MAREDITH CLAYTON METIER, CPA 1107 VIRGINIA AVE MURFREESBORO, TN 37130 (615) 895-9026

March 23, 2010

NASVILLE JAZZ WORKSHOP 1312 ADAMS STREET NASHVILLE, TN 37208

Dear Client:

Enclosed is your 2009 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before May 17, 2010 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely, Marcher, CPA

Form **990-EZ**

Short Form

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form.

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending	,			
		Employer identification number			
		62-1837858			
=	Name change label or 1212 ADAMS STREET	Telephone number			
	Initial return Type. NASHVILLE, TN 37208	15-24	2-5299		
	Termination Specific Specific				
=	tions.		emption		
Ш	Application pending				
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method Other (specify) ▶				
	H Check ► if t		anization is not		
	Website: ► WWW.NASHVILLEJAZZ.ORG required to attach 990-EZ, or 990-PF	Sched	ule B (Form 990,		
J	Tay-event status (check only one) $ A $ 5(1)(c) (3) \triangleleft (INSECTIO.) 1434/(3)(1) 01 132/				
K	Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normalized in the organization and its gross receipts are normalized in the organization of the property of the proper	mally n	ot more than		
	\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file	, a com	piete return.		
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ.	▶\$	282,637.		
Pa	rt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ictions	s for Part I.)		
10	1 Contributions, gifts, grants, and similar amounts received	1	87,753.		
	2 Program service revenue including government fees and contracts	2	194,884.		
	3 Membership dues and assessments	3			
	4 Investment income.	4			
	5a Gross amount from sale of assets other than inventory				
	b Less: cost or other basis and sales expenses				
R E V	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5 c			
ž	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	265			
E N U	a Gross revenue (not including \$of contributions				
Ĕ	reported on line 1)				
	b Less: direct expenses other than fundraising expenses	6 c			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	9.0			
	7a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold	7 c			
		8			
	8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	282,637.		
_		10	202/00:1		
		11			
E	11 Benefits paid to or for members	12	89,295.		
EXPENSE	13 Professional fees and other payments to independent contractors	13			
Ň	14 Occupancy, rent, utilities, and maintenance	14	19,200.		
	15 Printing, publications, postage, and shipping	15	4,166.		
S	16 Other expenses (describe ► SEE STATEMENT 1	16	153,801.		
	17 Total expenses. Add lines 10 through 16	17	266,462.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,175.		
N S E E T T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	147,497.		
ŤĘ	20 Other changes in net assets or fund balances (attach explanation)	20			
5	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	163,672.		
Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	ad of F	Form 990-EZ.		
	(See the instructions for Part II.) (A) Beginning of ye		(B) End of year		
22	2 Cash, savings, and investments		131,464.		
23	3 Land and buildings	23	36 013		
24			36,843. 168,307.		
25	J Total about 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		4,635.		
20	147-407		163,672.		
	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	-	Form 990-EZ (2009)		

Form 990-EZ (2009) NASVILLE J					-183	37858 Page 2
		vice Accomplishments	(See the instruction	ons.)	/Dog	Expenses
What is the organization's primary exempt purpo Describe what was achieved in carryin describe the services provided, the nu	ose? <u>SEF</u> ng out th umber of	E STATEMENT 4 e organization's exempt purp persons benefited, or other	ooses. In a clear and co relevant information for	oncise manner, r each	501 (corgain 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
program title. 28 JAZZ CLASSES, PERFOR	RMANCE	S AND SPECIAL EVEN	ITS.		tor o	théisí.)
(Grants \$) If th	is amount includes foreign g	rants, check here	▶	28 a	
(Grants \$) If th	is amount includes foreign g	rants, check here	▶	29 a	
30						
(Grants \$		is amount includes foreign g			30 a	
31 Other program services (attach		,				
(Grants \$) If the	is amount includes foreign gr	rants, check here	P	31 a	
32 Total program service expenses Part IV List of Officers, Dire	ectors	Trustees, and Key Em	nlovees List oach or	an oven if not come		atad (Saa tha instra)
List of Officers, Dire	ectors,	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address		per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensat	s and tion	and other allowances
ROGER A. SPENCER 1783 MT. ZION RD		DIRECTOR 40.00			0.	0.
ASHLAND CITY, TN 37015					ē.	
LORI MCHAM-SPENCER		DIRECTOR	· ·		0.	0.
1783 MT. ZION RD		40.00				
ASHLAND CITY, TN 37015		DDEGIDENT				
LARRY SEEMAN 1120 LIPSCOMB DR.		PRESIDENT 0	0.		0.	0.
NASHVILLE, TN 37204		272222				
BEEGIE L. ADAIR 122 LEWISBUEG AVE.		DIRECTOR	0.		0.	0.
FRANKLIN, TN 37064		U				
ELYSSE ADLER		VICE PRESIDENT	0.		0.	0.
709 ASHFIELD CT		0	0.		٠.	0.
NASHVILLE, TN 37211						
GARY WILSON		SECRETARY	0.		0.	0.
330 FRANKLIN RD, SUITE : BRENTWOOD, TN 37027	135A-	20 0				
SKIP LAWRENCE		TREASURER	0.		0.	0.
1402 4TH AVE NORTH NASHVILLE, TN 37208		0				
]					
BAA		TEEA0812L 0	1/30/10	L		Form 990-EZ (2009)
		IEEAUSIZL U	1730/10			1 UIIII 330°EZ (2009)

