) ➤ 3a Total 186 325 b Approved for future payment NONE Total

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	code		0000		
a					
b					
C					J
d					
e					
T					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			٠.	20	
investments			14	32.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property			ļ		
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.		32.	0.
13 Total Add line 12, columns (b), (d), and (e)			·		0. 32.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	a tha Ass	ampliahment of Ex	(0 m) n	t Durnocos	
rait XVI-b helationship of Activities to	U LITE ACC		(CIII)		
Line No. Explain below how each activity for which incor			contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than t	by providing fu	nds for such purposes).			
					······································
	-				
				···	
					
					
····					
				<u> </u>	
		·			
		•			
					
323621	· · · · · · · · · · · · · · · · · · ·				Form 990-PF (2013)

a Is the four	ndation directly or indirectly affilia	ted with, or related to, one	or more tax-exempt organiz	zations described		
ın section	501(c) of the Code (other than se	ection 501(c)(3)) or in sect	ion 527?			Yes X No
b If "Yes," co	omplete the following schedule.			,		
	(a) Name of organizatio	n	(b) Type of organization		(c) Description of rela	ationship
	N/A		·			
						
Under	penalties, of perjury, I declare that I hav	e examined this return uncludin	a accompanying schedules and	statements and to the	hest of my knowledge	
	elief, it is true, correct, and complete De					May the IRS discuss this return with the preparer
Here	Vinibule	W. (sell V	W	TRUST	e e	shown below (see instr.)? X Yes No
Sign	nature of officer or trustee	. 00 90	Date	Title	<u> </u>	_ Lad les
	Print/Type preparer's rame	Preparer's si		Date	Check If I	PTIN
				12 Level no	self- employed	
Paid	PAMELA S. CONT	NER Same	lus Conner	11/14/14		P00846108
Preparer	Firm's name ► BURKE 8	SCHINDLER,	PLL	•	Firm's EIN ► 31	-1452011
Jse Only						
	Firm's address ▶ 901 AI	DAMS CROSSIN	G			
	CINCI	NNATI, OH 45	202		Phone no. (51	<u> 13) 455-8200</u>
						Form 990-PF (2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

WT	C FOUNDATION	02-0779716							
Organization type (check or	ne)								
Filers of: Section:									
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt chantable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
General Rule	7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mete Parts I and II								
Special Rules									
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rego)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the of Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.								
total contributions	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, total 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								
contributions for us If this box is check purpose Do not co	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 total 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								
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 100 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•							

LHA 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) (2013)

Name of organization

Employer identification number

WTC FOUNDATION

02-0779716

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KIMBERLY W. COAKLEY 425 JACKSON BLVD NASHVILLE, TN 37205	- - \$ <u>35,731.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash. (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

WTC FOUNDATION

02-0779716

	Noncash Property (see instructions) Use duplicate copies of P	art ii ii aaaittoriai opaoo io iiooaca.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B	(Form 990, 990-EZ, or 990-PF) (2013)			Page 6				
Name of orga	nization			Employer identification number				
				00 0550516				
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, the total of exclusively religious, the columns of Part III of additional to	vidual contributions to section 501(c) he following line entry. For organizatio c., contributions of \$1,000 or less for	(7), (8), or (10) organizations completing Part III, enter the year. (Enter this information once	02-0779716 ons that total more than \$1,000 for the				
(a) No. from Part I	(b) Purpose of gift	rpose of gift (c) Use of gift		(d) Description of how gift is held				
				-				
		(e) Transfer of gift	l .					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No.								
Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a			insferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
—								
	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Relationship of tra	Insferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
	Transferee's name, address, a	(e) Transfer of gif		insferor to transferee				

WTC FOUNDATION

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
FAITH FAMILY MEDICAL CENTER	NONE	NON-PROFIT	FINANCIAL SUPPORT	
326 21ST AVENUE NORTH		HEALTH ORG		500
NASHVILLE, TN 37203				300
FATHER RYAN HIGH SCHOOL	NONE	NON-PROFIT	FINANCIAL SUPPORT	
770 NORWOOD DRIVE		schoor		
NASHVILLE, TN 37204				1,000
FINDSTAG NAMEDDG TAG	YONE	NON DECET	EINANCIAI CURDORE	
LEARNING MATTERS, INC.	NONE	NON-PROFIT SCHOOL	FINANCIAL SUPPORT	
P.O. BOX 150175 NASHVILLE, TN 37215		BCROOL		200
MONTGOMERY BELL ACADEMY	NONE	NON-PROFIT	FINANCIAL SUPPORT	
4001 HARDING ROAD		schoor		
NASHVILLE, TN 37205				25,000
RALLY FOUNDATION	NONE	NON-PROFIT	FINANCIAL SUPPORT	
5775 GLENRIDGE DRIVE		SOCIAL WELFARE		
SANDY SPRINGS, GA 30328		ORG		2,500
ST. CECILIA ACADEMY	NONE	NON-PROFIT	FINANCIAL SUPPORT	
4210 HARDING PIKE		SCHOOL		1,000
NASHVILLE, TN 37205				1,000
DIOCESE OF NASHVILLE	NONE	NON-PROFIT	FINANCIAL SUPPORT	
2400 21ST AVENUE, SOUTH		SOCIAL WELFARE		
NASHVILLE, TN 37212		ORG		2,000
THE ELEPHANT SANCTUARY IN TENNESSEE	NONE	NON-PROFIT	FINANCIAL SUPPORT	
27 E. MAIN STREET		SOCIAL WELFARE		
HOHENWALD, TN 38462		ORG		200
CITY OF BELLE MEADE	NONE	NON-PROFIT	FINANCIAL SUPPORT	
4705 HARDING ROAD		SOCIAL WELFARE		
NASHVILLE, TN 37205		ORG		100
THE NEXT DOOR, INC.	NONE	NON-PROFIT	FINANCIAL SUPPORT	
PO BOX 23336		SOCIAL WELFARE		
NASHVILLE, TN 37202		ORG		300
Total from continuation sheets	· · · · · · · · · · · · · · · · · · ·			33,825

WTC FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient SECOND HARVET FOOD BANK NONE NON-PROFIT FINANCIAL SUPPORT 331 GREAT CIRCLE ROAD SOCIAL WELFARE 500. NASHVILLE, TN 37228 ORG CHRISTMAS VILLAGE NONE NON-PROFIT FINANCIAL SUPPORT PO BOX 158826 SOCIAL WELFARE NASHVILLE TN 37215 ORG 500. NON-PROFIT FINANCIAL SUPPORT SPECIAL OLYMPICS NONE 1900 12TH AVENUE SOUTH SOCIAL WELFARE ORG 25. NASHVILLE TN 37203 Total from continuation sheets

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY	CASH II	NVESTMENTS	STATEMENT 1	
SOURCE	REVE	(A) REVENUE NE PER BOOKS 32.		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
TRUXTON TRUST				32.		
TOTAL TO PART I, LINE 3		32.		32.		
FORM 990-PF	ACCOUNTI	NG FEES	3		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) (C) NET INVEST- ADJUSTED MENT INCOME NET INCOME				
TAX RETURN PREPARATION	1,742.		0.		0.	
TO FORM 990-PF, PG 1, LN 16B	1,742.		0.		0.	
FORM 990-PF	OTHER E	XPENSES	3		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTEI NET INCOM		
AMERICAN HEART ASSOCIATION ANNUAL GOLF EVENT EXPENSES	38,243.	-	0.		0.	
TO FORM 990-PF, PG 1, LN 23	38,243.	:	0.		0.	
FORM 990-PF	OTHER LIA	BILITIE	ES		STATEMENT 4	
DESCRIPTION			воз	AMOUNT	EOY AMOUNT	
DUE TO WTC MARITAL TRUST				1,862.	0.	
TOTAL TO FORM 990-PF, PART II, LINE 22				1,862.	0.	

KIMBERLY W. COAKLEY

STATEMENT

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

NAME OF CONTRIBUTOR ADDRESS

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

425 JACKSON BLVD NASHVILLE, TN 37205

STATEMENT

6

5

ACTIVITY ONE

THE FOUNDATION'S CHARITABLE PURPOSE - TO PROVIDE FINANCIAL SUPPORT TO OTHER CHARITABLE ORGANIZATIONS - WAS MET IN 2013 THROUGH THE DONATIONS LISTED IN PART XV AND THROUGH SUPPORT OF THE ANNUAL AMERICAN HEART ASSOCIATION GOLF TOURNAMENT.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

38,243.

Form 8868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, d	complete only Part II and check this	box		> 🗓	
Note. Only complete Part II if you have already been granted an a						
• If you are filing for an Automatic 3-Month Extension, complet						
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the origin	al (no c	opies need	ed).	
	<u> </u>	Enter filer's	identifyir	ng number, s	ee instructions	
Type or Name of exempt organization or other filer, see instruc	ctions.		Employe	Employer identification number (EIN) or		
print						
File by the WTC FOUNDATION			02-0779716			
filling your	I Number, Street, and foom of Suite no. If a r.O. box, see instructions.				r (SSN)	
return See 202 SUNNYSIDE DRIVE						
City, town or post office, state, and ZIP code. For a fo	reign add	Iress, see instructions.				
NASHVILLE, TN 37205-3407						
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Application	Return	Application			Return	
Is For	Code	Is For		· · · · · · · · · · · · · · · · · · ·	Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A	08			
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
					12	
STOP! Do not complete Part II if you were not already granted THE FOUNDATION	an autor	natic 3-month extension on a previ	ously file	:a Form 8868	·	
• The books are in the care of D 202 SUNNYSIDE I	יינד מר	ב אוא פטינדדדנים וויאן אי	7205-	3107		
Telephone No. ► (513) 455-8200	NT A E	Fax No. ►	1205-	3407		
 If the organization does not have an office or place of business 	io tha Lir					
If this is for a Group Return, enter the organization's four digit 0					our check this	
box . If it is for part of the group, check this box		ach a list with the names and EINs of				
· · · · · · · · · · · · · · · · · · ·		BER 15, 2014.	QII THEITIG	OIG GIC CALCIN	3.017.13 101	
5 For calendar year 2013, or other tax year beginning		, and ending	נ			
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas		Final r	eturn	·	
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	SATHE	R INFORMATION NECES	SSARY	TO FII	ΕA	
COMPLETE AND ACCURATE RETURN.						
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions			8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpayment all	owed as	a credit and any amount paid				
previously with Form 8868.			8b	s	3.	
C Balance due. Subtract line 8b from line 8a. Include your pa	yment wr	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.	
Signature and Verificat	ion mu	st be completed for Part II o	nly.			
Under penalties of perjury, I declare that I have examined this form, including	ing accom	panying schedules and statements, and to	the best o	f my knowledge	and belief,	
it is true, correct, and complete, and that I am authorized to prepare this fo	orm 🖊	010		91	1 . 1	
Signature > Emuly Froman Title >		YH	Date	► 0/13	5/14	
				Form 88	868 (Rév 1-2014)	