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# Form **990-PF**Department of the Treasury

EXTENDED TO NOVEMBER 16, 2015
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.lrs.gov/form990pf.

2014
pen to Public Inspection

Forc	alen	dar year 2014 or tax year beginning		, and ending		
Nan	e of	foundation			A Employer identification	number
		FOUNDATION			02-0779716	)
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	0.200
		JACKSON BLVD	actal ands	<u></u>		8200
_		wn, state or province, country, and ZIP or foreign p HVILLE, TN 37205	usiai code		C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s check here
u	IUUK	Final return	Amended return	The public onarity	Torongir organization	5, 611001( 11010
		Address change	Name change		2 Foreign organizations me check here and attach co	eeting the 85% test, omputation
H C	neck	type of organization: X Section 501(c)(3) ex	empt private foundation		T E If private foundation sta	
	] Sec	_	Other taxable private founda	tion	under section 507(b)(1)	
i Fa	r ma	rket value of all assets at end of year   J   Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fre	om F		her (specify)		under section 507(b)(1)	)(B), check here
	·	15,553. (Part I, colu	mn (d) must be on cash b	pasis)		T
Pa	rt 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) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	267,942.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	31.	31.		STATEMENT 1
	4	Dividends and interest from securities				
		Gross rents				
	_	Net rental income or (loss)				
e	ь	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	7	assets on line 6a  Capital gain net income (from Part IV line 2)		0.		
8	8	Capital gain net income (from PARECEIVED  Net short-term capital gain				
			V)			
	10a	and allowances   NOV 9 A 2015	280			
	þ	Less Cost of goods sold	\doldar			
		Gross profit or (less) OGDEN, UT	T.			
	11	P	0.65 052	21		
	12	Total. Add lines 1 through 11	267,973. 0.	31.		0.
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0.	<u>U•</u>		0.
		Pension plans, employee benefits		· · · · ·		
es		Legal fees				
ens		Accounting fees STMT 2	1,816.	0.		0.
Expenses		Other professional fees				
2015 Idministrative E	17	Interest				
trat	18	Taxes				
inis	19	Depreciation and depletion				
<b>₹</b>	20	Occupancy		-		
ခာ⊆	21	Travel, conferences, and meetings				
	22	Printing and publications Other expenses STMT 3	37,910.	0.		37,870.
LJ ULL Operating	23 24	Other expenses STMT 3  Total operating and administrative	31,310.	0.		37,070.
r C	47	expenses. Add lines 13 through 23	39,726.	0.	.[	37,870.
먑	25	Contributions, gifts, grants paid	208,905.			208,905.
Ž		Total expenses and disbursements.				
<b>£</b>		Add lines 24 and 25	248,631.	0.	,	246,775.
OCANNEL UEL Operating	27	Subtract line 26 from line 12:				
7 <b>4</b>		Excess of revenue over expenses and disbursements	19,342.			
		Net investment income (if negative, enter -0-)	<u> </u>	31.	NT / A	
	C	Adjusted net income (if negative, enter -0-)	I		N/A	<u> </u>

<sup>23501</sup> LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2014)

WTCF1121

For	m 99	0-PF (2014) WTC FOUNDATION		02-	0779716 Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
	arı	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		45 550	45 550
		Savings and temporary cash investments	<3,789.>	15,553.	15,553.
	3	Accounts receivable			
	١.	Less: allowance for doubtful accounts			
	4	Piedges receivable -			
	_ ا	Less: allowance for doubtful accounts			
	5	Grants receivable			<del></del>
	0	Receivables due from officers, directors, trustees, and other			
	7	disqualified persons Other notes and loans receivable			
	′	Less; allowance for doubtful accounts			
w	۰	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
ssets	l	Prepaid expenses and deferred charges			•
As		Investments - U.S. and state government obligations		:_	<del></del>
	I	Investments - corporate stock		-	
	l	Investments - corporate bonds			
	l	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			
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	<3,789.⊳	<u> 15,553.</u>	<u> 15,553.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab.	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
			0	0	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31			
ğ	24	Unrestricted Temporaryly sectioned			
3ala	25 26	Temporarily restricted  Permanently restricted			
Ē	20	Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31			
	27		0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	<3,789.>	15,553.	
Net	30	Total net assets or fund balances	<3,789.>		
_					
	31	Total liabilities and net assets/fund balances	<3,789.b	15,553.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
				··-	
1		il net assets or fund balances at beginning of year - Part II, column (a), line	ა		<3,789 <b>.</b> >
		st agree with end-of-year figure reported on prior year's return)		$\frac{1}{2}$	19,342.
		er amount from Part I, line 27a er increases not included in line 2 (itemize)		3	19,342.
3		lines 1, 2, and 3			15,553.
		reases not included in line 2 (itemize)		5	15,555.
		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h), line 30	6	15,553.
٠_	, 010	a not accord or raine contained at one or your time a minute into of 1 art in or	(2),		Form <b>990-PF</b> (2014)

Part IV Capital Gains	and Losses for Tax of	on Investment	t Income			
	cribe the kind(s) of property sol arehouse; or common stock, 20			(b) How acquired P - Purchase D - Donation	(c) Date acquire (mo., day, yr.)	
1a						
b NC	NE					
C						
<u>d</u>						
<u>e</u>	(f) Depreciation allowed	(a) Cos	st or other basis	<u> </u>	(h) Gain or (	
(e) Gross sales price	(or allowable)		xpense of sale		(e) plus (f) mil	
a						
b						
C						
<u>d</u>						
Complete only for assets shown	ng gain in column (h) and own	ed by the foundation	on 12/31/69		I) Gains (Col. (h)	ann minne
	(i) Adjusted basis		cess of col. (1)	cd	ol. (k), but not less	than -0-) or
(i) F.M.V as of 12/31/69	as of 12/31/69		col. (j), if any		Losses (from o	ol. (h))
a						
b						
C						<del></del>
<u>d</u>						
е	<u> </u>					
2 Capital gain net income or (net c	apıtal loss) $\left\{\begin{array}{l}  ext{If gain, also} \\  ext{If (loss), en} \end{array}\right.$	enter in Part I, line iter -0- in Part I, line	7 7	} 2		
3 Net short-term capital gain or (lo		(5) and (6):				
If gain, also enter in Part I, line 8						
If (loss), enter -0- in Part I, line 8  Part V Qualification U	Inder Section 4940(e	) for Reduced	Tax on Net	/   3   Investment in	come	
(For optional use by domestic privat					<u> </u>	
				,		
If section 4940(d)(2) applies, leave t	tnis part diank.					
Was the foundation liable for the sec			•	nod?		Yes X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in				ntring	<u></u>	
	T		iore making any e			(d)
(a) Base period years Calendar year (or tax year beginn	( <b>b</b> Ing.in) Adjusted qualifyi		Net value of no	(c) incharitable-use assets	Di S (col. (b	(d) stribution ratio ) divided by col. (c))
2013	ing in/	186,325.		34,81		5.352321
2012		237,749.		69,90		3.401079
2011		279,800.		182,76	3.	1.530944
2010		94,705.		191,76		.493860
2009		15,250.		, 224, 42	3.	.067952
						10 046150
2 Total of line 1, column (d) 2 Average distribution ratio for the	E year been period, duude the	total on line 2 by E	or by the number	ofwara	2	10.846156
3 Average distribution ratio for the the foundation has been in existe	•	total off life 2 by 5,	or by the number	or years	3	2.169231
the foundation has been in exist	since in less than 5 years				3	
4 Enter the net value of noncharita	ble-use assets for 2014 from P	art X, line 5			4	37,661.
		•				
5 Multiply line 4 by line 3					5	81,695.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)				6	0.
m AJJ 1 5 10						01 605
7 Add lines 5 and 6					7	81,695.
8 Enter qualifying distributions fro	m Part XII, line 4				8	246,775.
If line 8 is equal to or greater that See the Part VI instructions.	in line 7, check the box in Part \	/I, line 1b, and comp	olete that part usin	ig a 1% tax rate.		

_	n 990-PF (2014) , WTC_FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	02-	0779	716	otio	Page 4
		340	- 300 1	115010	Ctioi	15)
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)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1				0.
U	of Part I, line 27b	-	<u> </u>	<del></del>		<u> </u>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3				0.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b		-			
C	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> 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				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11_	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11	<u> </u>			
Pa	art 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 intervene	ın			Yes	
	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 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	ed or				
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .					
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 incorporation,	or		_		37
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.	T / 3	4a		_X_
	olf "Yes," has it filed a tax return on Form 990-T for this year?	1/	I/A	4b		~
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					
б	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	law				
	remain in the governing instrument?	5 Iaw		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XI	,		7	X	
′	Did the loundation have at least \$5,000 in assets at any time during the year in thes, Complete Part II, Col. (C), and Part XV			<b>-</b>	23	
Ωa	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
Ud	TN					
Ь	o 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			8ь	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar				
•	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	[	X
10		TMT	4	10	Х	

Form **990-PF** (2014)

	990-PF (2014) WTC_FOUNDATION	02-0779	716		Page 5
Pa	rt 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>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
1.4	Website address ► N/A  The books are in care of ► THE FOUNDATION  Telephone no	<u>▶(513)</u>	155	_ 8 2	<u> </u>
14	Located at > 425 JACKSON BLVD, NASHVILLE, TN	ZIP+4 ►37		-02	00_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	211 74 P <u>3 7</u>	20,5	•	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	- 15	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	<u></u>		Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	ne of the			
	foreign country				
Pa	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):	r <del></del> 1			
		es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	, <b>T</b> Z			
		es X No			
		'es X No 'es X No			
		es LAL NO			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	es [A] No			
	If the foundation agreed to make a grant to or to employ the official for a period after				
		'es X No			
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)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ightharpoons			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2014?		1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
		es X No			
_	If "Yes," list the years				
Þ	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorre				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack		۱ ۵۲	}	
_	statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	N/A	2b		
Ü				- 1	
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
υa		es X No			
h	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons a				
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2014)	N/A	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b		<u> </u>
		Fo	rm <b>990</b>	)-PF (	(2014)

orm	990-PF (20	014) <b>WT</b>	C F	<u>ADNUC</u>	MOIT	[							02-0	<u> 779</u>	716		Page 6
		Statements					or Which	Form	4720 May	Be F	Requir	ed (contir	nued)				
5a	During the	year did the found	dation p	ay or incui	any amo	ount to:								_			
	(1) Carry	on propaganda, or	r otherv	vise attemp	ot to influe	ence legis	slation (secti	on 4945(	e))?			Y	es X	No			
	(2) Influer	nce the outcome o	of any sp	pecific pub	lic electio	n (see se	ction 4955);	or to car	ry on, directly	or indire	ectly,			.			
	any vo	oter registration dri	ive?										es X				
	(3) Provid	le a grant to an ind	ividual	for travel,	study, or	other sın	nılar purpose	es?				Υ	es 🗶	No			
	(4) Provid	le a grant to an org	ganızatı	on other th	ian a char	ritable, etc	c., organizati	on descr	ibed in section								
	4945(	d)(4)(A)? (see inst	truction	ıs)						,		Y	es X	No			
	(5) Provid	le for any purpose	other t	han religio	us, charit	able, scie	entific, literar	y, or educ	cational purpos	ses, or f	or			. 1			
	the pro	evention of cruelty	to child	dren or anı	mals?							Y	es X	No			
b	If any ansv	ver is "Yes" to 5a(1	l)-(5), d	id <b>any</b> of t	he transad	ctions fail	l to qualify u	nder the e	exceptions des	scribed i	ın Regula	itions					
	section 53.	.4945 or in a curre	ent notic	ce regardin	g disastei	r assistar	nce (see inst	ructions)'	?				N	<u>/A</u>	5b		
	Organizatio	ons relying on a cu	ırrent n	otice regar	ding disas	ster assis	stance check	here					<b>&gt;</b>				
C	If the answ	er is "Yes" to ques	tion 5a	(4), does tl	ne founda	ition clain	n exemption	from the	tax because it					,		ļ	
		e responsibility for								N	I/A	Y	es 📖	No		İ	Ì
	If "Yes," a	ttach the statem	nent re	quired by	<sup>,</sup> Regulat	tions sec	ction 53 49	45-5(d)									
6a	Did the fou	indation, during th	ie year,	receive any	y funds, d	directly or	ındırectly, te	o pay pre	miums on					,			
	•	benefit contract?										Y	es X	No			
		indation, during th		pay premii	ums, direc	ctly or inc	directly, on a	personal	l benefit contra	act?				-	6b		_X_
		6b, file Form 88												,			
		e during the tax yea										Y	es X				
		the foundation re											N/	<u>/A</u>	7b		<u> </u>
Par	t VIII	Information Paid Emplo	n Abc	out Offi and C	cers, L Contra	Jirecto ctors	ors, Irus	tees, i	Foundatio	n Ma	ınageı	s, Highi	У				
Li	st all offi	cers, directors,					s and thei	r compe	ensation.								
				,		3			Title, and aver	rage	(c) Cor	mpensation	(d) Con	tributions to	Т	(e) Exc	ense
		(a)	Name a	and addres	S			hòur	s per week dev to position	voted	(if n	ot paid, ter -0-)	employee and comp	tributions to benefit plans deferred ensation	i a	ccount allowa	ense , other nces
(I)	IBERL	Y W. COA	KLE	Y				TRU	STEE								
125	JAC:	KSON BLV	D														
SAV	SHVIL	LE, TN 3	720	5					1.00			0.	4	0			0.
								_									
								_									
		ation of five high	<u> </u>	احمده امتما		-4141	46 :-		an line 4) 16			NONE "					<del></del>
	Onipense	ition of five fligh	nest-b	alu ellipi	oyees (C	Julei ula	all tilose ii	(b)	Title, and aver	rage	enter	INCINE.	(d) Con	tributions to	Т	(e) Exr	ense
	(a) Nai	me and address of	f each e	mployee p	aid more	than \$50	,000	' '	hours per wee	k Š	(c) Cor	npensation	employee	benefit plans deferred	i   a	ccount allowa	ense , other
	NT	ONE						- uc	evoled to positi		<u> </u>		COMP	ensation	+	allowa	11062
	14	ONE					<del></del>	$\dashv$									
								+					+		+		
	<del></del>							$\dashv$									
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-								7									
		-									ļ		1				
								1									
												······································	1	· 1			
<u> Fota</u>	I number o	of other employees	s paid o	ver \$50,00	10				<del></del>					<u> </u>		<u> </u>	0
														Forr	n 990	U-PF	(2014)

423551 11-24-14

Total. Add lines 1 through 3

Form **990-PF** (2014)

P	Minimum Investment Return (All domestic foundations m	iust complete this part. Foreign foi	undations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purposes:		
a	Average monthly fair market value of securities		1a	0.
b	Average of monthly cash balances		1b	38,235.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	38,235.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	38,235.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)	4	574.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on	Part V, line 4	5	37,661.
6	Minimum investment return. Enter 5% of line 5		6	1,883.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) an foreign organizations check here  and do not complete this part.)		ınd certain	_
1	Minimum investment return from Part X, line 6		1	1,883.
2a	Tax on investment income for 2014 from Part VI, line 5	2a ]		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1,883.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	1,883.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	XIII, line 1	7	1,883.
_	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:	1.1	046 555
a	, , , , , , , , , , , , , , , , , , , ,		1a	246,775.
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 charitab	le, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
b		of De 4 VIII. Inc. 4	3b	246 775
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, an		4	246,775.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	ament	<u> </u>	^
•	Income. Enter 1% of Part I, line 27b		5	246,775 <b>.</b>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	han galaulating substhes the four day	6	
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years w 4940(e) reduction of tax in those years.	nen calculating whether the foundation	qualifies for th	e section

Form **990-PF** (2014)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				1,883.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009 4,047. b From 2010 85,132.				
d From 2011 270,675. d From 2012 234,256.				
e From 2013 184,584.				
	778,694.			
f Total of lines 3a through e	770,054.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 246,775.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u></u>		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				1,883.
e Remaining amount distributed out of corpus	244,892.			1,003.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.0			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,023,586.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		<b>U•</b>		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015	Ì			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	4,047.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	1,019,539.			
10 Analysis of line 9:				
a Excess from 2010 85,132.	İ			
<b>b</b> Excess from 2011 270,675.				
c Excess from 2012 234,256.				
d Excess from 2013 184,584.				
e Excess from 2014 244,892.			<u> </u>	Form <b>990-PF</b> (2014)

	NDATION	-to-ottoma and Dark V			1779716 Page 1
Part XIV   Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	•	. ▶ ∟	7.0.00.100	
<b>b</b> Check box to indicate whether the found		ng toundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	Prior 3 years	(d) 2011	(a) Tatal
income from Part I or the minimum	(a) 2014	(0) 2013	(c) 2012	(u) 2011	(e) Total
investment return from Part X for					
each year listed		-	-		
<b>b</b> 85% of line 2a					<del></del>
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					
exempt activities					
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			if the favorable	h d &C 000	
Part XV   Supplementary Info			if the foundatio	n nad \$5,000 or i	nore in assets
		actions.,			
<ul> <li>Information Regarding Foundation</li> <li>a List any managers of the foundation wh</li> </ul>		than 30/ of the total con	tributions received by th	so foundation before the	along of any toy
year (but only if they have contributed n			andadiis received by a	ie iounidation before the t	lose of any lax
KIMBERLY W. COAKLEY	, ,				
<b>b</b> List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large por	tion of the ownership of a	n partnership or
other entity) of which the foundation ha			(o. a equally large per	tion of the officerap of	partition of the
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:	-	
Check here ► X if the foundation of				not accept unsolicited re	equests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addr	essed:	
•					
<b>b</b> The form in which applications should be	oe submitted and informa	ation and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s such as hy geographic	al areas, charitable fields	kinds of institutions of	r other factors:	
a my restrictions of miniations of award	o, caon as by goograpine	.a. a. 545, 51141114515 115145	,	Other Idelets	

3 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				
a Paid dunng the year						
AMERICAN HEART ASSOCIATION	NONE	NON-PROFIT	FINANCIAL SUPPORT			
1818 PATTERSON STREET		HEALTH ORG		145 000		
NASHVILLE, TN 37203				145,000.		
BOYS HOPE GIRLS HOPE	NONE	NON-PROFIT	FINANCIAL SUPPORT			
4225 MALSBARY RD #208		SOCIAL WELFARE				
BLUE ASH, OH 45242		ORG		1,800.		
CAMP MARYMOUNT SCHOLARSHIP FUND	NONE	NON-PROFIT	FINANCIAL SUPPORT			
1318 FAIRVIEW BOULEVARD		SOCIAL WELFARE				
FAIRVIEW, TN 37062		ORG		1,200.		
CATHOLIC CHARITIES OF TENNESSEE, INC.	NONE	NON-PROFIT	FINANCIAL SUPPORT			
30 WHITE BRIDGE ROAD	1,021,2	SOCIAL WELFARE	DOTTOR!			
NASHVILLE, TN 37205		ORG		3,000.		
CHRISTMAS VILLAGE	NONE	NON-PROFIT	FINANCIAL SUPPORT			
PO BOX 158826		SOCIAL WELFARE				
NASHVILLE TN 37215  Total SEE COI	TINUATION SHEE	DRG ET (S)	▶ 3a	250 <u>.</u> 208_905.		
b Approved for future payment			50	200,303,		
NONE						
<del></del>						
Total			<b>&gt;</b> 3b	0 . 0 prm <b>990-PF</b> (2014)		

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
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Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	741104111	code	Allount	
a			<del>  -</del>		
b					
c	1 1		<del> </del>		<del></del>
d	-		<del> </del>		<del> </del>
e	-		+		
g Fees and contracts from government agencies					
2 Membership dues and assessments		·· <del>-</del>			
3 Interest on savings and temporary cash investments			14	31.	
4 Dividends and interest from securities		<del></del>	<del>  -                                   </del>	21.	
5 Net rental income or (loss) from real estate:			<del>  -</del>		<del></del>
a Debt-financed property	<u> </u>		+		<del></del>
b Not debt-financed property			1-1-		<del></del> -
6 Net rental income or (loss) from personal			<del>                                     </del>		<del></del>
property			1		
7 Other investment income			<del>                                     </del>		<del>-</del>
8 Gain or (loss) from sales of assets other			<del> </del>		
than inventory					
9 Net income or (loss) from special events					<del></del>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		· · · · · · · · · · · · · · · · · · ·			
a					
b					
С				_	
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		31.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	31
(See worksheet in line 13 instructions to verify calculations.)					<u></u> _

#### Relationship of Activities to the Accomplishment of Exempt Purposes

	the foundation's exempt purposes (other than by providing funds for such purposes).				
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423621 11-24-14

Form **990-PF** (2014)

P00846108

Firm's EIN  $\triangleright 31 - 1452011$ 

Phone no. (513) 455-8200

Paid

Preparer

**Use Only** 

Title

Check

self- employed

Date

iture of officer or trustee

PAMELA S.

Print/Type preparer's name

Firm's name ► BURKE &

CONNER

Firm's address ▶ 901 ADAMS CROSSING

Date

Preparer s signature

SCHINDLER

CINCINNATI, OH 45202

WTC FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor CYSTIC FIBROSIS FOUNDATION NONE NON-PROFIT FINANCIAL SUPPORT SOCIAL WELFARE 6931 ARLINGTON ROAD BETHESDA, MD 20814 ORG 1,250. FINANCIAL SUPPORT BISHOP'S ANNUAL APPEAL FOR MINISTRIES NONE NON-PROFIT 2400 21ST AVENUE, SOUTH SOCIAL WELFARE NASHVILLE, TN 37212 1,500. NONE NON-PROFIT FINANCIAL SUPPORT FAITH FAMILY MEDICAL CENTER 326 21ST AVENUE NORTH HEALTH ORG 150. NASHVILLE TN 37203 FATHER RYAN HIGH SCHOOL NONE NON-PROFIT FINANCIAL SUPPORT SCHOOL 770 NORWOOD DRIVE 1,000. NASHVILLE, TN 37204 MONTGOMERY BELL ACADEMY NONE NON-PROFIT FINANCIAL SUPPORT SCHOOL 4001 HARDING ROAD 32,500. NASHVILLE, TN 37205 NONE FINANCIAL SUPPORT RALLY FOUNDATION NON-PROFIT 5775 GLENRIDGE DRIVE SOCIAL WELFARE 5,000. SANDY SPRINGS, GA 30328 ORG ST. CECILIA ACADEMY NONE NON-PROFIT FINANCIAL SUPPORT SCHOOL 4210 HARDING PIKE 3,700. NASHVILLE TN 37205 NONE NON-PROFIT FINANCIAL SUPPORT THE NEXT DOOR, INC. PO BOX 23336 SOCIAL WELFARE NASHVILLE, TN 37202 ORG 500. ACHILLES INTERNATIONAL NONE NON-PROFIT FINANCIAL SUPPORT 42 WEST 38TH STREET, SUITE 400 SOCIAL WELFARE NEW YORK, NY 10018 ORG 1,000. ALS ASSOCIATION NONE NON-PROFIT FINANCIAL SUPPORT HEALTH ORG 1275 K STREET NW, SUITE 250 1,500. WASHINGTON DC 20005 Total from continuation sheets 57,655. WTC FOUNDATION

Part XV Supplementary Information

Part XV Supplementary Informat  3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
BOBBY NICHOLS CHARITY FOUNDATION	NONE	NON-PROFIT	FINANCIAL SUPPORT	
15391 CANONGATE DRIVE	NONE	SOCIAL WELFARE	FINANCIAL SUPPORT	
FT. MYERS FL 33912		ORG WEDFARE		300
LIVE BEYOND	NONE	NON-PROFIT	FINANCIAL SUPPORT	
1508 DELMAR AVE, SUITE 122		SOCIAL WELFARE		
NASHVILLE, TN 37212		ORG		100
•				
MAGDALENE INC	NONE	NON-PROFIT	FINANCIAL SUPPORT	
BOX 6330B		SCHOOL		
NASHVILLE, TN 37235				1,000
MARTHA O'BRYAN CENTER	NONE	NON-PROFIT	FINANCIAL SUPPORT	
711 SOUTH SEVENTH ST.		school		
NASHVILLE, TN 37206				100
NASHVILLE ZOO	NONE	NON-PROFIT	FINANCIAL SUPPORT	
3777 NOLENSVILLE PIKE NASHVILLE, TN 37211		SOCIAL WELFARE		250,
MASHVIDDE, IN 3/211		ONG		250,
POPE JOHN PAUL II HIGH SCHOOL	NONE	NON-PROFIT	FINANCIAL SUPPORT	
117 CALDWELL DRIVE	HOND	SCHOOL	I IMMOINE BOILORI	
HENDERSONVILLE, TN 37075				500
•				
ST. HENRY SCHOOL	NONE	NON-PROFIT	FINANCIAL SUPPORT	
6401 HARDING PIKE		school		
NASHVILLE, TN 37205				500,
TUBEROUS SCLEROSIS ALLIANCE	NONE	NON-PROFIT	FINANCIAL SUPPORT	
801 ROEDER ROAD, SUITE 750		HEALTH ORG		
SILVER SPRING, MD 20910				250
VANDERBILT UNIVERSITY	NONE	NON-PROFIT	FINANCIAL SUPPORT	
2301 VANDERBILT PLACE NASHVILLE TN 37240		SCHOOL		1 000
MADILYINDE, IN 3/240				1,000
WICIMATION HOODITAN POINTANION	NONE	NON_DPORTS	ETNANCTAL CUDDODE	
VISITATION HOSPITAL FOUNDATION 237 OLD HICKORY BLVD #201	NONE	NON-PROFIT HEALTH ORG	FINANCIAL SUPPORT	
NASHVILLE TN 37221				125
Total from continuation sheets				

WTC FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor YMCA OF MIDDLE TENNESSEE NONE NON-PROFIT FINANCIAL SUPPORT 1000 CHURCH ST. SOCIAL WELFARE 5.000. NASHVILLE, TN 37203 ORG NONE NON-PROFIT FINANCIAL SUPPORT AQUINAS COLLEGE SCHOOL 1607 ROBINSON RD SE GRAND RAPIDS MI 49506 140. NONE FINANCIAL SUPPORT NON-PROFIT FOCUS MINISTRIES P.O. BOX 2014 SOCIAL WELFARE ORG 250. ELMHURST, IL 60126 NONE NON-PROFIT FINANCIAL SUPPORT OLE MISS ALUMNI ASSOCIATION SCHOOL 651 GROVE LOOP 40. UNIVERSITY, MS 38677 Total from continuation sheets

#### 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

2014

**Employer identification number** 

FOUNDATION 02-0779716 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2014)

Name of organization

Employer identification number

WTC	FOUND	ATION
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02-0779716

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional 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	\$68,816.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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

Column   C	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I  (b) Description of noncash property given   S   Ge instructions   Description of noncash property given   S   Ge instructions   Description of noncash property given   S   Ge instructions		FMV (or estimate)	(d) Date received
(a) No. room Description of noncash property given S			
No. part 1  (a) Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (e) FMV (or estimate) (see instructions)  (f) Date received (see instructions)  (g) Date received (see instructions)			
(a) No. from Part I  (a) No. Description of noncash property given   FMV (or estimate) (see instructions)   Date received (see instructions)    (b) TMV (or estimate) (see instructions)   Date received (see instructions)    (a) No. from Part I		FMV (or estimate)	(d) Date received
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (a) No. from Part I  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)		 \$	
No. from Description of noncash property given  (a) No. from Part I  (a) No. description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (a) No. from Description of noncash property given  (a) No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (o) FMV (or estimate) (see instructions)  (d) Date received (see instructions)			
(a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (d) Date received (see instructions)  (d) Date received (see instructions)  (e) FMV (or estimate) (see instructions)  (from Part I See instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)		FMV (or estimate)	(d) Date received
(a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (d) Date received (see instructions)  (d) Date received (see instructions)  (e) FMV (or estimate) (see instructions)  (from Part I See instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)			
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (d) Date received  (d) Date received  (a) No. from Description of noncash property given  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. (c) FMV (or estimate) (see instructions)		 	
No. from Description of noncash property given \$			
(a) No. If rom Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date received  (see instructions)  (a) No. If rom Part I  Description of noncash property given  (b) Description of noncash property given Part I  Description of noncash property given  (c) FMV (or estimate) (see instructions)  Date received		FMV (or estimate)	(d) Date received
(a) No. If rom Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date received  (see instructions)  (a) No. If rom Part I  Description of noncash property given  (b) Description of noncash property given Part I  Description of noncash property given  (c) FMV (or estimate) (see instructions)  Date received			
(a) No. If rom Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date received  (see instructions)  (a) No. If rom Part I  Description of noncash property given  (b) Description of noncash property given Part I  Description of noncash property given  (c) FMV (or estimate) (see instructions)  Date received			
No.   (b)   FMV (or estimate)   (d)   Date received   See instructions   Date received   Date received   See instructions   Date received   See instructions   Date received   See instructions   Date received   See instructions   Date received   Date rece		\$	
(a) No. from Description of noncash property given Part I  (b) FMV (or estimate) (see instructions)  Date received		FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given Part I  (b) FMV (or estimate) (see instructions)  Date received			
(a) No. from Description of noncash property given Part I  (b) FMV (or estimate) (see instructions)  Date received			
No. (b) from Description of noncash property given Part I		\$	
Part I		FMV (or estimate)	(d) Date received
e		<sub>\$</sub>	
3453 11-05-		(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given    S

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 **Employer identification number** Name of organization 02-0779716 WTC FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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, and ZIP + 4 Relationship of transferor to transferee

	<del></del>	<del></del>				
FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CA	SH IN	NVESTMENTS	STATEMENT	1
SOURCE	(A) REVENUI PER BOOI				(C) ADJUSTED NET INCOME	
TRUXTON TRUST	<del></del>	31.		31.		
TOTAL TO PART I, LINE 3		31.		31.		
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS				(D) CHARITA E PURPOS	
TAX RETURN PREPARATION	1,816.		0.			0.
TO FORM 990-PF, PG 1, LN 16B	1,816.		0.			0.
FORM 990-PF	OTHER E	OTHER EXPENSES		STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
AMERICAN HEART ASSOCIATION ANNUAL GOLF EVENT EXPENSES BANK FEES	37,870. 40.		0.		37,8	70. 0.
TO FORM 990-PF, PG 1, LN 23	37,910.		0.		37,8	70.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS KIMBERLY W. COAKLEY 425 JACKSON BLVD NASHVILLE, TN 37205

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

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ACTIVITY ONE

THE FOUNDATION'S CHARITABLE PURPOSE - TO PROVIDE FINANCIAL SUPPORT TO OTHER CHARITABLE ORGANIZATIONS - WAS MET IN 2014 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

37,870.