	The state of the s		Yes	No
	Dilli in the second of the sec		105	1
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		Λ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	-	Х
	year? If 'Yes,' complete applicable parts of Schedule N	37 b		X
		3/10		_ ^
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	15 (A. 1)	Х
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
I	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		X
,	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
41	List the states with which a copy of this return is filed NONE	400	L	
	1000			
42	a The organization's			
	books are in care of ► ROGER SPENCER Telephone no. ► 615-24 Located at ► 1312 ADAMS STREET NASHVILLE TN ZIP + 4 ► 37208	12-5	<u> 299</u>	
	Located at ► 1312 ADAMS STREET NASHVILLE TN ZIP + 4 ► 37208			
	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 financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
(At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country: >			
42	Continue 4047(-)(1)		_	37 / 3
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	· · · · · '		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		v
	1 orm 220 mast be completed instead of 1 orth 220°EZ	40		_ X

	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no s for lines 50 and 5	nexempt charitabl	e trusts must answe	r questio	ns	
46 Did f	the organization engage in direct or indire oublic office? If 'Yes,' complete Schedule (ct political campaign ac	ctivities on behalf of or	in opposition to candida	tes	Yes	No
							_X
	the organization engage in lobbying activit						X
	e organization a school as described in se						X
	the organization make any transfers to an						X
D IT YE	es,' was the related organization a section	52/ organization?			49b		
50 Com emp	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e 0,000 of compensation	mployees (other than from the organization.	officers, directors, trustee If there is none, enter 'N	es and key None.'		
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation			
NONE _							
			,				
	I number of other employees paid over \$1 plete this table for the organization's five		adapandant contractor	s who pook received more	a than \$10	0.000	-4
comp	pensation from the organization. If there is	none, enter 'None.'	idependent contractors	s who each received more	e than \$10	0,000	OT
	(a) Name and address of each independent contra	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	
NONE							
d Tatal	number of other independent of the control		00.000				
u rotai	number of other independent contractors	each receiving over \$1	00,000				
	Under penalties of perjury, I declare that I have exami	ned this return, including accord	nnanving schedules and state	ments, and to the host of my know	wlodge and hal	liof it is	
	true, correct, and complete. Declaration of preparer (o	ther than officer) is based on a	Il information of which prepare	er has any knowledge.	wieuge and bei	iiei, it is	
Cian				1			
Sign Here	Signature of officer			Date			
	1.						
	Type or print name and title.						
Paid	Preparer's signature	n1-	Date Plan	// / SOIL . SET	parer's Identify e instructions)	ing Nun	nber
Pre-	Gia Dan Gia	METIER, CPA	13/03/	employed N/	A 4/	5-6	10()
parer's Use	yours if self-		-		T / 7\		
Ose Only	address and	37130			V/A	2026	
	12" + TONT NEESDONO, IN	2/130		Phone no. ► (615) 895-9	1026	
Mav the IR	S discuss this return with the preparer sho	own above? See instruc	rtions	,			Io.
May the IR BAA	S discuss this return with the preparer sho	own above? See instruc	ctions		►X Yes	1	No 2009)



