# Form 990

RECEIVED 1 2 10000 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Openio Public Vispadion

Department of the Treasury Internal Revenue Service(77)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	ie 2007 calen	dar year,	or tax year beginning	, 2007, a	ınd en	ding		,	
В	Check if	f applicable:	Plans	С				D Employer Ide	ntification Number	
	Add	dress change	Please use IRS label	BOOK 'EM				58-200	0621	
	Nai	me change	or print or type.	412 METROPLEX DRIVE				E Telephone n	ımber	
	Init	tial return	See specific	NASHVILLE, TN 37211					790-0896	
	Ter	rmination	Instruc- tions.					F Accounting method:	Cash 2	Accrual
	ПАп	nended return	1					_	pecify) >	_
	Api	plication pending	• Secti	on 501(c)(3) organizations and	4947(a)(1) nonexempt	ŀ	l and l are not applic			
	_		chari	table trusts must attach a com n 990 or 990-EZ).	pleted Schedule A		l (a) Is this a grou	p return for affiliate	es? Yes	Х но
_		· • • • • • • • • • • • • • • • • • • •		•			<b>if</b> 'Yes,' enter	number of affiliate	as ►	
<u>G</u>	web s	site: - www.	BOOKER	1-KIDS.ORG		⊦	(C) Are all affilia			∐ №
J	Organ	nization type	_	ত		١.	•	h a list. See instru	•	
				X 501(c) 3 ◀ (insert no			d (d) Is this a sepa	rate return filed by covered by a group		₩.
K				nization is not a 509(a)(3) suppended in the first more than \$25,000. A return						X No
				a return, be sure to file a comp		<u> </u>		emption Numb	zation is not requi	rod
_	Gross	receipts: Add	lines 6h 9	3b, 9b, and 10b to line 12 ► 2	003 053	'			2auon is not regul 30, 990-EZ, or 990-	
				nses, and Changes in Ne		alan				
				ants, and similar amounts rece		alaii	ces (occ me	. mstraction	3.)	
				advised funds	1	1a				
				not included on line 1a)	}	1ь	184	,650.		
				(not included on line 1a)	The state of the s	<del></del>		,012.	ı	
		•		ons (grants) (not included on li	T	1 d		, 012.	ı	
	e	Total (add lines	Š	86,909. noncash	s 99.753				186	6,662.
				nue including government fees						7,002.
	3	-		assessments	•	•	-			
	4			d temporary cash investments.						2,187.
	5		_	t from securities					<del>-</del>	, 20
	6 a			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1					
	ı			loss). Subtract line 6b from line	-			6c		
R				me (describe				) 7		
REVERU	<b>!</b>			ales of assets other	(A) Securities		(B) Othe	er		
E	04					8 a				
Ü	ь	Less: cost or	r other ba	sis and sales expenses		8b				
	С	Gain or (loss) (a	atta <b>ch</b> sched	ule)		8 c				
	d	Net gain or (	(loss). Co	mbine line 8c, columns (A) and	(B)			8d	l	
				tivities (attach schedule). If any		g, che	:ck here ►[			
	a			cluding \$						
	1.					9 a		,859.		
	1			other than fundraising expense	•	9b		,106.		
	1			rom special events. Subtract lin		1 1	STATEMENT			2,753.
	1			ory, less returns and allowances		10 a				
	1		-	old		10 b				
				sales of inventory (attach schedule). Sul						245
	11			Part VII, line 103)					10:	345.
	12			nes 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,						1,947 <u>.</u>
Ē	13			m line 44, column (B))					1	<u>7,199.</u>
P	14			eral (from line 44, column (C))						1,524.
E N S E S	15			e 44, column (D))				<del></del>	<u> </u>	<u>6,268.</u>
Ĕ				(attach schedule)						4 001
	17			lines 16 and 44, column (A)						4,991.
,, ,	18			the year. Subtract line 17 from						3,044.
N E T	19			lances at beginning of year (fro					18.	1,029.
1 -	. 1			assets or fund balances (attach				<del></del>	12'	7 005
	21	mer assets C	or inting by	lances at end of year. Combine	mies io, 19, and 20		<del> </del>	21	1 13	7 <i>,</i> 985.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but ontional for others See instruct)

	not include amounts reported on line	nzation	· · · · · · · · · · · · · · · · · · ·	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) I dilulaising
22 a	Grants paid from donor advised funds (attach sch)					
	(cash \$		l			
	non-cash \$					
	If this amount includes					
22.6	foreign grants, check here.	22 a				
220	Other grants and allocations (att sch) SEE STM (cash \$	4				3.5
	non-cash \$ 116,623.)					
	If this amount includes					
	foreign grants, check here	22 b	116,623.	116,623.		
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members	24				
05	(attach schedule).	24				
25 a	Compensation of current officers, directors, key employees, etc. listed					
	in Part V-A	25 a	35,000.	17,781.	12,545.	4,674.
b	Compensation of former officers, directors, key employees, etc. listed					
	in Part V-B	25 b	0.	0.	0.	0.
C	: Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.
26						
20	Salaries and wages of employees not included on lines 25a, b, and c	26	44,414.	22,564.	15,919.	5,931.
27	Pension plan contributions not included on lines 25a, b, and c	1				
	included on lines 25a, b, and c	27				
28	Employee benefits not included on	20				
20	lines 25a - 27	<del></del>	6,075.	<del></del>	6,075.	
30	Professional fundraising fees.	<del></del>	0,073.		0,075.	
31	Accounting fees	<del></del>	2,510.	1,305.	753.	452.
32	Legal fees					
33	Supplies		4,553.	1,329.	838.	<del></del>
34	Telephone		944.	495.	278.	<del></del>
35	Postage and shipping	35	2,038.	596.	442.	1,000.
36	Occupancy		6,375.	5,789.	366.	220.
37 38	Equipment rental and maintenance  Printing and publications	<u> </u>	845.	676.		169.
39	Travel	H-1	3,831.	2,766.		
40	Conferences, conventions, and meetings	1	J, 0JI.	2,700.	020.	231.
41	Interest					
42	Depreciation, depletion, etc (attach schedule)		260.		260.	
43						
	a ADMINISTRATIVE FEES	43 a	1,850.	1,096.	<del></del>	
	b INSURANCE	43b	1,510.	1,371.	<del></del>	<del></del>
	c <u>MARKETING</u> d MISCELLANEOUS	43 c	2,008. 3,254.	1,190. 1,928.	<del></del>	<del></del>
	e PROFESSIONAL FEES	43u	2,901.	1,690.	<del></del>	<del>                                       </del>
	1	43f	2, 301.		301.	307.
	g	43 g				
44		-		16		
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) · (D), carry these totals to lines 13 · 15)	44	234,991.	177,199.	41,524.	16,268.
Join	nt Costs. Check if you are following			111,133.	1 71,524.	10,200.
	any joint costs from a combined educati			solicitation reported in	(B) Program services?	► Yes X No
	'es,' enter(i) the aggregate amount of the	ese join	t costs \$	; (ii) the	amount allocated to Pr	ogram services
\$	; (iii) the amount	allocate	d to Management and o	general \$	; and (iv) t	he amount allocated
	undraising \$ .					m
BA	Δ.		TEEA0102L 0	8/02/07		Form 990 (2007)

### Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular
organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefor
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

		.,, ,		<del> </del>
What is the organization's prima	ary exempt purpose? ► SE	E_STATEMENT_3		Program Service Expenses (Required for 501(c)(3) and
All organizations must describe clients served, publications issued	their exempt purpose achieve d, etc. Discuss achievements tha	ements in a clear and concise manner at are not measurable. (Section 501(c)(3) o enter the amount of grants and alloo	. State the number of and (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
				optional for others.)
a SEE STATEMENT 4				
(Grants and allocations	\$ 116,623.	) If this amount includes foreign grants,	check here ►	177,199.
			<del>-</del>	in the second
		) If this amount includes foreign grants,		
(Grants and allocations	 \$	) If this amount includes foreign grants,	check here >	
		. <b></b>		
			<b></b>	
		· <del></del>		
		) If this amount includes foreign grants	, check here F	
	\$	. ) If this amount includes foreign grants	check hore	
(Grants and allocations	<u> </u>	2 44, column (B), Program services)		177,199.
i iotai oi riogiaili servici	E EXPENSES (SHOULD EARS) HILE	THE COLUMN (D), FTUGIAM SELVICES)	• • • • • • • • • • • • • • • • • • • •	

BAA

Form 990 (2007)

2	11/6	Balance Sheets (See the instructions.)						
Note	: Wi	nere required, attached schedules and amounts within lumn should be for end-of-year amounts only.	the des	cription 		(A) Beginning of year		(B) End of year
		Cash – non-interest-bearing				22,447.	45	-9,066.
}	46 5	Savings and temporary cash investments	95 <u>,148.</u>	46	83,037.			
ł								
l		Accounts receivable					47.	
ļ	ЬI	Less: allowance for doubtful accounts	47 b				47 c	<del></del>
			40.0				, <del>1</del>	
		Pledges receivable					48 c	
		Less: allowance for doubtful accounts					49	
							173	
	50 a	Receivables from current and former officers, director employees (attach schedule)	s, truste	es, and ke	∋y ·····		50 a	
ASSETS	b	Receivables from other disqualified persons (as defin and persons described in section 4958(c)(3)(B) (attack	ed under th sched	r section 4 ule)	1958(f)(1)) ·····		50 b	
	51 a	Other notes and loans receivable						
		(attach schedule)					51 c	
S		Less: allowance for doubtful accounts				62,900.	52	62,723.
		Inventories for sale or use				02,300.	53	671.
		Prepaid expenses and deferred charges Investments — publicly-traded securities			□FMV		54 a	<u></u>
		Investments – other securities (attach sch)			HFMV		54b	
		Investments – land, buildings, & equipment: basis.			·····		1231	
	b	Less: accumulated depreciation (attach schedule)	55 b				55 c	
	56	Investments – other (attach schedule)					56	
	57 a	Land, buildings, and equipment: basis	57 a		4,201.			
		Less: accumulated depreciation (attach schedule)STATEMENT.5	1 1		3,422.	1,038	57 c	779.
		Other assets, including program-related investments						
		(describe ► SEE STATEMENT_6	<b>-</b>		)	206	. 58	145.
	59	Total assets (must equal line 74). Add lines 45 throu	ıgh 58	<u></u>	<u> </u>	181,739	. 59	138,289.
	60	Accounts payable and accrued expenses					<del></del>	304.
	61	Grants payable					61	
L	62	Deferred revenue	· · · · · · · · ·	• • • • • • • •			62	<del></del>
A B	63	Loans from officers, directors, trustees, and key					63	
Ļ	١	employees (attach schedule)					63	
ļ		Tax-exempt bond liabilities (attach schedule)					64 a	
Ë	l	Mortgages and other notes payable (attach schedule)					65	
3	65	Other liabilities (describe				710		304.
	-	anizations that follow SFAS 117, check here					<b>伊</b> 泽	
P N	Oigi	through 69 and lines 73 and 74.	and com	piete inte	3 07			
	67	Unrestricted				181,029	. 67	137,985.
ASSET	68	Temporarily restricted.				_	68	
Ě	69	Permanently restricted				•	69	
Ś O	Org	anizations that do not follow SFAS 117, check here						<del>.</del>
O R		70 through 74.						
0.2C.1t	70	Capital stock, trust principal, or current funds	<b></b> .	<b></b>			70	
	71	Paid-in or capital surplus, or land, building, and equ					71	
B A L	72	Retained earnings, endowment, accumulated incom	e, or oth	er funds			72	
ÄZCES	73	Total net assets or fund balances. Add lines 67 thre	ough 69	or lines 70	) through			405 005
Ĕ		72. (Column (A) must equal line 19 and column (B)	must e	qual line 2				137,985.
-	1 74	Total liabilities and not accetally and balances Add	lines SE	and 72		181.739	. 74	138.289.

For	m <b>990</b> (2007) BOOK 'EM			58-2000	
10.13	Reconciliation of Revenue instructions.)	e per Audited Financial	Statements with R	Revenue per Return	(See the
а	Total revenue, gains, and other support p	per audited financial statemen	its	a	214,565.
ь	Amounts included on line a but not on P				
-	1Net unrealized gains on investments		b1		
	2Donated services and use of facilities			22,618.	
	3Recoveries of prior year grants			22,0101	
	4Other (specify):			<del></del>	
			1 1 4		
	Add lines b1 through b4			h	22,618.
С	Subtract line b from line a				191,947.
d	Amounts included on Part I, line 12, but				232/32
u	1 Investment expenses not included on Pa		ا ده ا		
			1 1		
			امنا		
	Add lines d1 and d2		<del> </del>	4	
	Total revenue (Part I, line 12). Add lines				191,947.
100	Reconciliation of Expens	es per Audited Financia	l Statements with	Expenses per Retu	
а	Total expenses and losses per audited f	inancial statements		a	257,609.
ь	Amounts included on line a but not on F				
-	1Donated services and use of facilities	•	ь1	22,618.	
	2Prior year adjustments reported on Part			Î	
	3Losses reported on Part I, line 20				
	4Other (specify):				
			1.4		
	Add lines b1 through b4			b	22,618.
С	Subtract line <b>b</b> from line a				234,991.
d	Amounts included on Part I, line 17, but				
	1 Investment expenses not included on P		d1		
		· <b></b>			
			ادنہ ا		
	Add lines d1 and d2			d	
е	Total expenses (Part I, line 17). Add lin	es c and d		► e	234,991.
ŢΡ	Current Officers, Directo				icer director trustee.
	or key employee at any time du	iring the year even if they wer	e not compensated.) (	See the instructions.)	
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
		(6 pos		compensation plans	
		<u> </u>			
		<u>]</u>			
SE	EE STATEMENT 7		35,000.	0.	. 0
		1			
_					
	<b> </b>	<u> </u>			
_					
<b></b> .		1			in
_					
		_			
_					
			i	1	

BAA

Form 990 (2007)

