Form	990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

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Inte	mai Reve	nua Servica			y have to use a co				orting requ	irements.	
<u>A</u>	For t	ha 2008 ca	lendar	year, or tax year l				nd ending		D Empley	, 20 % yer identification number
		applicable:	Picase use IRS		on Tennessee A	r League, Inc)	 ,,		62	
		a change	label or print or	Doing Business As	P.O. box if mail is not de	llumed to etrose add	(reec)	Room/suite			1068612 one number
	Name o		type.		L L'O' BOX II ILEN IR DOL DE	Middled to procest ent	a cast	Locinsola		(615)	738-5000
_	ir itial re		See Specific	808 Broadway	or country, and ZIP +	<u> </u>				(010 /	730-3000
_	Temin		lostruo- tions.	Nashville, Tn 3		7				G Gross re	ecelpts 5159,076
		ed return		ne and address of prin					111 1 1 111		
ш	A) plice!	ion pending		je Anderjack, Ex	•						n for affiliates To Yes Vincluded? Over Ves No.
-	l'ax-ex	kempt status		501(c) (3) √ (insert r		527					included? Lives Line i list, (see instructions)
宁				nesseeartieague						exemption nu	•
ĸ				ration 🔲 Trust 🔲 Ass		· · · · · · · · · · · · · · · · · · ·	L Year	of formation:	1954		f legal domicile: TN
P	art I						! 				
_	77	Briefly de	scribe	the organization	s mission or mos	t significant a	ctivities	To enric	h tho live	s of arti	sts and the
	1	commun	nity as	e cultural center	, educational fac	lilty and art	allery,	and to end	ourage (nd pron	ote the visual arts
ş		through	chang	ing exhibitions,	workshops, clas	ses and com	munity	outreach j	rograms); Acmonatav	
Activities & Governance			b +a.vura							******	
5	2	Check this	box ►	If the organization	n discontinued its of	perations or disp	osed of r	more than 25	% of its as		i
**	3	Number of	of votin	ng members of th	e governing body	(Part VI, line	1a), ,			. 3	
3	4	Number (of Inde	pendent voting m	nembers of the go	verning body	(Part V	i, ilne 1b)		. 4	
蓋	5			f employees (Part						. 5	2
2	1 -				nate if necessary)					6	250
					venue from Part			S)		. 7a	26,999
_	+ <u></u>	Net unrei	ated Di	TRILIESS (SXBDIG IL	come from Form	aan-1 ma 3	+ , , ,		Prior Ye		-3874 Current Year
	_	A-shillers		(Daut M	11 fl du\			 	11101 10	85,183	81,939
3	8	Contribut	ions ar	no grants (Part VI Prevenue (Part VI	ll, line 1h)			L L		108,085	67,830
Revenue					ıı, ımə 29) umn (A), lines 3, 4	ond 7d)		1		6,935	3,714
æ					(A), lines 5, 6d, 8d			` '			-8,970
	12	Total reve	nu e p	dd lines 8 through	11 (must equal Pa	art VIII, column	(A), line	12)		200,203	144,513
	7			***	(Part IX, column					0	0
					(Part IX, column (0	٥
畫	15				oyee benefits (Part			-10)		61,051	68,406
Dapenses	16a				IX, column (A), lin					0	0
ā	b				, column (D), line 2						
					(A), lines 11s-11c					252,898	189,974
	18	Total exp	enses,	Add lines 13-17	(must equal Part	IX, column (A), ilne 2	5)		313,949	258,380
	18	Revenue (ess exp	oenses. Subtract li	ne 18 from line 12					13,746	-113,867
Assets or d Selanoss								E	Soginning a		End of Year
Se Co	1:0	Total ass	ets (Pa	rt X, line 16) . ,						74,364	1,435,775
Net A	21			Part X, line 26) .						71,826	747,104
26	122				tract line 21 from	i line 20	<u></u>			02,538	688,671
Pa	T U		ature		I have overninged this se	di meterdian an	company	an sahadulan	and statem	ente endte	the best of my knowledge
		and belief	i is so	o conset, and comple	ste beclaration of bret	oaler (other than	(ficer) is	based on all i	nformation (of which pre	sparer has any knowledge.
Sig	127	1	/	OFR. V	Yoll IN	200)			5/14	109
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_		Type		name and title							
		Preparer's	: 👗	, , .	1./		Date	/ Check		Proparor's lo	iontifying number
Paid	4	signature	1 1	1-111.	1 1/		5/14	emplo	/ed ► 🔲	taeė instructi	10114)
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		address,	and ZIP .		001 Harry	y Trace	<u> </u>	<u>Lebelle M</u>	Phone no	s. ► (69S	
Ma	v the	INS discu	es this	return with the c	reparer shown at	TOVOY ISSO INS	aruction	is) されな	٠ . ا		, L_ Yes L_ No

Parl	III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: To enrich the lives of artists and the community as a cultural center, educational facility and art gallery and to encourage and promote the visual arts through changing exhibitions, workshops, classes and community outreach
	programs.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$145,739 including grants of \$) (Revenue \$
	······································
4b	(Code:) (Expenses \$ 63,685 including grants of \$) (Revenue \$ 11,248) Education Activities - The Organization educates its own members and non-members through workshops,
	classes and community programs held at the Organization's office weekly during the year. In addition, the Organization brings art instruction to various Nashville public middle school students who otherwise might never enjoy the joy and growth that art brings to children. This art instruction assists the children in building self-awareness and self-esteem, reduce crime and delinquency and inspire academic improvement. Each year, an exhibition of student artwork is on display in the Organization's gallery for one month. Attendance for this exhibit runs an average of
	500 students a year.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ \$ 209.424 (Must equal Part IX Line 25 column (B))
40	LATEL BY CANDER CONTINUE AND COROCCE THE STATE AND ASSET AND CONTINUE

-ar	Checklist of Required Schedules			
	r	\dashv	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓_	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	1
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20	├	1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21	 	1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		17
22		 		+
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			_
	24b-24d and complete Schedule K. If "No," go to question 25	24a	+	1
b		24b	 	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_	1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	+-
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	-	1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

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Part IV	Checklis	TOT	Required	Schedules	(continued)

			No
During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		1
Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part	1		
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV. Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV. Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV. 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV. Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV Label Label Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form 990 (2008)

Pari	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		1
b	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 Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b		5b		1
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	ļ	1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	Ì	ĺ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 g	✓	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	_		
a	Did the organization make any taxable distributions under section 4966?	9a	+	+
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	+-	+-
10	Section 501(c)(7) organizations. Enter:		1	
a	initiation rees and capital contributions included on Part VII, line 12.	1	1	
b	Section 501(c)(12) organizations. Enter:	1	1	
11 a		}		
	Gross income from other sources (Do not net amounts due or paid to other sources against	7		
	amounts due or received from them.)	1,,		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	1	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
	Enter the number of voting members of the governing body	1		
	Enter the number of voting members that are independen:	l		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6	1	
	Does the organization have members of stockholders, or other persons who may elect one or more members			
1 a		7a	1	
h	or the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
	•			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	1	
	The governing body?	8b	1	
b	· · · · · · · · · · · · · · · · · · ·	9a		1
9a		_ Ja	-	_
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
Sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	<u> </u>
13	Does the organization have a written whistleblower policy?	13	<u> </u>	✓
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	1
15	Did the process for determining compensation of the following persons include a review and approval by		i	Į.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		<u> </u>
b	Other officers or key employees of the organization?	15b	/	<u> </u>
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	ļ	
	with a taxable entity during the year?	16a	<u> </u>	1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	1	
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of in	terest	t
. •	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords o	of the	
	organization: ► George Anderjack, 808 Broadway, Nashville, TN 37203, 615-736-5000	,		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any c	offic	er, c	dire	ctor.	trus	tee, or key em	ployee.	
(A)	(B)			(C	•			(D)	(E)	(F)
Name and Title	Average	Positi	on (c	_	all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key omployee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Melanie Ellington. President	2.5	1		1				0	0	0
Jean Gauld-Jaeger, Vice President	2.5	1		1				0	0	0
Jennie Sims, Treasurer	2.5	1		1				0	0	0
Barbara Shannon Cox, Secretary	1	1		1				0	0	0
Lou Cundiff, Correspondent Secretary	1	1		1				0	0	0
Henry Ted Kromer, Past President	1	1		1				0	0	0
Joseph Gibbs, Parliamentarian	1	1		1				0	0	0
Terri Jordan, Director	1	1						0	0	0
Edie Maney, Director	1	1						0	0	0
George M. Anderjack, Executive Director	40					1		47,000	0	0
	-									
	-									
	-									

Part VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	es,	an	d Hig	nes	t Compensate	d Employees (co	ntinued)
(A) Name and title	(B) Average	Positi	on (c	-	C)	that ap	oha	(D) Reportable	(E) Reportable	(F)
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	-									
	-									
1b Total			1		_	1	<u> </u>	 	 	
2 Total number of individuals (including thos organization ► 0	se in 1a) w	ho re	ceiv	ed i	mor	e tha	п \$	100,000 in rep	ortable compen	sation from the
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							loye	ee, or highest	compensated	3 🗸
4 For any individual listed on line 1a, is the the organization and related organizations individual	sum of reparter the	ortab an \$1	ole c 50,0	om 000	pen ? If	satio "Yes, · ·	n ar " cc	nd other compomplete Sched	ensation from ule J for such	4
5 Did any person listed on line 1a receive services rendered to the organization? If '	or accrue "Yes," com	com plete	per Sci	nsat hedi	ion ule	from <i>J for</i>	any suc	y unrelated or h person .	ganization for	5 🗸
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	compensat	ed ind	dep	end	ent ——	contr	acto	ors that receive	ed more than \$	100,000 of
(A) Name and business ad	Idress							(B) Description of	services	(C) Compensation
None							\perp			
					_		1			
							\perp			
2 Total number of independent contractors compensation from the organization ▶		thos	e in	1)	who	rece	ive	d more than \$	100,000 in	

art	VIII	Statement of Revenue					-
	21 E + 24 E +		10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts	b	Federated campaigns 1a Membership dues 1b			:	÷ .	
milar a	d	Fundraising events	24,550	Delete First States First States			
ther si		Government grants (contributions). 1e All other contributions, gifts, grants, and similar amounts not included above 1f	29,138				
ando		Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		81,939	i i		
<u> </u>			Business Code				
eun	2a	Membership dues	900099	19,675	19,675		
Rev	b	Classes and workshop fees	611600	11,248	11,248		
93		Sale of consignment artwork	452000	3,720	,	3.720	
ē	ď	Gallery fees	711130	9,908	9.908		
E	u Д	Studio rental fees	531120	23,279	.,	23,279	
Program Service Revenue	f	All other program service revenue		, .			
g.	g	Total. Add lines 2a-2f		67,830		1.1	
	3	Investment income (including divider other similar amounts)		3,714			3,71
	4	Income from investment of tax-exempt be	ond proceeds 🕨				
	5	Royalties	<u> > </u>				
		(i) Real	(ii) Personal	100 mg - 100	٠		
	6a	Gross Rents					
	ь	Less: rental expenses					
		Rental income or (loss)					
			<i>.</i> . >			İ	
	72	Gross amount from sales of (i) Securities	(ii) Other	2		·	
	1 "	assets other than inventory				·	
	b	Less: cost or other basis			g - 40°		f
		and sales expenses .					
		Gain or (loss)					
venue	8a	Gross income from fundraising		1	į.	i i	
è.		events (not including \$ 24,550 of contributions reported on line 1c).		Ţ.			1
Re		See Part IV, line 18	a 5,593			1 4.2	
ē	h	Less: direct expenses	b 14,563	4			1
Other		Net income or (loss) from fundraising		-8,970	-8,970	l file to all the	
	9a	Gross income from gaming activities.					
	b	See Part IV, line 19	b	a in			
	C	Net income or (loss) from gaming ac	ctivities >				
	10a	Gross sales of inventory, less					
	1	returns and allowances	t .	4	1		
		Less: cost of goods sold	b		: •	e e in land	
	C	Net income or (loss) from sales of inve		 			
		Miscellaneous Revenue	Business Code	1			
	Ι.						
	b			1		-	1
	C					<u> </u>	1
		All other revenue		1			+
		Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3 9c, 10c, and 11e	, 4, 5, 6d, 7d, 8c,				
			L	144,513	31,861	26,999) 3,71

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	ımn (A) but are not	required to comp	lete columns (B), (C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
_	Grants and other assistance to individuals in the U.S. See Part IV, line 22			:	
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				e e e e e e e e e e e e e e e e e e e
4	Benefits paid to or for members				·
	Compensation of current officers, directors, trustees, and key employees	47,000	34,780	5,640	6,580
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,545	12,183	2,237	2,125
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,861	3,592	603	666
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	9,200	4,968	1,380	2,852
	Lobbying				
	Professional fundraising services. See Part IV, line 17			2.00	
	Investment management fees		-		
	-	14.408	9,067	3,156	2,185
_	Other	4,843	3,343		
12	Advertising and promotion ,	2,022	1,820	101	101
13	Office expenses	2,022	1,020	101	
14	Information technology , , , , ,				
15	Royalties	99,143	89,229	4,956	4,958
16	Occupancy	33,143	03,223	4,330	4,330
17	Travel		•	1	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	25,387	22,848	<u> </u>	1,269
23	Insurance	4,871	3,608	1,063	200
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Clarene and workshops	5,569	5,569		
b	Euhihita	12,950			
C	tinflifilled pladess	5,000			5,000
d	Danaire and maintenance	4,007	3,607	200	200
	Mineellomeous	2,574	1,860	+	21
e					
f 25	All other expenses	258,380	209,424	22,799	26,157
26	Joint Costs. Check here ▶ ☐ if following	250,500			20,101
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundations solicitation.				

Par	t X	Balance Sheet						
			(A) Beginning of year		End	(B) of yea	ar	
	1	Cash—non-interest-bearing	29,768	1			3,5	83
	2	Savings and temporary cash investments	197,305	2		19	96,0	19
ł	3	Pledges and grants receivable, net		3		27	20,5	24
	4	Accounts receivable, net		4			1,9	69
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		_5				
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6				
छ	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		8				
A	9	Prepaid expenses and deferred charges		9				
	10a	Land, buildings, and equipment: cost basis 10a 1,101,252						
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10c		1,0	13,6	086
Ì	11	Investments—publicly traded securities		11				
1	12	Investments—other securities. See Part IV, line 11		12				
	13	Investments—program-related. See Part IV, line 11		13				
	14	Intangible assets		14	o			
	15	Other assets. See Part IV. line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,574,364			1,4	35,7	775
	17	Accounts payable and accrued expenses	25,835				10,2	<u> 259</u>
	18	Grants payable		18				
	19	Deferred revenue		19	 			
	20	Tax-exempt bond liabilities		20	 			
ies	21	Escrow account liability. Complete Part IV of Schedule D		21	 			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23		7	'36, ¹	845
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	771,826	26		7	47,	104
alances		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.						
an	27	Unrestricted net assets	337,527	27		2	<u>≀97,</u>	560
Bal	28	Temporarily restricted net assets	465,011	28	<u> </u>	3	<u> 391,</u>	111
	29	Permanently restricted net assets		29				
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		-:				
	30	Capital stock or trust principal, or current funds		30	<u> </u>			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ			
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>			
Š	33	Total net assets or fund balances	802,538					<u>,671</u>
	34	Total liabilities and net assets/fund balances	1,574,364	34	<u> </u>	1,4	<u> 435,</u>	,775
P	art X	Financial Statements and Reporting					—т	
1	Acc	counting method used to prepare the Form 990: Cash Accrua	al 🗌 Other			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	es	No
		re the organization's financial statements compiled or reviewed by an in		nt? .	. —	a	, 	√
		re the organization's financial statements audited by an independent ac			• —	b \	<u>′</u>	
,		Yes" to lines 2a or 2b, does the organization have a committee that assume					,	
	the	audit, review, or compilation of its financial statements and selection of an i	ndependent accounta	nt? .	. ; 2	2c 1	/	
3	a As	a result of a federal award, was the organization required to undergo ar	audit or audits as se	et fort				,
		Single Audit Act and OMB Circular A-133?				Ba	-+	
	"זו מ	Yes," did the organization undergo the required audit or audits?	<u> </u>		<u> </u>	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Tennessee Art League. Inc. 62 1068612 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b ☐ Type II c Type III-Functionally integrated d Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in col. organization in col. (i) listed in your the organization in support above or IRC section col. (i) of your (i) organized in the governing document? (see instructions)) U.S.? support? Yes Yes No Yes No No

Total

	(Complete only if you chec	ked the box	on line 5, 7,	5ections 17 o <u>r</u> 8 of Part I	'U(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(1)	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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				- =		
6	shown on line 11, column (f)		 		· · · · · · · · · · · · · · · · · · ·		
	tion B. Total Support	l:	<u></u>			L	L
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 .	L	<u> </u>		L	 	J
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u>.</u>				
<u>Sec</u>	tion C. Computation of Public Su					I 1	
14	Public support percentage for 2008 (line					14	%
15 16a	Public support percentage from 2007 Sc 33½ % support test—2008. If the organ and stop here. The organization qualifies	ization did not	check the box	on line 13, and	line 14 is 331/3		%eck this box
b	33%% support test—2007. If the organibox and stop here. The organization qua	ization did not alifies as a put	check a box on plicly supported	line 13 or 16a. organization	and line 15 is	331/4 % or more	►
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	facts-and-circunstances" test.	imstances" test, The organizatio	check this box n qualifies as a	and stop here publicly suppo	e. Explain in Par orted organizati	t IV how the on ▶
b	10%-facts-and-circumstances test – 200 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circu ances" test. Th	mstances" test, e organization qu	check this box alifies as a publi	and stop here cly supported of	. Explain in Par organization .	t IV how the
18	Private foundation. If the organization di	o not cneck a t	ox on line 13, 16	oa, 160, 1/a, or	17D, CRECK This	oox and see in	STUCTIONS >

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.)

Sect	ion A. Public Support	<u> </u>		· ···			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
				(-)	(4, 444	(0, 2000	(1)
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,201	88,809	296,026	107,458	81,939	608,433
2	Gross receipts from admissions, merchandise		-				
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	34,648	32,630	59,689	35,048	46,424	208,439
	Gross receipts from activities that are not an		İ	İ		ł	
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's					Ì	
	benefit and either paid to or expended on its behalf			1			
5	The value of services or facilities						
	furnished by a governmental unit to the		1	ĺ	1		
	organization without charge]				
6	Total. Add lines 1-5	68,849	121,439	355,715	142,506	128,363	816,872
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons .						
b	Amounts included on lines 2 and 3					İ	
	received from other than disqualified persons that exceed the greater of 1% of			į			
	the total of lines 9, 10c, 11, and 12 for the			1			
	year or \$5,000						
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)			l			816,872
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	68,849	121,439	355,715	142,506	128,363	816,872
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar		4 470	2 244	0.005		40.045
	sources	79	1,473	3,844	6,935	3,714	16,045
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		4 470		2.005	0.744	40.045
-	Add lines 10a and 10b	79	1,473	3,844	6,935	3,714	16,045
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is regularly	1	l ·		500	2074	405
	carried on			4,625	-586	-3,874	165
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets	o	0	0	0	0	o
	(Explain in Part IV.)	-		0	<u>_</u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)		4			£50 \$	833,082
14	First five years. If the Form 990 is for				-		on 501(c)(3)
Sec	organization, check this box and stop tion C. Computation of Public Su			· · · · ·	<u></u>	<u> </u>	<u>· · · ·</u>
				as 13 column	(ft)	15	98.0 %
15 16	Public support percentage for 2008 (line Public support percentage from 2007)					16	97.8 %
	tion D. Computation of Investme			<u>, 9 </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	1.01	01.0 70
				d by line 12 o	aluma (fl)	17	1.9 %
17	Investment income percentage for 200				Oldifili (i)) .	18	.9 %
18	Investment income percentage from 2 33%% support tests – 2008. If the org				and line 15 is r		
19a	17 is not more than 331/3 %, check this t	oox and stop h	ere. The organ	ization qualifies	s as a publicly	supported orga	anization >
ь	331/3 % support tests - 2007. If the organ	nization did not	check a box of	n line 14 or line	19a, and line 1	6 is more than	33/3 %, and
_	line 18 is not more than 331/2 %, check th	is box and stop	here. The orga	ınization qualifie	es as a publicly	supported orga	anization 🕨 📙
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see ins	tructions ▶ 🔲

	mi 990 or 990-EZ) 2008 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II. line 10;
	Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
• • • • • • • • • • • • • • • • • • • •	
•	
•	
••••••	
	•••••••••••••••••••••••••••••••••••••••
	,

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Name of the organization Employer identification number Tennessee Art League, Inc. 1068612 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | Yes | No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶..... Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: \$..... b Assets included in Form 990, Part X

Schedule	D	(Form	990)	2008	

Par	III Organizations Maintaining	Collections of Art, H	istorical	Treasures,	or Other Similar A	ssets (continued)						
3	Using the organization's accession and items (check all that apply):	other records, check	any of the	e following th	hat are a significant	use of its collection						
а	Public exhibition	d	☐ Lo	an or exchar	nge programs							
b	Scholarly research	е	□ Ot	ther	***************************************							
С	Preservation for future generations											
4	Provide a description of the organization Part XIV.	n's collections and exp	olain how	they further	the organization's ex	tempt purpose in						
	During the year, did the organization solic assets to be sold to raise funds rather that	n to be maintained as I	part of the	organization'	s collection?							
Par	Trust, Escrow and Custodia Part IV, line 9, or reported an	I Arrangements. Co amount on Form 99	mplete if 0, Part X,	organizatior , line 21.	n answered "Yes" to	Form 990,						
	Is the organization an agent, trustee, coincluded on Form 990, Part X?				ons or other assets n	ot Yes No						
b	If "Yes," explain the arrangement in Par	t XIV and complete th	e followin	ig table:								
					 	Amount						
	Beginning balance											
	Additions during the year											
	Distributions during the year											
f	Ending balance	5 000 0 14				п. п.						
b	Did the organization include an amount If "Yes," explain the arrangement in Par	rt XIV.				☐ Yes ☐ No						
Par												
	(4)) Current year (b) Pr	ior year	(c) Two years	back (d) Three years bac	ck (e) Four years back						
1a	5 5 ,											
b	Contributions	=======================================										
C	Investment earnings or losses .					<u> </u>						
d	Grants or scholarships											
е	Other expenditures for facilities and programs		;									
f g	Administrative expenses End of year balance											
2	Provide the estimated percentage of th	e year end balance he	eld as:									
а	Board designated or quasi-endowment	= =										
b	Permanent endowment ▶	%										
С	Term endowment ▶%											
3a	Are there endowment funds not in the p organization by:	ossession of the organ	ization tha	at are held an	d administered for th	Yes No						
	(i) unrelated organizations					3a(i)						
	(ii) related organizations					3a(ii)						
b	If "Yes" to 3a(ii), are the related organized	zations listed as requir	ed on Sci	hedule R?		. 3b						
4	Describe in Part XIV the intended uses											
Pa	rt VI Investments-Land, Build	ings, and Equipme	nt. See F	orm 990, Pa	art X, line 10.							
	Description of investment	(a) Cost or other basis (investment)		st or other is (other)	(c) Depreciation	(d) Book value						
1a	Land			5,000		225,000						
b	Buildings			0,000	56,944	593.056						
c	Leasehold improvements		20	3,618	18,982	184,636						
d	Equipment											
e				2,634	11,646	10,988						
Tota	al. Add lines 1a-1e. (Column (d) should equ	al Form 990, Part X, col	umn (B), lii	ne 10(c).) .	<u> ▶ </u>	1,013,680						

Part VII Investments - Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	tion: ket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
••••••			
	- · - · - · - · - · - · - · - · - · - ·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		:	
Part VIII Investments-Program Relate	d. See Form 990, Part X	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua	ition:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-,	Cost or end-of-year ma	rket value
			·
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			-
Part IX Other Assets. See Form 990, Pa	rt X line 15.	!	
Carol Accord Coc Ferri Coc, Fe	(a) Description		(b) Book value
	······································		
	······································		
Total. (Column (b) should equal Form 990, Part X, co	V (P) line 15.)		<u> </u>
Part X Other Liabilities. See Form 990.		<u> </u>	
(a) Description of liability	(b) Amount		
Federal income taxes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		7	
	ļ		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	<u> </u>		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched Par	ule D (Form 990) 2008		Page 4
		1	144 542
1	Total evenue (Form 990, Part VIII, column (A), line 12)	2	144,513 258,380
2 3	Total expenses (Form 990, Part IX, column (A), line 25)	3	-113,867
4	Excess or (deficit) for the year. Subtract line 2 from line 1	4	-113,807
5	Donated services and use of facilities	5	
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-113.867
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	144,513
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV) , , , , , , , , , , , , , 2d	- <u>-</u>	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	144,513
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a			
b	Other (Describe in Fair XIV)	- 4.	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	4c	0 144.513
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expen		
1	Total expenses and losses per audited financial statements	1	258.380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
		1 1	
_	1 - 1		
a	Donated services and use of facilities	_	
a b	Donated services and use of facilities		
a b c	Donated services and use of facilities		
a b c d	Donated services and use of facilities		0
a b c d e	Donated services and use of facilities	2e 3	0 258,380
a b c d	Donated services and use of facilities	·	0 258,380
a b c d e 3	Donated services and use of facilities	·	0 258,380
a b c d e 3 4 a	Donated services and use of facilities	·	0 258,380
a b c d e 3 4 a b	Donated services and use of facilities	3	0 258,380 0
a b c d e 3 4 a b	Donated services and use of facilities	3	
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5	0 258,380
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5	0 258,380
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5 and 4; Part IV	0 258,380
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5 and 4; Part IV	0 258,380
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5 and 4; Part IV	0 258,380
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5 and 4; Part IV	0 258,380 /, lines 1b
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	3 4c 5 and 4; Part IV	0 258,380 /, lines 1b
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	3 4c 5 and 4; Part IV	0 258,380 /, lines 1b
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5 and 4; Part IV	0 258,380 /, lines 1b
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5 and 4; Part IV	0 258,380 /, lines 1b
a b c d e 3 4 a b c 5 Pa	Donated services and use of facilities	3 4c 5 and 4; Part IV	0 258,380 /, lines 1b

chedule D (For	rm 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enser more than \$15,000 on Form 990-EZ, line 6a.

Open To Public

Vame of the organization Tennessee Art League, Inc.					Employer identific	ation number 1068612
Part I Fundraising Activitie	s. Complete if	the organ	nization a	inswered "Yes" t	o Form 990, Parl	
Indicate whether the organizatio a	n raised funds t en or oral agreen 990, Part VII) or	hrough any e f g nent with a	of the fo Solicitation Solicitation Special f ny individuo Connection	llowing activities. Con of non-government on of government undraising events ual (including office with professional	Check all that apply nent grants grants rs, directors, truste fundraising services	es 5? Yes No
to be compensated at least \$5,	000 by the orga	nization. F	orm 990-E	Z filers are not red	quired to complete	this table.
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser fisted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			•			
			_			
	_					
		-				
			<u> </u>			
Total	· · · · ·	· · · ·	▶		· ·	
3 List all states in which the orga registration or licensing.	nization is regis	stered or li	censed to	solicit funds or t	nas been notified i	t is exempt from
				· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · ·					•••••••
						• • • • • • • • • • • • • • • • • • • •
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		•••••			•••••	

_	dule rt [G (Form 990 or 990-EZ) 2008 Fundraising Events. Comore than \$15,000 on F	omplete if the organiza orm 990-EZ. line 6a. L	tion answered "Yes" to	o Form 990, Part IV, lir	ne 18, or re		age 2
6			(a) Event #1 Black Tie Dinner (event type)	(b) Event #2 none (event type)	(c) Other Events none (total number)	(d) Tota: (Add col. (a col. () through	
Revenue	1	Gross receipts	30,143				30	,143_
8	2	Less: Charitable contributions	24,550				24	,550
	3	Gross revenue (line 1 minus line 2)	!					,593
	4	Cash prizes						
suses	5	Non-cash prizes						
Direct Expenses	6	Rent/facility costs						
Direct	7	Other direct expenses	14,563				14	,563
	8	Direct expense summary. Ad Net income summary. Comb		olumn (d)	.	(563)
Pa	rt I		the organization ansv			or report		<u>,970</u> re
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (col. (a) thr		
Rev	1	Gross revenue						
Ses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	Yes%	Yes %			
	7	Direct expense summary. A	dd lines 2 through 5 in o	column (d)		()
	8	Net gaming income summar	ry. Combine lines 1 and	7 in column (d)	<u></u>			
_	a Is	nter the state(s) in which the	organization operates goperate gaming activition	gaming activities:	tes?	9	Yes	No
(o If	"No," Explain:						
		/ere any of the organization's "Yes," Explain:	gaming licenses revok	ed, suspended or termi	nated during the tax ye	ear? 10)a	-
11 12	ls	loes the organization operate is the organization a grantor, by promed to administer charitable	eneficiary or trustee of	nonmembers? if a trust or a member o		r entity	2	

Schedule	G	(Form	990	Of	990-E	Z١	2008

Pa	20	3

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		l	
b	An outside facility	į		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			l
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			;
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:	ļ		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
b		17a		
	in the organization's own exempt activities during the tax year ▶ \$	1	<u> </u>	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Tennessee Art League, Inc.	62	1068612
Part VI, Line 10 - The Board Treasurer and the Executive Director review the annual Form #	990 and i	related schedules with
the tax preparer and then subsequently the Treasurer and Executive Director presents the	annual F	orm #990 with the full
Board of Directors. The annual Form #990 for 2008 was reviewed and approved by the Board	rd Treası	irer and Executive
Director and signed by the Executive Director prior to filing with the IRS. Subsequent to fil	ing with	the IRS, the Board
Treasurer and Executive Director reviewed the annual Form #990 with the full Board of Director	ectors.	
Part VI, Lines 6, 7a & 7b - The Organization is comprised of a membership who has their ar	inual me	mbership meeting in
May of each year. During this annual meeting, the membership elects the members of the	Board of	Directors. The list of
candidates for the Board of Directors are supplied from the Nominating Committee and no	mination	s made from the floor
by any member in good standing.		•••••
The Nominating Committee is appointed by the Board of Directors.		
Part VI, Line 12c - The Organization has a written conflict of interest policy approved by the	e Board (of Directors. This
policy was approved by the Board in the fall of 2008. In future years on an annual basis, e	ach Boar	d member will sign
this policy reflecting the member understands and adheres to the policy. The Executive D	irector a	nd President of the
Board will monitor adherence to this policy via its board meetings and daily business deal	ings with	vendors and other
third parties.		
Part VI, Line 19 - The Organization makes its governing documents and its financial states	nents ava	ailable to the public
on Middle Tennessee's Community Foundation's website called Givingmatters.com. In ac	dition, t	he Organization has
these documents and its conflict of interest policy in its office and available during busine	ss hours	for public inspection
upon request.		
	•••••	
Part VI, Line 15 - Executive Director's performance is evaluated on an annual basis by the	Board ar	nd the Board discusses
and gives a copy of the written performance evaluation to the Executive Director. Further	, the Boa	rd of Directors approves
the Executive Director's salary on an annual basis.		

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
	<u> </u>
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
	••••••

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Schedule

Schedule O (Form 990) is used by an organization that files Form 990 to provide the IRS with narrative information required for responses to specific questions on Form 990, or to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990.

Who Must File

All organizations that file Form 990 must file Schedule O (Form 990). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 10 and 19. If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990) as needed.

Complete the required information on the appropriate line of Form 990 or its schedules prior to using Schedule O (Form 990).

Identify clearly the specific part and line(s) of Form 990 or its schedule(s) to which each response relates. Follow the part and line sequence of Form 990 or the part and line sequence of its schedule(s).

Late return. If the return is not filed by the due date (including any extension granted), use Schedule O (Form 990) to provide a statement giving the reasons for not filing on time. Amended return. If the organization checked the Amended Return box on Form 990, line B, use Schedule O (Form 990) to list each part or schedule and line item of the Form 990 that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. Do not use this schedule. See the Instructions for Form 990, I. Group Return.

Parts III, V, VI, VII, and XI. Use Schedule O (Form 990) to provide any narrative information required for the following questions.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. "No" response to Part V, Statements Regarding Other IRS Filings and Tax Compliance, line 3b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights in line 1a.
 - b, "Yes" responses to lines 2-7.
 - c. "No" responses to lines 8 or 9b.
- d. Description of process for review, if any, on line 10.
 - e. "Yes" response to line 11.
 - f. "Yes" response to line 12c.
- g. Description of process for determining compensation on lines 15a and 15b.
- h. Description for making documents public on lines 18 and 19.

- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Estimate of average hours per week, if any, devoted to related organizations for which compensation was reported in columns (E) or (F).
- b. Description of reasonable efforts undertaken in regard to column (E).
- 5. Part XI, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
- c. "No" response to line 3b.

Schedule G (Form 990 or 990-EZ). If applicable, use Schedule O (Form 990) to describe payments of fundraising expenses or reimbursements as required in Part 1, line 2b, column (v).

Schedule K (Form 990). If applicable, use Schedule O (Form 990) to describe the organization's use of alternative 12-month reporting periods with respect to bond issues reported on Schedule K (Form 990).

Schedule L (Form 990 or 990-EZ). Use Schedule O (Form 990) if additional space is needed to report information required by Schedule L (Form 990 or 990-EZ).

Schedule R (Form 990). Use Schedule O (Form 990) to provide the group exemption relationships described on Schedule R (Form 990).

Other. Use Schedule O (Form 990) to provide narrative explanations and descriptions to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.

_	990-T	Ex	empt Organization Busir	iess	Income	Tax Retur	ո 📙	OME	3 No. 1545-0687	
Form	550 I		(and proxy tax under					4	୭ ⋒ ∩ Ω	
Departn	nent of the Treasury	Fo	or calendar year 2008 or other tax year	beginn	ing	, 2008, and		Doen (ムツリリ o Rubic Inspecti	00
	Revenue Service ending , 20 . See separate instructions. Open to Public Inspection for 501(c)(3) Organizations Only									
	Check box if address changed		Name of organization (Check box if name	change	d and see instructi	ions.)		-	dentification numbers for 8	
	npt under section	Print	Tennessee Art League, Inc.				on pag	e 9.)		DIJEK J
	501(C)(3)		The state of the s	box, se	e page 9 of instru	ictions.	62	_ ·	1068612	
	-:08(e) ☐ 220(e)	Type	808 Broadway						ousiness activity or ons for Biock 5 on pag	
	408A 📙 530(a)	IAbe	City or town, state, and ZIP code							-
	529(a) k value of all assets	F 6.	Nashville, TN 37203		- Di!- 5		45	2000	531120	J
at e	nd of vear		oup exemption number (See instruction				404(-)			
<u> </u>			eck organization type ► ☑ 501(c) on's primary unrelated business activity				401(a)			
			e corporation a subsidiary in an affiliated of different corporations of the corporation of the corporation of the parent corporations.			diary controlled of	roup?	. ,	► ∐ Yes 🗹	ΊNο
			► George Anderjack	RIOH.		lephone numbe	r > 1	615) 736-500	
Par			de or Business Income	·	(A) Income	(B) Exp		1	(C) Net	-
			45 000	1	(A) Income	(0) EXP	011303	\dashv	(0) 1481	
	Gross receipts		' 	10	15,663			1		
b	Less returns and			1c 2	11,943		-	+		—
2	-		chedule A, line 7)	3	3,720		-	+	3.720	——
3	•		line 2 from line 1c	4a	3,720			_	- 5,. 25	
4a			e (attach Schedule D)	410		<u> </u>		+		
b			797, Part II, line 17) (attach Form 4797)	4c				+		
c	Capital loss de			5				\dashv		
5			ships and S corporations (attach statement)	6	23,279	30	873	\dashv	-7.594	
6	Rent income (S		•	7	20,2.0	50,	-	_	.,	
7			ed income (Schedule E)	<u> </u>			-+	\dashv		
8	organizations (oyalties, and rents from controlled le F)	8						
9			of a section 501(c)(7), (9), or (17)				İ			
•			e G)	9						
10	•		vity income (Schedule I)	10						
11	Advertising inc		-	11						
12			11 of the instructions; attach schedule.)	12						
13			3 through 12	. 13	26,999	<u> </u>	873		-3,874	
Par	t II Deduct	ions N	ot Taken Elsewhere (See page 11	of the	e instructions	for limitations	on dec	ducti	ons.)	
	(Except	for cor	ntributions, deductions must be dire	ectly c	connected with	n the unrelated			income.)	
14	Compensation	of offic	ers, directors, and trustees (Schedule	: K)			–	14		
15		-					· · :	15		
16	Repairs and m	aintena	nce				–	16		
17								17		
18	•		ule)				–	18 19	_	
19							· · ⊢			
20	Charitable con	tributio	ns (See page 13 of the instructions fo					20		
21	Depreciation (a	attach F	Form 4562)	•	21		,	22b		ļ
22			med on Schedule A and elsewhere o					23		
23								24		-
24			red compensation plans				\cdot \cdot \vdash	25		
25	• •		grams				–	26		
26	•	•	nses (Schedule I)				–	27		
27			sts (Schedule J)				–	28		1
28			ach schedule)				· · ⊢	29	0	\vdash
29			dd lines 14 through 28				· · -	30	-3,874	
30	Unrelated busi	ness ta	xable income before net operating loss	aedu	ction. Subtract	ine 29 from lin	~ .~ ⊢	31	0	
31			eduction (limited to the amount on line				· · -	32	-3,874	├
32			exable income before specific deductions				· · ⊢	33	0,0,4	+
33	Specific dedu	ction (G	senerally \$1,000, but see line 33 instrutations income. Subtract line 33 from	m line	32 If line 33	iə.j is oreater than	· · ⊢			1
34			of zero or line 32		, JE. 11 IIIE JJ	is greater that	,0	34	-3.874	.[

Form	990-T	(2008)

Part		ax Computation		 						<u> </u>
35	Organiza	ations Taxable as Corp ed group members (section	orations. See instruction	ns for tax comp	putation or	n page 15.				
а	Enter yo	ur share of the \$50,000, \$2	5,000, and \$9,925,000 tax	kable income bra						
		ganization's share of: (1) Ac		(3) S	is	J				
		ional 3% tax (not more the	•						-	
		ax on the amount on line					35c		o	
		axable at Trust Rates. S						-		
		unt on line 34 from:					36			
		x. See page 16 of the ins					37			
38	Alternation	ve minimum tax					38			
		dd lines 37 and 38 to line	35c or 36, whichever app	olies	<u></u>	<u> </u>	39		_0	
		Tax and Payments			1.0					
	-	ax credit (corporations attac		•	40a					
		edits (see page 17 of the			40b		<u> </u>		ļ	
		ousiness credit. Attach Forn			40c		1			
		or prior year minimum tax	•	•	40d		400		- 1	
		edits. Add lines 40a throu	=				40e		0	
41							41		-	
42		s. Check if from: Form 4255				in schedule) .	43		0	—
43		x. Add lines 41 and 42 . ts: A 2007 overpayment of			44a		 10			
44a b	-	timated tax payments .			44b		1			
C		osited with Form 8868 .			44c		1 1			
d		organizations: Tax paid or			44d		1		- 1	
e	_	withholding (see instruction			44e]		1	
f		edits and payments:					1			
•		4136			44f] .		}	
45		ayments. Add lines 44a th					45		0	
46	Estimate	ed tax penalty (see page 4	•			_	46		0	
47		e. If line 45 is less than the				•	47		0	
48		yment. If line 45 is larger t			nount over		48		0	
49		amount of line 48 you want:				Refunded ►	49	10)		
Par		Statements Regarding							 T	 _
1		time during the 2008							Yes	No
		er authority over a fil							1	
		the organization may				-		1		./
		Accounts. If YES, enter								<u></u>
2	During th	ne tax year, did the organizati see page 5 of the instructi	on receive a distribution from	n, or was it the gra	antor of, or the	ransieror to, a	roreigi	i trust? . L		
3		e amount of tax-exempt in				.		3,714	Į	l
Sch		-Cost of Goods Sold							•	
1		ry at beginning of year	1	6 Inventory at		ar	6			
2		ses	2 11,943	7 Cost of go	-		l l			
3	Cost of		3	_		nere and in	ţ	Į	1	l
	Addition	nal section 263A costs		Part I, line 2			7	11	,943	l
74		schedule)	4a	8 Do the rule	es of secti	ion 263A (w	ith re	spect to	Yes	No
b	Other c	osts (attach schedule)	4b	property pr	oduced or	acquired fo	r resal	e) apply		
_5		Add lines 1 through 4b	5 11,943			<u> </u>				
C *		r penalties of perjury, I declare that I hot, and complete. Declaration of prepa	ave examined this return, including a trer (other than taxpaver) is based or	ccompanying schedules all information of which	s and statement h preparer has a	s, and to the best any knowledge.	of my kn	owledge and t	belief, it	is true.
Sig)''' 	and the second s	1	1 🏲				IRS discuss th		
He		at an at attack		J Title			the prep	arer shown be ons)?	low (sec	
	Sign	ature of officer	Date	Title Date	1			parer's SSN o		
Pai	d	Preparer's signature		i		Check if self-employed	۱ ۱۳۳		. , , , , ,	
Pre	parer's	Firm's name (or			1 *	EIN				
Use	Only	yours if self-employed), address, and ZIP code				Phone no.	()		

Schedule C—Rent Incom (see instructions on page 1	ne (From Real 9)	Property a	and Person	al Prope	rty L	eased With Real	Pro	perty)
1 Description of property				_				
(1) Six individual separate re	ooms (units) in	the Organiz	ation's owne	d building	ı (use	d for ALL of its ex	emp	t activities).
(2)	_							
(3)								
(4)								
	2 Rent received	or accrued	-					
(a) From personal property (if the p for personal property is more than more than 50%)		percentage of re	al and personal pent for personal ent is based on	property exce	eds			nected with the income) (attach schedule)
(1)	23,279							30.873
(2)	20,2,0					1900	Stat	ement 1 - attached)
(3)						(000	Olbi	cinetit i - attachedy
(4)								
Total	23.279 T	ntal						
(c) Total income. Add totals of chere and on page 1, Part I, line	olumns 2(a) and 2(t	o). Enter		23	,279	(b) Total deduct Enter here and on p Part I, line 6, column	age	1,
Schedule E-Unrelated			see instructio			, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	. (-,	00,070
Onicació E Officiatea	Debt 1 mande					Deductions directly con	necte	d with or allocable to
1 Description of det	ot-financed property		2 Gross incor allocable to de			debt-financ		
			prope		(a) S	traight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)					<u> </u>			
(2)			ļ		<u> </u>		<u> </u>	
(3)					<u> </u>		ļ	
(4)					<u> </u>		├	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	sition debt on or or allocable to debt-financed debt-financed property				iross income reportable column 2 × column 6j		B Allocable deductions umn 6 × total of columns 3(a) and 3(b))	
(1)				%				
(2)			1	%			_	
(3)	1			%		· -		
(4)				%				
Totals				•		r here and on page 1, 1, line 7, column (A).		er here and on page 1, t I, line 7, column (B).
Total dividends-received dedu						<u> </u>	1	
Schedule F-Interest, A	nnuities, Royal	ties, and F	Rents From	Controlle	ed Or	ganizations (see	instr	uctions on page 20)
			t Controlled					
1 Name of controlled organization	2 Employer identification numb	GI	related income ee instructions)	4 Total of sp payments		5 Part of column 4 the included in the controloganization's gross in	illing connected with income	
(1)				1				
(2)								
(3)							-	
(4)				1				
Nonexempt Controlled Orga	anizations			. '		·		
rtonoxompt continued orga	1	-	T			T 40 P 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		44 Dad at a transfer
7 Taxable Income	8 Net unrelate (loss) (see in:			l of specified tents made		10 Part of column 9 the included in the control organization's gross in	iling	11 Deductions directly connected with income in column 10
(1)								
(2)								
(3)								
(4)						L		
						Add columns 5 and 1 Enter here and on pa Part I, line 8, column	ge 1,	Add columns 6 and 11. Enter here and on page 1. Part I, line 8, column (B).
Totals					. •	•		

Schedule G—Investment In		3	(9), or (17) Or Deductions	ganization (see 4 Set-asides	5 To	page 21)	
1 Description of income	2 Amount of incor	ne dire	ctly connected ach schedule)	(attach schedu	and s	et-asides (col. 3 plus col. 4)	
(1)							
(2)							
(3)	 						
(4)							
Totals ► Schedule I—Exploited Exer	Part I, line 9, colum	n (A).	han Advartisis	a lacema (con	Part I, lin	re and on page 1, le 9, column (B).	
Scriedule I—Exploited Exer	mpt Activity inco	ome, Other i		ig income (see	instructions on	page 21)	
1 Description of explorted activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (coumn 6 minus column 5, but not more than column 4).	
(1)		· · · · · · · · · · · · · · · · · · ·					
(2)							
(3)						<u> </u>	
(4)			ļ. <u>.</u>				
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and or page 1, Part I, line 10, col. (B).					
Schedule J—Advertising Ir		tions on nage	. 21)	-		<u> </u>	
	eriodicals Repor			ie	·		
Fairt income From Fe	I I I I I I I I I I I I I I I I I I I	teu on a co	4 Advertising	13		7 Excess readership	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	gain or (loss) (col.	5 Circulation income			
(1)						 	
(2)			- ·	<u> </u>		†	
(3)			7			1	
(4)			7			1	
Totals (carry to Part II, line (5)) .							
Part II Income From P	Periodicals Repo		eparate Basis	(For each peri	iodical listed	in Part II, fill i	
1 Name of periodical	2 Gross advertising income	3 Direct advertising cost	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)		 	i			1	
(2)		· · · · · · · · · · · · · · · · · · ·					
(3)							
(4)							
(5) Totals from Part I				•	1,		
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and of page 1, Part I, line 11, col. (B)	1787			Enter here and on page 1, Part II, line 27.	
Schedule K—Compensati		irectors, an	d Trustees (see	instructions on	page 22)	•	
1 Name			2 Title	3 Percent of time devoted business	4 Compensa	ation attributable to ted business	
					%		
					%		
					%		
					%		
Total. Enter here and on page 1,	Part II, line 14				F		

FEDERAL STATEMENTS FOR 12/31/08- #990-T EIN: #62-1068612

<u>STATEMENT 1 – Form 990 - T, Schedule C, Line 3 – Deductions Related to Rent Income</u>

Building mortgage payments – principal (33.3% x\$9,145)	\$ 3,045
Building mortgage payments – interest (33.3% x \$51,929)	17,292
Parking lot space (33.3% x \$12,000)	3,996
Repairs and maintenance – 2 nd floor	460
Property taxes (50% x \$12,161)	<u>6,080</u>

\$30,873