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

NAS	VILLE JAZZ WOR	KSHOP						62-18	837858	3	
Par	t I Reason for Pu	ıblic Charity Statı	us (All organizations	must	comple	ete this	part.) See i	nstruct	ions	
The o	organization is not a pr	ivate foundation beca	use it is: (For lines 1 thro	ough 11,	check c	nly one	box.)				
1	A church, convent	ion of churches or ass	sociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)).			
2	A school describe	d in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or coop	perative hospital service organization described in section 170(b)(1)(A)(iii).									
4	H		ed in conjunction with a h		,		. ,	0(b)(1)(A	AVIII). Er	ter the hosp	ital's
	name, city, and st	ate:								·	
5	An organization of 170(b)(1)(A)(iv).	perated for the benefit Complete Part II.)	t of a college or university	y owned	or oper	ated by	a gove	rnmenta	I unit des	scribed in se	ction
6 7	An organization th		governmental unit descri a substantial part of its su Part II)					t or fron	n the ger	neral public o	lescribed
8			170(b)(1)(A)(vi). (Comple	te Part	11.)						
9			more than 33-1/3 % of its			tributions	memb	ershin fe	es and r	irnes racainte	
	from activities related investment income June 30, 1975. Se	ed to its exempt function e and unrelated busing e section 509(a)(2). (0	ns – subject to certain exc ess taxable income (less Complete Part III.)	eptions, section	and (2) r 511 tax)	no more) from b	than 33- usiness	1/3 % of es acqui	ite eunne	ort from arnee	on after
10			l exclusively to test for pu		-						
11	more publicly support describes the type	oorted organizations of supporting organi	l exclusively for the bene described in section 509(zation and complete line	a)(1) or s 11e th	section rough 1	509(a)(2 1h.	2). See	of, or ca section	rry out th 509(a)(3)	ne purposes). Check the	of one or box that
	a ∐Type I	b Type II							d 📗	Type III— C	
е	By checking this b than foundation m 509(a)(2).	ox, I certify that the o anagers and other tha	rganization is not control an one or more publicly s	led dired upporte	ctly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	fied persons (a)(1) or sec	s other tion
f	If the organization check this box	received a written de	termination from the IRS	that is	a Type I	, Type II	or Typ	e III sup	porting o	organization,	
g			ation accepted any gift o		oution fro	om anv	of the f	ollowina	persons	?	
_		,	, , , ,							_	es No
	(i) a person who	o directly or indirectly	controls, either alone or	togethe	r with pe	rsons d	escribe	d in (ii) a	and (iii)		- 110
			supported organization?							11 g (i)	
			cribed in (i) above?							- , ,	
			n described in (i) or (ii) a						•••	11 g (iii)	
h			the supported organization	T							
(i) Name of Supported Organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	(iv) Is the organization in col. (i) listed in your governing document?		ou notify ization in (i) of upport?	(vi) l: organizati (i) organiz U.S	on in col. zed in the	(vii) Amount o	f Support
				Yes	No	Yes	No	Yes	No		

							-				
_											
Total		经财金帐款 计图		-5-25-84				6.5%			
BAA	For Privacy Act and Papers	work Reduction Act Notice	, see the Instructions for Form	1 990 or 99	90-EZ.		5	Schedule	A (Forn	1 990 or 990	EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

_	(Complete only if you check	red the box on lin	e 5, 7, or 8 of Pa	ırt I.)			
Sec	ction A. Public Support		-				
beg	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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 the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				Part of the Control o		
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	#50 					
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth, o	r fifth tax year as	s a section 501(c)(3	3) ▶ □
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 2						% %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the bo	ox on line 13, and	the line 14 is 33	1/3 % or more, che	eck this box
b	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box olicly supported o	on line 13, or 16a, rganization	and line 15 is 33	3-1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	st – 2009 If the o meets the 'facts-a -and-circumstanc	organization did n and-circumstance es' test. The org	ot check a box on s' test, check this b anization qualifies	line 13, 16a, or 1 box and stop her as a publicly sup	6b, and line 14 is e. Explain in Part l'oported organization	10% V how 1 ►
	10%-facts-and-circumstances teror more, and if the organization reganization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstance: test. The organi	s' test, check this t zation qualifies as	oox and stop her a publicly suppor	e. Explain in Part l' rted organization	V how the
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check th	is box and see inst	ructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). 66,923 55,102 63,807 185,832. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose..... 149,717. 159,561 205,728. 515,006. Gross receipts from activities that are not an unrelated trade or business under section 513 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... 0. The value of services or facilities furnished by a governmental unit to the organization without charge. 0. 700,838. 6 Total. Add lines 1 through 5... 216,640 214,663 269,535. 0 0. 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0 0 0 persons.... 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. 0. 0 0 0. 0. 0. 8 Public support (Subtract line 700,838. Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 216,640. 700,838. 9 Amounts from line 6...... 214,663. 269,535 0 0 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources..... 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975... c Add lines 10a and 10b...... 0. 0 0 . 0 0 0. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. 13 Total support. (add ins 9, 10c, 11, and 12.) 700,838. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. **►** X Section C. Computation of Public Support Percentage 15 % 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))...... 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17...... % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization..... b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization......