Bala Very Current Officers, Directors, Tru	stees, and Key En	nployees (continue	<u>a)</u>		res No
75 a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organizat	ion business at board meeting	s. <u>~24</u>		
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	isated professional and gh family or business	d other independent cor relationships? If 'Yes,' a	ntractors listed in Sched attach a statement that	vees ule 75b	X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	isated professional an i anv other organizatio	d other independent com ons, whether tax exempt	ntractors listed in Sched or taxable, that are rela	ule ated	X
If 'Yes,' attach a statement that includes the in	nformation described in	n the instructions.		- W	
d Does the organization have a written conflict of				75 d	Х
Former Officers, Directors, Trus  Benefits (If any former officer, directed during the year, list that person below a the instructions.)	stees, and Key En	nployees That Reco	eived Compensatio sation or other benefits	n or Other	elow)
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Exp account ar allowar	nd other
NONE				1	
	1				
				-	
Other Information (See the inst	ructions )	1		<u> </u>	Yes No
				15.0	
76 Did the organization make a change in its act If 'Yes,' attach a detailed statement of each c	ivities or methods of c hange	onducting activities?		76	Х
77 Were any changes made in the organizing or	governing documents	but not reported to the	IRS?	77	X
If 'Yes,' attach a conformed copy of the change	ges.				
78 a Did the organization have unrelated business	gross income of \$1,00	00 or more during the ye	ear covered by this retur		X
b If 'Yes,' has it filed a tax return on Form 990-	T for this year?				N/A
79 Was there a liquidation, dissolution, terminati year? If 'Yes,' attach a statement	on, or substantial cont	raction during the			X
80 a Is the organization related (other than by assimembership, governing bodies, trustees, office	ociation with a statewi	de or nationwide organi exempt or nonexempt o	zation) through commor	80 a	X
b If 'Yes,' enter the name of the organization >	N/A		·		
81 a Enter direct and indirect political expenditure:	and	check whether it is	exempt or nonexe	mpt.	
b Did the organization file Form 1120-POL for t				81 b	Х

orm 990 (2007) BOOK 'EM	58-2000621	Page	<u>e 7</u>
Other Information (continued)		Yes N	0
82 a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?	at no charge or at	82a X	
	32ы 22,618.		
83 a Did the organization comply with the public inspection requirements for returns and exemption		83a X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribut		83b X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a >	
b If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	itributions of girts were	84b N/A	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	-	85a N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	126	85b N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.			
	85 N/A		
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85  N/A	- 200
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonadues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	85h N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a N/A		
E 4.000 1000.pt.c, moladae en mis 12, 101 partie 200 et 5142 142 142 142 142 142 142 142 142 142	86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable c or an entity disregarded as separate from the organization under Regulations sections 301.77 If 'Yes,' complete Part IX		88 a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	· · · · · · · · · · · · · · · · · · ·	88 b	X execu
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year un			*
section 4911 ► 0. ; section 4912 ► 0. ; section 49			<b>数</b> タン
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exces during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	res, anach a statement - r	89 b	Σ <u>.</u>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ne - ►0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibite			<u>X</u> _
f All organizations. Did the organization acquire a direct or indirect interest in any applicable in		3 1 500	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	ngs at any time during	89g	<u>X</u> _
90 a List the states with which a copy of this return is filed - TN	<b></b>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90 b	3
91 a The books are in care of ► MELISSA SPRADLIN Telephone nu Located at ► 306 FLETCHER COURT FRANKLIN TN	mber ► (615) 300-8 ZIP + 4 ► <u>3706</u>	8306 7	
h At any time during the calendar year, did the organization have an interest in or a signature	or other authority over a	Yes	No
financial account in a foreign country (such as a bank account, securities account, or other n	mancial account)?	91 b	X
If 'Yes,' enter the name of the foreign country >		100	**
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	Foreign Bank and		
BAA		Form <b>990</b> (2	2007)

Form 990 (2007) BOOK 'EM				58-20006	521 Page 8
Other Information (continued	d)				Yes No
c At any time during the calendar year, did	the organization m	aintain an office	outside of the Ur	nited States?	91 c X
If 'Yes,' enter the name of the foreign country					
92 Section 4947(a)(1) nonexempt charitable					
and enter the amount of tax-exempt interes					N/A
िक्क श्री। Analysis of Income-Produci					<del></del>
	Unrelated busin	ness income	Excluded by sec	tion 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
ab					
		_	1	-	
e			<del>                                     </del>		
f Medicare/Medicaid payments	_		<del>                                     </del>		
g Fees & contracts from government agencies		· · ·	<del>  </del>		
94 Membership dues and assessments.	-				
95 Interest on savings & temporary cash invmnts .			14	2,187.	
96 Dividends & interest from securities.					
97 Net rental income or (loss) from real estate:		1.3			
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	2,753.	
102 Gross profit or (loss) from sales of inventory			1		
103 Other revenue: a					
b MISCELLANEOUS			1	345.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))	<del>-</del>			5,285.	
105 Total (add line 104, columns (B), (D), a	nd (E))			······ <u> </u>	5,285.
Note: Line 105 plus line 1e, Part I, should equ					
<b>Pait VIII</b> Relationship of Activities to	the Accom <b>p</b> li	shment of Ex	<u>kempt Purpose</u>	es (See the instruc	ctions.)
Line No. Explain how each activity for which of the organization's exempt purpo	n income is reported ses (other than by	ed in column (E)  providing funds	of Part VII contri	buted importantly to thes).	e accomplishment
N/A					
The state of the s	11. 6.1.11.1	·		- (C H i+	Atama N
Information Regarding Tax	1	T .			
(A)	(B)	1	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature o	of activities	Total income	End-of-year assets
N/A	<del> </del>			HICOTILE	assets
N/A	%			<u>-</u>	
	8	<del> </del>			
	8			•	
Pari X Information Regarding Train		ted with Per	sonal Benefit (	Contracts (See the	instructions)
a Did the organization, during the year, receive any fu					
b Did the organization, during the year, pa	y premiums, direc	tly or indirectly,			
Note: If 'Yes' to (b), file Form 8870 and Fo	rm 4720 (see insti	ructions).	<u> </u>	TEEA0108L 12/27/	707 Form 990 (2007

18 31	Information Regarding Transfers To an organization is a controlling organization	d From Controlled E	Intities. Compl	lete only if the	е		
	organization is a controlling organization	Tas defined in section	<i>511 512(b)(10)</i> .			Yes	No
106	Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controlled	controlled entity as defined the controlled entity.	ned in section 512	(b)(13) of the Co	ode? If		<u>X</u>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) otion of esfer	(D Amount o	)) of trans	sfer
a							
b							
с						_	
	Totals						
					•	Yes	No
107	Did the reporting organization receive any transfers fre 'Yes,' complete the schedule below for each controller	rom a controlled entity as d entity	defined in section	n 512(b)(13) of t	he Code? If		х
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	) Descri	C) ption of nsfer	(I Amount o	D) of tran	sfer
a							
b 							
c 							
	Totals						
108	Did the organization have a binding written contract in	n effect on August 17, 20	06, covering the in	nterest, rents, ro	yalties, and	Yes	
	annuities described in question 107 above?					elief, it i	X s
Plea Sign	ase ►	fficer) is based on all information	of which preparer has a	Date		_	
Her	e ► MELISSA SPRADLIN, EXECUTIVE	DIRECTOR					
Paid Pre		[	Date フィント・フィ		Preparer's SSN General Instruct N/A	or PTIN ion X)	(See
par	er's Firm's name (or FRASIER, DEAN & HOWAR			1-"	<del></del>		
Üse Onl	:  employed). ▶ 331U WEST END AVENUE,	STE. 550		EIN ► N/A Phone no. ► (6	15) 383-	6592	2
BAA		<u>.</u>		· · · · · · · · ·		1 990	

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Organization Exempt Under** Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number BOOK 'EM 58-2000621 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions, List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense to employee benefit plans and deferred employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation NONE Total number of other employees paid over \$50,000 Essent II -Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions, List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services.....

Sche	dule A (Form 990 or 990-EZ) 2007 BOOK 'EM 58-200062	21	F	age 2
	Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities \(\bar{\star}\) \(\bar{\star}\)			
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	. 1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
;	a Sale, exchange, or leasing of property?	. 2a		Х
	b Lending of money or other extension of credit?	. 2b		Х
	c Furnishing of goods, services, or facilities?	20		X
	SEE FORM 990, PART V d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20	Х	
	e Transfer of any part of its income or assets?	26		Х
	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)			х
	b Did the organization have a section 403(b) annuity plan for its employees?	31	<u> </u>	Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	30	-	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	30	1	x
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4:	3	Х
	b Did the organization make any taxable distributions under section 4966?	4	b 1	I/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4	c 1	I/A
	d Enter the total number of donor advised funds owned at the end of the tax year			N/2
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/I
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.			(
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			0
RΔ	Δ TEFA04021 12/27/07 Schedule A (Form 990 or	Form	990-F	Z) 200

BOOK 'EM

58-2000621

Page 2

Feli	Reason for Non-Private F	oundation Status (S	ee instructions.)			
cert	tify that the organization is not a private	foundation because it is: (	Please check only ONE app	olicable box.	)	-
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (a	Also complete Part V.)				
7	A hospital or a cooperative hospital	service organization. Sect	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local governmen	it or governmental unit. Se	ection 170(b)(1)(A)(v).			
9	A medical research organization op and state	-		1)(A)(iii). Er - – – – –	ter the hospit	al's name, city,
10	An organization operated for the be (Also complete the Support Schedu	nefit of a college or universile in Part IV-A.)	rsity owned or operated by	a governme	ntal unit. Sect	ion 170(b)(1)(A)(iv)
11 a	An organization that normally received Section 170(b)(1)(A)(vi). (Also compared to the section 170(b)(1)(A)(vi).	ves a substantial part of its plete the Support Schedu	s support from a governme le in Part IV-A.)	ntal unit or t	from the gener	al public.
11 t	A community trust. Section 170(b)(	1)(A)(vi). (Also complete ti	he Support Schedule in Pa	rt IV-A.)		
12	An organization that normally receifrom activities related to its charitate from gross investment income and organization after June 30, 1975. S	ole, etc, functions — subje- unrelated business taxable	ct to certain exceptions, an e income (less section 511	d (2) no mo tax) from bu	re than 33-1/3' Isinesses acou	% of its support
13	An organization that is not controlle requirements of section 509(a)(3).	ed by any disqualified pers Check the box that describ	ons (other than foundation les the type of supporting of	managers) organization:	and otherwise	meets the
	Type I Type II	Type III-Function	onally Integrated  out the supported organiz	Type III		
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the su organization the sup organization	d) upported on listed in porting tation's	(e) Amount of support
				Yes	No	
	<del></del>					
		-				
Total					<u> </u>	0
100	al	• • • • • • • • • • • • • • • • • • • •				
14 BA		erated to test for public sai	fety. Section 509(a)(4). (Se			990 or 990-EZ) 200

58-2000621 Schedule A (Form 990 or 990-EZ) 2007 BOOK 'EM Page 4 Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (e) Total beginning in) ..... Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 239,828. 979,658. 367,269. 185, 127 187,434 0. 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 17,083. 15,417. 18,035 50,535. charitable, etc, purpose. . . . . . . . . Gross income from interest, dividends. amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975. 555 1,217 509 283. 3,564. Net income from unrelated business 0. activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf ..... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge . Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE, STMT, 8. 1.815 .401 996 4,212. 037,969. 368,824 205,242 257,155. 206,748 Total of lines 15 through 22... 188,713. 24 Line 23 minus line 17...... 368,824 188, 159 241,738 987.434 2,067 3,688 2,052 Enter 1% of line 23..... 26 a 19,749. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . . b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... 75,229. 26 b 987,434 c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 26 c 3,564. 19 d Add: Amounts from column (e) for lines: 18 4,212. 26 b 26 d 83,005. 904,429. e Public support (line 26c minus line 26d total). 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... 26 f 91.59 % 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) \_ \_ \_ (2005) \_ \_ \_ (2004) \_ \_ \_ (2004) \_ \_ \_ (2003) \_ \_ \_ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) \_\_\_\_\_ (2005) \_\_\_\_ (2004) \_\_\_\_ (2004) \_\_\_\_ (2003) \_\_\_\_ c Add: Amounts from column (e) for lines: 15 27 c d Add: Line 27a total . . . . and line 27b total ....... 27 d

27h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . . Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

e Public support (line 27c total minus line 27d total).

a Public support percentage (line 27e (numerator) divided by line 27f (denominator)).

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)... 27f

왕

27 e

2

27 q

Page 5

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	
	Does the organization maintain the following:			·
	a Records indicating the racial composition of the student body, faculty, and administrative staff?			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33а		ļ <u> </u>
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33с	-	<del> </del>
	d Scholarships or other financial assistance?	33d		-
	e Educational policies?	33e		-
	f Use of facilities?	33f		
	g Athletic programs?	33 <b>g</b>	_	-
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
			42	
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34а		-
	b Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial mondiscrimination? If 'No ' attach an explanation	35		19.E.

Sche Sche	dule A (Form 990 or 990-	·EZ) 2007 BOOK 'E	<u>M</u>		5	8-2000 <del>(</del>	521	Page 6
(के देश) -	Lobbying Ex (To be complete	penditures by Elected ONLY by an eligible of	ting Public Charitie organization that filed Fo	S (See instruction rm 5768)	s.)		N/A	
Chec	k ► a  if the organiz	ation belongs to an affil	ated group. Check ►	b if you che	cked 'a' and 'lin	nited contro	ol' provisions a	apply.
	L	imits on Lobbying I	Expenditures		(a) Affiliated total		(b) To be comp for all elec	leted
	(The term	'expenditures' means ar	mounts paid or incurred.	)	total	•	organizati	
36	Total lobbying expenditu	res to influence public o	pinion (grassroots lobby	ring) 36	5			
37	Total lobbying expenditu	ires to influence a legisla	ative body (direct lobbyi	ng)	7			
38	Total lobbying expenditu	ires (add lines 36 and 3	7)		3			
39	Other exempt purpose e	expenditures			9			
40	Total exempt purpose e	xpenditures (add lines 3	8 and 39)		0			
41	Lobbying nontaxable arr	nount. Enter the amount	from the following table	-				
	If the amount on line 40		obbying nontaxable am					
	Not over \$500,000		of the amount on line 40					
	Over \$500,000 but not over \$1,	000,000 \$100,00	00 plus 15% of the excess ove	r \$500,000				
		31,500,000 \$175,00			1			
		317,000,000 \$225,00	•					
		\$1,00		[			and the same	1 1411
42	Grassroots nontaxable a	•	·					
43	Subtract line 42 from lin			<del></del>	· <del></del>			
44		ne 38. Enter -0- if line 41			4		generat veneral en la ge	
	Caution: If there is an a	amount on either line 43	or line 44, you must file	Form 4720.				
	(Some organ	izations that made a sec Sec	the instructions for line  Lobbying Expendit	s 45 through 50.)				
-			Lobbying Expendi	——————————————————————————————————————	al Averaging 1			<del></del>
	Calendar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2006	(c) 2005	(d) 200		(e) Total	1
<b>4</b> 5	Lobbying nontaxable amount					out-out-out-out-out-		
46	Lobbying ceiling amount (150% of line 45(e))			1500				
47	Total lobbying expenditures							
48	Grassroots non- taxable amount					DOTEST OF THE PARTY OF THE PART		
49	Grassroots ceiling amount (150% of line 48(e)).							
_	Grassroots lobbying expenditures							
		only by organizations the	at did not complete Part	VI-A) (See instruc		- 1	N/A	
atte	ing the year, did the orga mpt to influence public o	pinion on a legislative m	natter or referendum, thr	ough the use of:	]	Yes No	Amou	nt
	a Volunteers					<del> </del>	į.	
	b Paid staff or managem	•	•	_	-			1.12
	c Media advertisements .							
	d Mailings to members, le	-				-   -		
	e Publications, or publish				F			
	f Grants to other organiz					-+		
	g Direct contact with legi: h Rallies, demonstrations							

i Total lobbying expenditures (add lines c through h.).... If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

### Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

of the	Code (other than section	1 501(c)(3) o	rganizations) or in section 527, relat	ing to political organizations?			
a Transf	fers from the reporting or	ganization to	o a noncharitable exempt organization	on of:		Yes	No
(i)Ca	ash				51 a (i)	]	<u>X</u>
(ii)O	lher assels				a (ii)		<u>X</u>
<b>b</b> Other	transactions:					Ī	
(i)Sa	ales or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)		<u>X</u>
(ii)Pt	urchases of assets from a	a noncharital	ble exempt organization		b (ii)		X
(iii)Re	ental of facilities, equipm	ent, or other	assets		b (iii)		X
(iv)Re	eimbursement arrangeme	ents	• • • • • • • • • • • • • • • • • • • •		b (iv)		X
(v)Lo	oans or loan guarantees.				b (v)		X
(vi)Pe	erformance of services or	r membershi	p or fundraising solicitations		b (vi)		X
c Sharir	ng of facilities, equipment	t, mailing lis	ts, other assets, or paid employees.		С		X
d If the the go any tr	answer to any of the abo bods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' ovices given angement, sh	complete the following schedule. Col by the reporting organization. If the colors in column (d) the value of the go	umn (b) should always show the fair organization received less than fair m oods, other assets, or services receive	market val arket value ed:	ue of	
(a) Line no.	(b) Amount involved	ł	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
N/A							
14/12							
				<del> </del>			
			<del> </del>		•		
	<u> </u>						
	<u> </u>				<del>-</del>		
			<del> </del>				
			·-··				
_							
	<u> </u>						
		<u> </u>	<u>-</u> .				
descr	e organization directly or in ibed in section 501(c) of s.' complete the following	the Code (o	iliated with, or related to, one or mor ther than section 501(c)(3)) or in sec	re tax-exempt organizations tion 527?	. ► 🗌 Ye	s X	No
Dil 16		y scriedule.	(6)	(a)			
	(a) Name of organization		(b) Type of organization	(c) Description of relation	nship		
N/A			· · · · · · ·		<u> </u>		
II/ II							
	<del></del>						
				<del> </del>			
	<del>.</del>						
_							
						-	
				-			
			<del> </del>				

# Form **8868** (Rev April 2007)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you are</li></ul>	filing for an Automatic 3-Month	Extension, complete only Part I and check this box			- X			
<ul><li>If you are</li></ul>	filing for an Additional (not auto	matic) 3-Month Extension, complete only Part II (or	n page 2 of th	nis form).				
Do not comp	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
<b>尼索亚</b>	Automatic 3-Month Extens	on of Time. Only submit original (no copie	es needed)					
Section 501(c)	corporations required to file Form 99	0-T and requesting an automatic 6-month extension – che	eck this hov an	d complete Part	► []			
	oorations (including 1120-C filers)	, partnerships, REMICS, and trusts must use Form ?						
(1) you want consolidated	the additional (not automatic) 3-r Form 990-T. Instead, you must si	ectronically file Form 8868 if you want a 3-month au (c) corporations required to file Form 990-T). Howeven on the extension or (2) you file Forms 990-BL, 6069, which the fully completed and signed page 2 (Part II fefile and click on e-file for Charities & Nonprofits.	er, you canno	ot file Form 8868 elect	ronically if			
	Name of Exempt Organization			Employer identification n	umber			
Type or								
print	BOOK 'EM			58-2000621				
File by the	Number, street, and room or suite number.	If a P.O. box, see instructions.		150 2000021				
due date for filing your return. See	412 METROPLEX DRIVE							
instructions.	City, town or post office, state, and ZIP cod	e. For a foreign address, see instructions.		<del></del>				
	NASHVILLE, TN 37211	- · · ·						
Check type o	of return to be filed (file a separat	a application for each return):		<del></del>				
X Form 990		Form 990-T (corporation)	Form 4	720				
Form 990	ļ <u>.</u>	Form 990-T (section 401(a) or 408(a) trust)	Form 5					
Form 990	<u> </u>	Form 990-T (trust other than above)	Form 6					
Form 990	<u>i</u>	Form 1041-A	Form 8					
Telephone  If the org  If this is t	e No. ► <u>(615)</u> <u>790-0896</u> anization does not have an office for a Group Return, enter the org	FAX No. Fax No	is box	If this is for the whole	group,			
	nsion will cover.							
		hs for a section 501(c) corporation required to file F			•			
	8/15 , 20 $08$ , to file tension is for the organization's re	the exempt organization return for the organization eturn for:	named above	е.				
<b>►</b> [X]	calendar year 20 07 or							
tax year beginning, 20, and ending, 20								
	ax year is for less than 12 month			Change in accounting	period			
3a If this a	application is for Form 990-BL, 99 undable credits. See instructions	00-PF, 990-T, 4720, or 6059, enter the tentative tax,	less any	3a\$	0.			
b If this a made.	b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit							
deposi	t with FTD coupon or, if required,	3a. Include your payment with this form, or, if requiby using EFTPS (Electronic Federal Tax Payment S	System).	3c \$	0.			
Caution. If y payment ins		nic fund withdrawal with this Form 8868, see Form 8	453-EO and f	Form 8879-EO for	· · · · · · · · · · · · · · · · · · ·			
BAA For Pr	ivacy Act and Paperwork Reduct	ion Act Notice, see instructions.		Form 8868	(Rev 4-2007			

2007

### **FEDERAL STATEMENTS**

PAGE 1

BOOK 'EM

58-2000621

STATEMENT 1 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
BABES FOR BOOKS	TOTAL	13,859. \$ 13,859.	<u>0.</u> \$ 0.	13,859. \$ 13,859.	11,106. \$ 11,106.	2,753. \$ 2,753.

STATEMENT 2 FORM 990, PART II, LINE 22B OTHER GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:

SEE ATTACHED SCHEDULE

DESCRIPTION OF PROPERTY: DATE OF GIFT:

BOOKS VARIOUS

DATE OF GIFT: BOOK VALUE:

116,623.

METHOD USED TO DETERMINE BV:

VALUE PER DONOR

FAIR MARKET VALUE:

\$

TOTAL GRANTS AND ALLOCATIONS \$

116,623.

116,623.

STATEMENT 3
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE BOOKS TO CHILDREN FROM LOW-INCOME FAMILIES AND TO PROVIDE VOLUNTEERS TO SCHOOLS IN AN EFFORT TO ENCOURAGE CHILDREN TO READ.

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM
GRANTS AND SERVICE
DESCRIPTION ALLOCATIONS EXPENSES

READY FOR READING - PLACES READING VOLUNTEERS IN SCHOOLS, HEAD START AND COMMUNITY CENTER PRE-SCHOOL PROGRAMS. IN 2007, 21 VOLUNTEERS READ WEEKLY OR BI-WEEKLY TO PRE-SCHOOLERS IN 9 SITES, BRINGING BOOKS ONCE OR TWICE A YEAR

299. 12,617.

INCLUDES FOREIGN GRANTS: NO

BOOK DISTRIBUTION - BOOK COLLECTION AND DISTRIBUTION PROGRAMS ARE INCLUDED IN THIS PROGRAM CALLED "LIBRARY WITHOUT WALLS". BOOKS ARE COLLECTED AND DISTRIBUTED TO CHILDREN IN SCHOOLS AND SERVED BY SOCIAL SERVICE ORGANIZATIONS. IN 2007, BOOKS WERE DISTRIBUTED TO

20	Λ	7
ZU	v	/

PAGE 2

**BOOK 'EM** 

58-2000621

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION  APPROXIMATELY 100 ORGANIZATIONS.  INCLUDES FOREIGN GRANTS: NO	GRANTS AND ALLOCATIONS _ 86,469.	PROGRAM SERVICE EXPENSES 108,917.
OTHER PROGRAMS - VARIOUS EVENTS THAT HIGHLIGHT THE IMPORTANCE AND FUN OF READING. INCLUDES READ-ME-WEEK THAT PUTS VOLUNTEERS IN PUBLIC SCHOOLS DURING ONE SPECIAL WEEK OUT OF THE YEAR. IN 2007, AN ESTIMATED 1,000 HOURS OF VOLUNTEER TIME WAS DONATED DURING THIS WEEK TO REACH ELEMENTARY AND MIDDLE SCHOOL STUDENTS THROUGHOUT MIDDLE TENNESSEE.  INCLUDES FOREIGN GRANTS: NO	38.	8,269.
BIBLIOTECA SIN PAREDES - NEW INITIATIVE TARGETING HISPANIC CHILDREN. BILINGUAL VOLUNTEERS READ BILINGUAL ENGLISH/SPANISH BOOKS TO CHILDREN IN LIBRARIES, TUTORING PROGRAMS, CLASSROOMS AND OTHER SETTINGS WITH A HIGH PERCENTAGE OF HISPANIC CHILDREN. BOOKS ARE ALSO GIVEN TO CHILDREN AT THESE SITES AS WELL AS AT SPECIAL EVENTS. IN 2007, 12 VOLUNTEERS READ TO CHILDREN AND GAVE OUT A TOTAL OF 1,100 BOOKS.  INCLUDES FOREIGN GRANTS: NO	8,052.	15,823.
READING IS FUNDAMENTAL - PROVIDES 75 VOLUNTEERS WHO VISIT AND READ FIVE TIMES PER YEAR TO SECOND TROUGH FOURTH GRADERS IN EIGHT TITLE I METRO SCHOOLS, BRINGING BOOKS FOR EACH CHILD EACH TIME  INCLUDES FOREIGN GRANTS: NO	21,765.	31,573.
	\$ 116,623.	\$ 177,199.
STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT		

CATEGORY		 BASIS	 ACCUM. DEPREC.	 BOOK VALUE
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT	TOTAL	\$ 1,701. 2,500. 4,201.	\$ 1,701. 1,721. 3,422.	\$ 0. 779. 779.

STATEMENT 6 FORM 990, PART IV, LINE 58 OTHER ASSETS

20	0	7
<u>-</u> -	···	,

PAGE 3

BOOK 'EM

58-2000621

STATEMENT 7 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ETTA BELL	DIRECTOR S	0.	\$ 0.	\$ 0.
NASHVILLE, TN	1.00			
LIZ ALLEN FEY	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
SHANNON GOFF	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
RUBEN DE PENA	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			!
PATRICK COLE	TREASURER 2.00	0.	0.	0.
NASHVILLE, TN	2.00			
KATHRYN HAYS SASSER	PRESIDENT 2.00	0.	0.	0.
NASHVILLE, TN	2.00			
LEE FAIRBEND	EXECUTIVE DIREC 45.00	35,000.	0.	0.
NASHVILLE, TN	13.00			
KRISTI GILLIS	DIRECTOR 1.00	0.	0.	0.
LAVERGNE, TN	2.00			
SEAN KIRK	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
ELYSE ALDER	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
CINDEE GOLD	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
MAITANE TIDWELL	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			

20	ነበ	7
~	JU	•

PAGE 4

**BOOK 'EM** 

58-2000621

STATEMENT 7 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MELISSA JARED	DIRECTOR \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	1.00			
JUDI HARTBARGER	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
CASSANDRA GRIGGS-BROOKS	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
SHANE MERRILL-FACIO	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
TONYA HORTON	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
PAT PATRICK	VICE PRESIDENT 2.00	0.	0.	0.
NASHVILLE, TN	2.00			
PHYLLIS PHILLIPS	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
NOELL REMBERT	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
LAURA PURSWELL	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
ALICE CHAPMAN	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
MARY STEVENS	DIRECTOR 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
DENINE TORR	PAST PRESIDENT 2.00	0.	0.	0.
GOODLETTSVILLE, TN				

2	Λ	n	7
_	U	U	/

PAGE 5

BOOK 'EM

58-2000621

STATEMENT 7 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN SATION		CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY STONE	SECRETARY	\$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	2.00				
MARYGLENN WARNOCK	DIRECTOR		0.	0.	0.
NASHVILLE, TN	1.00				
SHARYN WOOD	DIRECTOR 1.00		0.	0.	0.
NASHVILLE, TN	1.00				
	TOTAL	\$ 35,0	00.	\$ 0.	<u>\$ 0.</u>

STATEMENT 8 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION	(A):	2006	<u>(B</u>	2005	(C	2004	(D)	2003_	<u>(E)</u>	TOTAL_
OTHER RECEIPTS TOT	PAL \$	0.	\$	1,815. 1,815.	\$ \$	1,401. 1,401.	\$ \$	996. 996.	\$	4,212. 4,212.

Organization Name	Address	City	_State	Zip	Date	# of Books	Total Value
18th Ave Family Enrichment Center	1811 Osage Street	Nashville	TN	37208	11/06/2007	812	3,138
61st Ave Last Minute Toy Store	6018 New York Ave	Nashville	TN	37209	12/13/2007	1,921	7,424
Alex Green Elementary	3921 Lloyd Rd	Whites Creek		37189	01/17/2007	360	1,391
Amqui Elementary	319 Anderson Lane	Madison	TN	37115	11/27/2007	401	1,550
Antioch Middle School	5050 Blue Hole Rd	Antioch	TN	37013	10/19/2007	100	386
Baptist Hospital Foundation	2000 Church Street	Nashville	TN	37236	08/17/2007	300	1,159
Bellwood Parenting Center Bethlehem Centers of Nashville	1165 Middle Tennessee Blvd 1417 Charlotte Ave	Murfreesboro	TN	37130	08/23/2007	33	128
Bordeaux NW Family Resource Center	1910 S Hamilton Road	Nashville Nashville	TN TN	37203 37218	12/11/2007 01/22/2007	240 68	927 263
Bordeaux NW Family Resource Center	1910 S Hamilton Road	Nashville	TN	37218	12/04/2007	341	1,318
Boys & Girls Club of Middle TN	67 Thompson Lane	Nashville	TN	37211	12/11/2007	453	1,751
Bradley Academy	511 Mercury Blvd	Murfreesboro	TN	37130	02/14/2007	111	429
Brookmeade Elementary	1015 Davidson Dr	Nashville	TN	37205	12/04/2007	1	4
BSP Book'em Focus Group Giveaway	412 Metroplex Dr	Nashville	TN	37211	01/26/2007	59	228
Carroll-Oakland Elementary Carroll-Oakland Elementary	4664 Hunters Point Pike	Lebanon	TN	37087	07/19/2007	80	309 479
Carroll-Oakland Elementary	4664 Hunters Point Pike 4664 Hunters Point Pike	Lebanon Lebanon	TN TN	37087 37087	07/24/2007 10/01/2007	124 100	386
Carter Lawrence Elementary	1118 12th Ave South	Nashville	TN	37203	02/22/2007	404	1,561
Carter Lawrence Elementary	1118 12th Ave South	Nashville	TN	37203	05/18/2007	162	626
Catholic Charities of TN	30 White Bridge Rd	Nashville	TN	37205	04/10/2007	201	7 <b>7</b> 7
Cheekwood Botanical Gardens	1200 Forrest Park Dr	Nashville	TN	37205	10/27/2007	125	483
Clarksville Headstart	350 Pageant Lane, Suite 3007	Clarksville	TN	37040	01/29/2007	216	835
Clarksville Headstart	350 Pageant Lane, Suite 3007	Clarksville	TN	37040	07/18/2007	216	835
College Hills Church of Christ College Hills Church Tutoring Program	1401 Leeville Pike	Lebanon	TN	37087	01/31/2007	50	193
Community Resource Center	1401 Leeville Pike 412 Metroplex Dr	Lebanon Nashville	TN TN	37087 37211	10/23/2007 01/11/2007	120 2,328	464 8,997
Cumberland Pre K	1 Cumberland Square	Lebanon	TN	37087	10/23/2007	144	556
Cumberland Pre-K	1 Cumberland Square	Lebanon	TN	37087	01/31/2007	65	251
Department of Human Services	400 Deaderick Street, 15th Floor	Nashville	TN	37243	12/10/2007	264	1,020
Edgehill Center, Inc	935 Edgehill Ave	Nashville	TN	37203	12/04/2007	538	2,079
Edmondson Pike Library	5501 Edmondson Pike	Nashville	TN	37211	01/31/2007	25	97
Estoy Aprendiendo	1132 Blairfield Dr	Antioch	TN	37013	03/12/2007	56	216
Fall Hamilton Elementary School Fannie Battle Day Home for Children	510 Wedgewood Ave	Nashville Nashville	TN TN	37203 37206	03/01/2007 02/05/2007	340 100	1,314 386
Fannie Battle Day Home for Children	911 Shelby Ave 911 Shelby Ave	Nashville	TN	37206	07/30/2007	200	773
Fannie Battle Day Home for Children	911 Shelby Ave	Nashville	TN	37206	10/24/2007	50	193
First Steps	3004 Tuggle Ave	Nashville	TN	37211	07/18/2007	200	773
First Steps	4414 Granny White Pike	Nashville	TN	37204	07/24/2007	120	464
Giles County Marine Corps League	945 Liberty Road	Prospect	TN	38477	11/29/2007	650	2,512
Girl Scout Council of Cumberland Valley	4522 Granny White Pike	Nashville	TN	37204	05/07/2007	100	
Gladeville Elementary Glencliff Elementary	8840 Stewarts Ferry Pike 120 Antioch Pike	Gladeville Nashville	TN TN	37071 37211	08/08/2007 11/14/2007	80 3	309 12
Glenn Elementary	322 Cleveland St	Nashville	TN	37207	02/25/2007	252	
Goodwill Industries	1015 Herman Street	Nashville	TN	37208	01/11/2007	345	1,333
Goodwill Industries	1015 Herman Street	Nashville	TN	37208	07/10/2007	300	
Grace Eaton Child Care Center	1708 Pearl Street	Nashville	TN	37203	09/18/2007	85	328
Graceworks	104 Southeast Parkway, Ste 100		TN	37064	11/27/2007	538	2,079
Healthy Start Program	311 23rd Ave North	Nashville	TN	37203	01/18/2007	137	
Homework Hotline Homework Hotline	4805 Park Ave 4805 Park Ave	Nashville	TN TN	37209	04/27/2007	3	
Homework Hotline	4805 Park Ave	Nashville Nashville	TN	37209 37209	08/27/2007 09/18/2007	109 12	
Howard Elementary	805 Long Hollow Pike	Gallatin	TN	37066	02/07/2007	439	
HUGS Program	3718 Nolensville Rd	Nashville	TN	37211	07/24/2007	220	
Humpheys St United Methodist Church	424 Humphreys Street	Nashville	TN	37203	02/12/2007	168	649
Humpheys St United Methodist Church	424 Humphreys Street	Nashville	TN	37203	02/12/2007	168	
Humpheys St United Methodist Church	424 Humphreys Street	Nashville	TN	37203	12/04/2007	213	
Juvenile Justice Center	100 Woodland Street	Nashville	TN	37206	02/07/2007	64	
Juvenile Justice Center Juvenile Justice Center	100 Woodland Street	Nashville	TN TN	37206	05/23/2007 10/01/2007	86 <b>62</b>	
La Voz	100 Woodland Street 3716 N Natchez Ct	Nashville Nashville	TN	37206 37211	11/15/2007	1,111	
LP Pencil Box	1300 56th Ave North	Nashville	TN	37209	09/14/2007	60	
Madison Church of Christ	106 Gallatin Pike	Madison	TN	37115	12/06/2007	508	
Mayor's 1st Day Festival	One Metro Courthouse / Scmmet	Nashville	TN	37201	08/13/2007	2,700	10,434
McNeilly Junior League Infant/Toddler Center	611 Stockell Street	Nashville	TN	37207	12/11/2007	60	
McNeilly Nashville Child Center	4119 Gallatin Road	Nashville	TN	37216	12/04/2007	739	
Metro Nashville Public Schools - Dept of Communication	2601 Bransford Ave	Nashville	TN	37204	04/07/2007	62	
Metro Public Health - TB Elimination Room Metro Public Health - TB Elimination Room	311 23rd Ave N 311 23rd Ave N	Nashville Nashville	TN TN	37203 37203	03/20/2007 12/11/2007	62 75	
Metro Public Health Dept	311 23rd Ave N, Ste 119	Nashville Nashville	TN	37203	10/17/2007	100	
Metro Social Services	25 Middleton Street	Nashville	TN	37203	03/19/2007	210	
Metro Social Services	25 Middleton Street	Nashville	TN	37206	06/19/2007	70	
Metro Social Services	25 Middleton Street	Nashville	TN	37206	11/27/2007	282	
MIHOW	VUMC Station 17 - Center for He		TN	37212	07/11/2007	20	

Organization Name	Address	City	State	Zip	Date	# of Books	Total Value
NAAEYC	2021 21st Ave S	Nashville	TN	37212	10/01/2007	114	441
Nashville Ballet	3630 Redmon Dr	Nashville	TN	37209	12/13/2007	720	2,782
Nashville Public Library - Downtown	615 Church St	Nashville	TN	37203	01/31/2007	13	50
Nashville Public Library - Downtown	615 Church St	Nashville	TN	37203	05/24/2007	20	77
Nashville Public Library - Downtown	615 Church St	Nashville	TN	37203	06/26/2007	30	116
Nashville Public TV	161 Rains Ave	Nashville	TN	37203	10/25/2007	350	1,353
New Chapel U.M.C. Toy Store	5016 Highway 49 W	Springfield	TN	37172	12/04/2007	309	1,194
Northwest Family YMCA	3200 Kings Ln	Nashville	TN	37218	08/20/2007	10	39
Oasis Center	1221 16th Ave South	Nashville	TN	37212	12/14/2007	20	39 77
Outlook Nashville	3004 Tuggle Ave	Nashville	TN	37211	04/02/2007	106	410
Park Ave Elementary	3703 Park Ave	Nashville	TN	37209	08/01/2007	100	386
Park Ave Elementary	3703 Park Ave	Nashville	TN	37209	08/08/2007	30	116
Reconciliation Ministries	702 51st Ave North	Nashville	TN	37209	12/11/2007	22	85
Regional Intervention Program	3411 Belmont	Nashville	TN	37215	02/12/2007	155	599
Regional Intervention Program	3411 Belmont	Nashville	TN	37215	06/14/2007	200	773
Ross Elementary	601 McErrin	Nashville	TN	37206	04/25/2007		
Ross Elementary	601 McErrin	Nashville	TN	37206	07/25/2007	60	232
Rutland Elementary	1995 S Rutland Road	Mt Juliet	TN	37122	08/08/2007	100	386
Rutland Elementary Pre K	1995 S Rutland Road	Mt Juliet	TN	37122	11/07/2007	100 20	386
Sagrado Corazon de Jesus Church	2019 Keston Drive	Lavernge	TN	37086	08/29/2007		77 107
Salvation Army - Angel Tree	631 Dickerson Pike	Nashville	TN	37208	12/04/2007	51	197
Sam Houston Elementary	207 Oakdale Drive	Lebanon	TN	37087	07/11/2007	1,536	5,936
Sam Houston Pre K	207 Oakdale Drive	Lebanon	TN	37087	01/31/2007	75 60	290
Senior Citizens Inc - FLIP	174 Rains Ave	Nashville	TN	37203	03/30/2007		232
Smithson Craighead Academy	3307 Brick Church Pike	Nashville	TN	37207	12/13/2007	874	3,378
St. Lukes Community House	5601 New York Ave	Nashville	TN	37209	08/01/2007	206	796
St. Lukes Community House	5601 New York Ave	Nashville	TN	37209	11/29/2007	70 878	271
St. Mary Villa Child Development Center	30 White Bridge Rd	Nashville	TN	37205	11/29/2007	300	3,393
St. Paul's Church	5035 Hillsboro Pike	Nashville	TN	37215	11/15/2007	392	1,159 1,515
Stoner Creek Elementary	1035 N Mt Juliet Rd	Mt Juliet	TN	37122	08/08/2007	100	386
Tennessee Performing Arts Center	505 Deaderick St	Nashville	TN	37243	02/10/2007	40	155
Tennessee Performing Arts Center	505 Deaderick St	Nashville	TN	37243	12/08/2007	200	773
The King's Daughters Day Home	590 N Dupont Ave	Madison	TN	37115	04/13/2007	24	93
The Salvation Army Adult Rehabilitation Center	107 Taylor Street	Nashville	TN	37208	12/11/2007	198	765
TIPS	115 Stewarts Ferry Pike	Nashville	TN	37214	07/30/2007	100	386
Toys for Tots of Humphreys County	PO Box 106	Waverty	TN	37185	12/04/2007	82	317
United Way	250 Venture Circle	Nashville	TN	37228	10/16/2007	20	77
Unity Baptist Church	222 Cainsville Rd	Lebanon	TN	37087	08/15/2007	50	193
Volunteer Giveaway - Book'em	412 Metroplex Dr	Nashville	TN	37211	04/13/2007	50 64	247
W. A. Wright Elementary School	5017 Market Place	Mt Juliet	TN	37122	08/15/2007	100	386
Westmeade Elementary School	6641 Clearbrook Dr	Nashville	TN	37205	01/23/2007	255	985
Westminster Kindergarten	3900 West End Ave	Nashville	TN	37205	10/04/2007	200	773
Woodbine Community Center	222 Oriel Ave	Nashville	TN	32210	01/29/2007	30	116
Woodbine Community Center	222 Oriel Ave	Nashville	TN	32210	02/21/2007	63	243
YMCA Harding Place	413 Metroplex Drive	Nashville	TN	37211	11/27/2007	60	232
Youth Encouragement Services	515 McIver Street	Nashville	TN	37211	02/05/2007	150	584
				2	3-00,-001	130	116,623
							. 10,020