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV	Supplemental Part II, line 17	l Information. 'a or 17b; and	Complete this Part III, line	s part to provide 12. Provide anv	the explanations other additional	s required by Part information. See in	II, line 10; nstructions.
			-				
				· 			
	- 			·			
	·				·		
	·						
	-						
. — —							

Schedule A (Form 990 or 990-EZ) 2009 NASVILLE JAZZ WORKSHOP

62-1837858

Page 4

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number
NASVILLE JAZZ WORKSHOP	62-1837858	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a 527 political organization	a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation	vate foundation
Check if your organization is covered by the Ge Note: Only a section 501(c)(7), (8), or (10) organization	neral Rule or a Special Rule. anization 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 contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules -		
For a section 501(c)(3) organization filing Fr 509(a)(1)/170(b)(1)(A)(vi) and received from any amount on (i) Form 990, Part VIII, line 1h o	orm 990 or 990-EZ, that met the 33-1/3% support test of th one contributor, during the year, a contribution of the greater of (r (ii) Form 990-EZ, line 1. Complete Parts I and II.	e regulations under sections 1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,000 prevention of cruelty to children or animals.	ation filing Form 990 or 990-EZ, that received from any one 0 for use <i>exclusively</i> for religious, charitable, scientific, liter Complete Parts I, II, and III.	contributor, during the year, cary, or educational purposes, or the
contributions for use <i>exclusively</i> for religious this box is checked, enter here the total corpurpose. Do not complete any of the parts used to the complete and the parts used to the parts us	ation filing Form 990 or 990-EZ, that received from any one s, charitable, etc, purposes, but these contributions did not stributions that were received during the year for an <i>exclusi</i> unless the General Rule applies to this organization because	aggregate to more than \$1,000. If ively religious, charitable, etc, se it received nonexclusively
religious, charitable, etc, contributions of \$5	i,000 or more during the year	• \$
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file So 2 of their Form 990, or check the box on line H of its Form g requirements of Schedule B (Form 990, 990-EZ, or 990-P	n 990-EZ, or on line 2 of its Form

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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of 1

of Part I

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Employer identification number 62–1837858

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	METRO ARTS COMMISSION BOS 209 10TH AVE. SOUTH, SUITE 416 NASHVILLE, TN 37203	\$ <u>40,171.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	TENNESSEE ARTS COMMISSION 401 CAHRLOTTE AVE. NASHVILLE, TN 37243	\$ <u>20,044.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II

Name of organization

NASVILLE JAZZ WORKSHOP

Employer identification number

62-1837858

Part II	Noncash Property (see instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		(see instructions)	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
AA		Sahadula B (Farm 000, 000 F7	

Name of organization

Employer identification number

NASVILLE	JAZZ	WORKSHOP	

62-1837858

	LE JAZZ WORKSHOP			62-1837858	
Part III	Exclusively religious, charitable, e organizations aggregating more t	nan \$1,000 for the year.(C	omplete cols	(a) through (e) and the following line er	ntry.)
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, c	haritable, etc - see instructi	, ons.)	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	11/11
	N/A				
	(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	I	(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	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

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FEDERAL STATEMENTS

PAGE 1

NASVILLE JAZZ WORKSHOP

62-1837858

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONTRACT SERVICES	Ś	84 098
CONTRIBUTIONS	~	7.629
DEPRECIATION		5 327
DUES AND SUBSCRIPTIONS		120
EQUIPMENT RENT		125
INSURANCE		2 025
INTEREST		3,023.
MISCELLANEOUS		5,074.
PROFESSIONAL FEES		5,770.
REPAIRS AND MAINTENANCE		4,000.
SUPPLIES & MATERIALS		6,13/.
TRAVET		14,464.
TRAVEL UTILITIES		11,806.
OTTESTIES.	+	7,126.
TOTAL	Ş	153,801.

STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT PLEDGES AND GRANTS RECEIVABLE.	\$ 37,489. 1,520.	\$ 36,843. 0.
TOTAL	\$ 39,009.	\$ 36,843.

STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BE	GINNING		ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	7,384.	Ś	4,635.
TOTAL		7,384.	\$	4,635.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MUSIC EDUCATION AND PROMOTION OF JAZZ APPRECIATION.

2009

FEDERAL STATEMENTS

PAGE 2

NASVILLE JAZZ WORKSHOP

62-1837858

STATEMENT 5			
FORM 990-EZ, PART VI			
REGARDING TRANSFERS ASSOCIATEI	WITH PERSONAL	BENEFIT CON	TRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	2.0
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO