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 benefit trust or private foundation)

20**12**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A | For the | 2012 calen | ıdar year, or tax year | beginning | July 1 | , 2012, | and ending | Ju | ne 30 | , 20 12 | | | | |
|------------------------------|-------------|--|----------------------------|------------------------|-----------------------------|-------------------|------------------|---------------|---------------|-----------------------|---------------|--|--|--|
| В | Check if | applicable: | C Name of organization | PENCIL Foundati | on | | | | D Employ | er identification n | umber | | | |
| | Address | change | Doing Business As | | | | | | | 58-1475675 | ···· | | | |
| | Name ch | ange | Number and street (or I | P.O. box if mail is no | t delivered to st | reet address) | Room/suit | е | E Telephoi | ne number | | | | |
| 1 | Initial reh | urn 4 | 121 Great Circle Road | Ė | | | Suit | e 100 | | 615-242-3167 | | | | |
| $\overline{\Box}$ | Terminal | | City, town or post office | s, state, and ZIP cod | le | | | | | | | | | |
| $\ddot{\Box}$ | Amended | | Nashville, TN 37228 | | | | | | G Gross re | eceipts \$ | 1,975,790 | | | |
| Ħ | | | Name and address of p | rincipal officer: Cu | onnie William | s, Executive D | Director. | H(a) Is this | a drono tejam | for affiliates? 🔲 Yes | | | | |
| ш | Application | Ł. | 121 Great Circle Roa | | | | | | | ncluded? Yes | | | | |
| _ | T | | 501(c)(3) | |) ◀ (insert no.) | , m | 527 | | | ist. (see instruction | | | | |
| <u> </u> | Website: | npt status: | pencilfoundation.or | | 7 - (012211110.) | +3+1 (B)(1) CI | Oz., | Hick Grou | n exemplion | n number 🕨 | | | | |
| <u>K</u> | | | Corporation Trust | Association | Other ► | l v | ear of formation | | | of legal domicite: | TN | | | |
| | art i | | | | JOHNELP | E 11 | 55. 01 (Ciman | 71502 | | or logal commoner | 114 | | | |
| | | Summa Briefly des | oribe the organizat | ion's mission or | most signifi | cant activities | e: Ouemie | cion is to li | nk commi | unity rocoureas | with | | | |
| | 1 | - | | | | | •••• | | iik commi | unity resources | ANITII | | | |
| 80 | | Nashville Public Schools to help young people achieve academic success and prepare for life. | | | | | | | | | | | | |
| ā | | | | | •••• | | | | | | | | | |
| ē | _ | Ol1. #-1- | | :: | | | | | 2 DE 0/ DE | ito not acceta | ••••• | | | |
| Governance | 1 | | s box ► ☐ if the org | | | 115 NEL 255615. | | | | | | | | |
| ≎ಶ | 1 | | f voting members o | - | | | | | | | 44 | | | |
| es | | | f independent votin | - | | | | | | | 44 | | | |
| ₹ | | | ber of individuals e | | | | | | | | 45 | | | |
| Activities | | | ber of volunteers (e | | | | | | | | 9,692 | | | |
| • | I . | | lated business reve | | | • | | | 7a | | 0 | | | |
| | ь | Net unrela | ited business taxab | le income from | Form 990-T | line 34 | · · · · · · | | . 7b | | 0 | | | |
| | | | | | | | _ | Prior Y | | Current Y | | | | |
| ā | 1 | | ons and grants (Par | | | | | | 1,598,562 | | 1,63B,357 | | | |
| ne Puc | 1 | • | service revenue (Pai | | | | | | . 0 | | 0 | | | |
| Revenue | 1 | | it income (Part VIII, | | | | | | 20,354 | | 17,697 | | | |
| . ш | | | enue (Part VIII, colui | | | | | | 123,295 | | 257,285 | | | |
| | 12 | Total rever | nue-add lines 8 thr | ough 11 (must e | qual Part VII | I, column (A), I | line 12) | | 1,742,211 | | 1,913,339 | | | |
| | 13 | Grants and | d similar amounts p | aid (Part IX, col | ບmກ (A), line | s 1-3) | | | 0 | | 0 | | | |
| | | | aid to or for membe | | | | | | 0 | | 0 | | | |
| ų, | 15 | Salaries, of | ther compensation, | employee benefi | ts (Part IX, co | olumn (A), lines | s 5–10) | | 1,326,572 | | 1,321,408 | | | |
| nse | 16a | Profession | nal fundraising fees | (Part IX, columr | n (A), line 11 | e) | . , | | 0 | | 0 | | | |
| Expenses | b | Total fund | raising expenses (F | art IX, column (| D), line 25) I | - | | | | | | | | |
| ŵ | 17 | Other exp | enses (Part IX, colu | mn (A), lines 11: | a–11d, 11f <mark>–</mark> 2 | 24e) | | | 419,419 | | 517,684 | | | |
| | 18 | Total expe | enses. Add lines 13- | -17 (must equal | Part IX, colu | umn (A), line 2 | !5) | | 1,745,982 | | 1,839,092 | | | |
| | 19 | Revenue le | ess expenses. Subt | ract line 18 fron | n line 12 . | | | | (3,771) | | 74,247 | | | |
| or | | | | | | | В | eginning of C | urrent Year | End of Ye | ear | | | |
| ets Parc | 20 | Total asse | ts (Part X, line 16) | | | | [| | 1,390,639 | | 1,272,885 | | | |
| Ass | 21 | Total liabil | ities (Part X, line 26 |) | | | [_ | | 248,988 | | 56,987 | | | |
| Net Assets o Fund Balance | 22 | Net assets | s or fund balances. | Subtract line 21 | from line 20 |) | | | 1,141,651 | | 1,215,898 | | | |
| | art II | | ıre Block | | | | | | | | | | | |
| Un | der nenal | ties of perium | . I declare that I have ex | amined this return, i | ncluding accon | panying schedul | es and staten | ents, and to | the best of r | my knowledge and | belief, it is | | | |
| ina | e correct | , and comple | te. Declaration of prepart | other than officer |) is based on all | information of wi | hich preparer | has any know | ledge. | | | | | |
| _ | | | 71111 | (() 1 } | | | | | 1721 | 2013 | | | | |
| Sig | ın n | Signal | ure of officer | | , | - | |) Di | ate / | | | | | |
| He | | LO | illika Kl | 765. | Hina | nce. | Direc | tor | • | | | | | |
| | | Type | or print name and title | | | | | | | | | | | |
| _ | : _1 | | e preparer's name | Prepa | rer's signature | | Dat | е | Check | T if PTIN | | | | |
| Pa | | | | | | | | | self-emp | | | | | |
| | epare | | me 🕨 | L | | | | Fin | m's ElN ▶ | | | | | |
| Us | e Only | | | | | • | | 1 | one no. | | | | | |
| NA~ | v the IP | Firm's ad | this return with the | preparer shows | above? (se | e instructions | i) | 1 1 1 | | TYe | s No | | | |
| ivid | y uie in | io diacuas | The folding with the | P. SPEIGI GIIOVVI | . 223.01 (00 | | <u>,</u> | | · | | 200 | | | |

| | | Page 2 |
|------|--|-------------|
| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| • | Our mission is to link community resources with Nashville Public Schools to help young people achieve academic success and | |
| | prepare for life. | |
| | *************************************** | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | ′_l No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | 7 No |
| | If "Yes," describe these changes on Schedule O. | _ 140 |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complish the services of the servi | red by |
| | the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 519,330 including grants of \$ 0) (Revenue \$ |) |
| | Jobs for Tennessee Graduates (JTG): | |
| | Career Specialists licensed by the TN Department of Career and Technical Education served 329 students in five high schools in | |
| | 2011-12. The goal of JTG is to motivate students to graduate and successfully transition to the workforce or post-secondary | |
| | education or training. Specialists also provided one-year of follow-up services to 421 students after they graduated. The afterschool Career Exploration Program is based on the middle school component of JTG and provided school-to- | |
| | career and dropout prevention services to 126 students in three middle schools. Students have the opportunity to participate in | |
| | career-related field trips, teambuilding activities and a summer camp. Students also receive academic assistance and develops | |
| | in leadership and civic affairs. | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ 263,325 including grants of \$ 0) (Revenue \$ | <u> </u> |
| 40 | Nashville After Zone Alliance (NAZA) | , |
| | In 2011, PENCIL was designated as the coordinating agency for the South Central Zone of Nashville After Zone Alliance. NAZA | helps |
| | eliminate transportation and financial barriers for students and families who want to participate in safe and structured afterscho | ol |
| | programs. NAZA had 285 students participating in the South Central Zone during 2011-12. By facilitating partnerships between | |
| | Zone Anchor Partners and more than 15 enhancement partners, students received academic assistance, took part in service lea | rning |
| | projects, stayed active with sports and fitness and accessed a variety of enrichment opportunities. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ 217,811 including grants of \$ 0) (Revenue \$ |) |
| | PENCIL Partners | |
| | PENCIL now coordinates 768 community partnerships with 153 Metro Nashville Public Schools across the district. Each partner | |
| | which includes businesses, organizations, universities, and faith-based communities who partner with one or more Metro school jointly develop and implement a partnership plan to match the business's interest and resources to the needs of students. | 13.10 |
| | lounty develop and implement a partier stip plan to match the pushess a interest and resources to the needs of students. | |
| | | |
| | | |
| | | |
| | | |

Other program services (Describe in Schedule O.)

4d

4e

₀) (Revenue \$

| Part I | V Checklist of Required Schedules | <u>1</u> | V | No |
|--------|--|-----------|----------------|---------------|
| | The state of the s | | Yes | 140 |
| 1 | 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 | ∀ ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | <u> </u> | |
| 3 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | √ |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>v</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| J | 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 | | / |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | | | $\overline{}$ |
| 9 | 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, directly or through a related organization, hold assets in temporarily restricted | | | |
| 10 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D. Part VI | 11a | | ✓ |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓ |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | ✓ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate | 146 | | / |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 14b | | + |
| 15 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | ✓ |
| 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, Parts III and IV | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? | | | , |
| | If "Yes," complete Schedule G, Part III | 19 20a | - | √ |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20b | 1 — | - |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | | 1 | 0 (2012) |

| Part | V Checklist of Required Schedules (continued) | | | |
|----------|---|------------|------------------|-----------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | ✓ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | 1 |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | √ |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | out t | √ |
| b | Is the organization 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 | 25b | | 1 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | 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 | 30 | ✓ | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | 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 |
| 33 | 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 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | <u> </u> | 1 |
| Ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | 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 |
| 37 | 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, | | | |
| 20 | Part VI | 37 | | 1 |
| 38 | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | √ | <u></u> |
| | | For | n 990 |) (2012) |

13

| Part | 90 (2012) Statements Regarding Other IRS Filings and Tax Compliance | | | Page 5 |
|--------|--|-------|---------|---------------------------|
| reit | Check if Schedule O contains a response to any question in this Part V | | | П |
| | Check it deflectible of contains a response to any question in this tart v | • • | Yes | No. |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20 | | A. S. | 11.4 |
| ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | , Egi | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | 145.7 |
| | reportable gaming (gambling) winnings to prize winners? | 10 | 1 | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | - 1. | ATO | i Ar s |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 45 | | | |
| b | 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 (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | 1 |
| b | 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)? | 4a | | ✓ |
| Ь | If "Yes," enter the name of the foreign country: ▶ | | | 15 a.4 3a ₃ |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | N.A. |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | , |
| _ | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | - |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | C. | | |
| - | gifts were not tax deductible? | 6b | 11,5725 | 11:00 |
| 7 a | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | Y. S. | | |
| a | and services provided to the payor? | 7a | 1 | Wille U |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | · / | |
| b | 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 | 18034 | | |
| e | Did the organization 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 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| ĥ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | e di | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| þ | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | N F (1) |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 40: | | 40- | ayalda | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | i |

Part VI

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | ee ins | tructi | ions. |
|-------------------|---|-------------|---------------|-------------|
| | Check if Schedule O contains a response to any question in this Part VI | • • | • • | |
| Secti | on A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b 2 | Enter the number of voting members included in line 1a, above, who are independent . 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 | | ✓ |
| 3 | 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 | | 1 |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 4 5 6 | | √ √ √ |
| b | one or more members of the governing body? | 7a 7b | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a b | The governing body? | 8a 8b | ✓ | |
| 9 | Is there any officer, director, 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 | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | | |
| | | 40 | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | ✓ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | ANTA | |
| 12a b | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a 12b | | ✓ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | : | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | <u> </u> |
| 14 15 | Did the organization have a written document retention and destruction policy? | 14 | | |
| a b | The organization's CEO, Executive Director, or top management official | 15a 15b | <u>√</u> √ | 12/2016/ |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | ✓ |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Section | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► Tennessee Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. □ Own website ☑ Another's website ☑ Upon request □ Other (explain in Schedule O) | า 501(| c)(3)s | only) |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | | | olicy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records organization: Laura Ross, 421 Great Circle Road, Suite 100, Nashville, TN 37228 | of the | } | |

| D1111 220 [EW 12 | -, | | · · · · · · · · · · · · · · · · · · · |
|------------------|--------------------------------------|-------------------------|---------------------------------------|
| Part VII | Compensation of Officers, Directors, | Trustees, Key Employees | s, 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. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization | | d org: | aniz | | | ompe | nsa | ted any curren | t officer, director | , or trustee. |
|--|--|----------|-----------------------|---------|---------------|-------------------------------|-----------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list any | box, i | unles | s pe | ition more | than o is both or/trust | an ee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key emplayee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Connie Williams | | | | | | | | | | |
| Executive Director | 40+ | ļ | <u> </u> | ✓ | | | <u> </u> | 116,162 | | |
| (2) John Gauder | | , | | | | | 1 | | | |
| Board Chairman | 3 | / | <u> </u> | | - | | ┢ | | | |
| (3) Denine Torr | | 1 | 1 | | | | | | | |
| Vice-Chairman | 2 | V | | | | | | | | |
| (4) Kathy Nevill | 2 | 1 | | | | | 1 | | | |
| Treasurer (5) Brian Abrahamson | | 1 | | | | | | | | |
| (6) Scott Becker | 1 | / | | | | | | | | |
| (7) Camilla P. Benbow | 11 | 1 | | | | | | | | |
| (8) Beth Brill | 11 | 1 | | | | | | | | |
| (9) Don Caldwell | 11 | 1 | | | | | | | | |
| (10) Mary Cohn | 1 | 1 | | | | | | | | |
| (11) Bill Collier | 1 | 1 | | | | | | | | |
| (12) Robert M. Cook | 1 | / | | | | | | | | |
| (13) Elveta Cooper | 1 | 1 | | | | | | | | |
| (14) Beth Curley | 1 | | | | | | | | | |

| Part | VIII Continue A Officero Directoro Trus | 3 1/ T | | | | _ 1 1 | 11 | - 1 - 2 | | | | | | |
|-----------------|--|-----------------------------|-----------------------------------|-----------------------|---------|--------------|---------------------------------|---------|---|---------------------|-------------|--|-------------|------------|
| | VII Section A. Officers, Directors, Trus | iees, Key E | mpio | yees | | | tigne | st C | ompensated E | mployees | (continu | ued) | | |
| | | ŀ | | | • | C) | | | | | | | | |
| | (A) | (B) | (do z | int ch | | ition | e than d | ากต | (D) | (E) | | | (F) | |
| | Name and title | Average | | | | | is both | | Reportable | Reportable | | Est | limated | |
| | | hours per | | | | | or/trusi | | compensation | compensati | | | ount of | |
| | | week (list any hours for | 익호 | 2 | Q | ~ | 무프 | Ţ, | from the | relate organizal | | | other | |
| | | related | Individual trustee or director | ¥ | Officer | Key employee | 를음 | Former | organization | (W-2/1099- | | | oensation | חנ |
| | | organizations | 글름 | हें | " | ä | yes c | 1 8 | (W-2/1099-MISC) | (11 27 1000 | | | inizatio | n |
| | | below dotted | 무를 | ם | | ģ | " S | | | | | _ | l related | |
| | | line) | 5 | tru | | 6 | per | | | | | orga | nization | 15 |
| | | | ği | Institutional trustee | | | Highest compensated employee | | | | | | | |
| | | | | | | | 8 | | | | | | | |
| (15) Tit | fany Curtis | 1 | | | | Π | | | | | | | | |
| | | | 1 | | | | | | | | | | | |
| (16) Ka | irl F. Dean | 7 | | | _ | | | | | | | | | |
| 11.07.175 | 1111 . DGB: | <u> </u> | 1 | | | | | | | | | | | |
| (47) | | | V | | | | | | | | | | | |
| (11)70 | hn Doerge | 1 | | | | | | | | | } | | | |
| | | | ✓ | | | | | | | | | | | |
| (18) Br | yan Fastenau | 1 | | | | | | | | | | | | |
| | | | / | | | | | | | | | | | |
| (19) po | bert C. Fisher | 1 | | | | | | | | | | | | |
| (10) (0) | DELL O. FISHER | } | 1 | | | | | | | | | | | |
| tool | | | | | | | | | | | | | | <u></u> |
| (20) Ro | bin Fothergill | 11 | | | | | | | | | | | | |
| | 777 | | ✓ | | | | | | | | | | | |
| (21) Bri | ian Geraghty | 1 1 | | Ì | | | | | | | | | | |
| | | | ✓ | | | | | | | | | | | |
| (22) Jeff Gregg | | 1 | | | | | | | | Am | | 7 | | |
| 11 | 11 th the | - | 1 | | | | | | | | | | | |
| (00) | A 4-744 | | • | | - | | | | | | | | | ···· |
| (23) Ma | rc Hill | 1 | | | | | | | - | | | | | |
| | | | _ < | | | | | | | | | | | |
| (24) Ch | ris R. Johnson | 1 | | | | | | | | | | | | |
| | | | ✓ | | | | | | | | 1 | | | |
| (25) Mid | chael Lomax | 1 | | | | | | | | | | | | |
| 33.000 | | | | | | | | | | | | | | |
| 1b | Sub-total | L | | | | | | | | | | | | |
| | | | ٠ | • | • | | • 1 | | 116,162 | | | | | |
| | Total from continuation sheets to Part | | | ٠ | | | . ! | ▶ | 0 | | | | | |
| d | Total (add lines 1b and 1c) | · · · | | | | | | | 116,162 | | | | | |
| 2 | Total number of individuals (including but | not limited | to th | ose | list | ed a | bove |) wi | no received mo | re than \$1 | 00.000 | of | | |
| | reportable compensation from the organiz | zation 🕨 1 | | | | | | , | | | 00,000 | | | |
| - | | • | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former off | icer direct | ar a | r tri | ieta | اما | rav a | mnl | lovee or high | et compo | nentad | TE #1355 | 163 | 140 |
| • | employee on line 1a? If "Yes," complete S | Schodulo I | for cu | oh i | indi | ابت | icy c | тирі | oyee, or mgm | sat compe | moateu | N 100000000 | 1474974 | 1111 |
| | | | | | | | | • | | | | 3 | | ✓ |
| 4 | For any individual listed on line 1a, is the | sum of rep | ortab | ile c | com | pen | satio | n ar | nd other comp | ensation fr | om the | | | |
| | organization and related organizations | greater tha | ın \$1 | 50,0 | 300' | ? If | "Yes | ," (| complete Sche | edule J fo | r such | | | hay la |
| | individual | | | | | | | | | | | 4 | | 1 |
| 5 | Did any person listed on line 1a receive or | r accrue co | mper | sati | ioп · | fron | า ลกง | unr | elated organiza | ation or inc | dividual | | 5,750 | 100 |
| | for services rendered to the organization? | If "Yes." co | omole | ete S | Sch | edu | le J fo | ייים אר | uch nerson | 2 | 31410000 | 18 Mill 19 1 | 1.00 | 3:4:1 |
| | | | ٠٠٠٠ر٠٠٠ | | | | | | | · · · · | <u> </u> | 5 | | |
| | n B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest o | ompensate | ed ind | epe | nde | ent c | contra | icto | rs that receive | d more tha | in \$100 | ,000 of | | |
| | compensation from the organization. Rep | ort comper | rsatio | n fo | r th | e ca | ilenda | ar ye | ear ending with | or within | the org | anizatio | n's ta | ıΧ |
| | year. | | | | | | | | | | _ | | | |
| | (A) | | | | | | | | (B) | , | | (C) | | |
| | Name and business addr | ess | | | | | | | Description of se | rvices : | ľ | (C) Compens | ation | |
| | | | | | | | | | | | <u> </u> | | | |
| N/A | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | - | | | | *************************************** | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor | s (includio | n hut | . no | ıt li: | mite | -ct to | the | nea listed abo | ue) who | brodian | ************************************** | 1. The s | 7 7 7 7 7 |
| _ | received more than \$100,000 of compensi | ation from t | he or | nani | 79ti | On I | .u .u ▶ | ., | | voj wito | | | | |
| | | | | | | -, , | - | | n | | | mark of the history | Art. 12 2 2 | 4.5.5% 45. |

| Feir | A VIII | Check if Schedule O conta | | ടവവ | se to any ones | tion in this Part \ | VIII. | | |
|---|---------------|--|--------------|---------------|---------------------|--|--|--|--|
| | | CHECK II SCHEOLIE O COME | | 3 pon | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts ts | 1a | Federated campaigns . | | 1a | 92,739 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ь | Membership dues | _ | 1b | 0 | | | | |
| G.E. | С | Fundraising events 1c | | | 0 | | | | |
| iffs ar A | d | | | | 0 | | | | |
| <u></u> E | e | Government grants (contribut | _ | 1e | 684,200 | | | | |
| Sign | f | All other contributions, gifts, g | | | | | | | |
| 를 | | and similar amounts not included | | 1f | 861,418 | | | | |
| Ē | g | Noncash contributions included in | lines 1a-1 | f: S | | | | | |
| Cor | h | | | | > | 1,638,357 | | | |
| | | | | | Business Code | | | | |
| Program Service Revenue | 2a | | | | | with the transfer of the second section of the second | Pro unit of Land (1997) 150 150 150 150 150 150 150 150 150 150 150 150 150 150 | | |
| e e | b | | | | 1111 | | | | |
| 8 | C | | | | min = | | | | |
| <u>~</u> | d | ************************* | | - 1 | | | | *** | |
| S | e | | | | • | | | | |
| Ē | f | All other program service | | | | | | | |
| ž | g | Total. Add lines 2a-2f. | | - | > | | | | BBAYONE NEW ECOA. |
| | 3 | Investment income (inclu | | | | | | Charles and the control of the contr | |
| | | and other similar amounts | - | | | 17,697 | 2 | | 17,69 |
| | 4 | Income from investment of ta | | | | 17,051 | | | 17,00 |
| | 5 | Royalties | | • | - | | | | |
| | " | noyames | (i) Real | | (ii) Personal | | 25223236-00-50-5220 | rajtakirulaki ili. 11. 15 | |
| | 6a | Gross rents | ** | | | 1 | | | |
| | | Less: rental expenses | | _ | | | | | |
| | b | Rental income or (loss) | | _ | | | in all part placeters | | |
| | d | Net rental income or (loss) | 1 | | > | | DI MASSAN II AUSTANISS | | garan ng katameter ti bis . |
| | 7a | |) Securities | <u></u> | (ii) Other | | | With the second second | |
| | 1,0 | assets other than inventory | , | | | | | | |
| | l b | Less: cost or other basis | | - | | | | | |
| | " | and sales expenses . | | | | State of the state | The state of the s | ATTACAMENT OF COMMENT | |
| | c | Gain or (loss) | | - | | of year and year and a second or a second | | And the second s | |
| | d d | Net gain or (loss) | | | | | | 192000000000000000000000000000000000000 | Fuellings is the last selection of the act |
| | " | Net gain or (loss) | | Ė | • | (a.a.) (310-120-1211-1211) | er an eran strandarda. | 718411891189195 | Mineral de la composition della composition dell |
| ПUе | Ra | Gross income from fundra | aisinn | 1 | | | | Company of the compan | |
| Ę | Va | events (not including \$ | aising | | | | | | |
| Š | | of contributions reported on | line 1c) | - | | | | | 320 44 m = 1 m 0 m 1 m 1 m |
| r. CC | | | | | 222 002 | | | The Control of the Co | |
| Other Reve | | Less: direct expenses . | | ь | 233,092 | | | | |
| ō | b | Net income or (loss) from | | | 62,451 vents . > | ************************************** | | TIVERSTALISE SELECT | 170 64 |
| | C | Gross income from gaming | | | veilla , | 170,641 | | sandadi at ili da i | 170,64 |
| | 36 | | | ı | | Salvania de la companya de la compan | The second secon | The second secon | |
| | | • | | "⊢ | | | The state of the s | The second secon | |
| | b | Less: direct expenses . Net income or (loss) from | | b_ | ities 🕨 | | | | (12 Mind Richard Forder Jen's) |
| | 10- | Gross sales of invent | | | | | entrine (a bell 1 den bell 1 de 1905 (2 de 1906) | | |
| | 10a | returns and allowances | iory, le | | | | Property Control of the Control of t | | |
| | ١. | | | a | | rear 1 to 10 to | | | |
| | b | Less: cost of goods sold | | _bb Liguer | ntory ► | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | <u>c</u> | Net income or (loss) from Miscellaneous Revenu | | i iiiveī | Business Code | | gaza digingang lipolasika amito di si 1984-1974 d | | |
| | <u> </u> | | ue | | | | 4.6.2111111111212 | The state of the s | |
| | 11a | Fiscal Services | | - | 541200 | 55,000 | | | * - * - |
| | b | Sublease of office space | | - | 532000 | 31,644 | | | 31,64 |
| | C | Att _41 | | . | | | | | |
| | d | All other revenue | | L | | | | Fine Der committee committee | The state of the s |
| | 10 | Total. Add lines 11a-11d | | | 🕨 | 86,644 | | 1941 SAS ANALY (A) (A) | |
| | 12 | Total revenue. See instru | icitells. | | · · · · • | 1,913,339 | 55,000 | l | 219,98 |

Part IX Statement of Functional Expenses

following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response to any question in this Part IX . Do not include amounts reported on lines 6b, 7b, (C) Management and general expenses (A) Total expenses (D) Fundraising (B) (B) Program service expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . Grants and other assistance to governments, 3 organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 126,984 88,889 38,095 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 943,925 842,003 55,183 46,739 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 26,837 21,148 3.819 1,870 Other employee benefits 145,724 119,930 21,609 4,185 10 77,938 66,811 7,551 3,576 11 Fees for services (non-employees): а b d Professional fundraising services. See Part IV, line 17 е Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . . 12 Advertising and promotion 21,804 21,207 597 13 Office expenses 72,252 60,173 11,384 695 14 Information technology 29,487 24,346 5,059 82 15 16 Occupancy 95,916 64,272 31,644 17 32,726 32,328 93 305 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2,349 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 11,950 11,950 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Program Activities (inc. after-school) 201,146 201,146 Professional Services ь 50,054 45,472 4,582 Ç d All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,839,092 1,602,025 179,019 58,048 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☑ if

Part X Balance Sheet

| | | Check if Schedule O contains a response to any question in this Part | X | | 🛘 |
|--------------------------------------|-----|---|--|----------|---|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 435,812 | 1 | 335,987 |
| | 2 | Savings and temporary cash investments | 819,316 | | 836,867 |
| | 3 | Pledges and grants receivable, net | 127,588 | 3 | 94,141 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | restance to the second of the | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | 542 2000 000 000 000 000 000 000 000 000 | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | Addition | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| Ŋ | | organizations (see instructions). Complete Part II of Schedule L | 500 D 100 D | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 7,923 | 9 | 5,890 |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a | The state of the s | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,390,639 | 16 | 1,272,885 |
| | 17 | Accounts payable and accrued expenses | 74,132 | 17 | 56,987 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| S | 22 | Loans and other payables to current and former officers, directors, | | | |
| iliti | | trustees, key employees, highest compensated employees, and | | | Případě Případě (1992) v podloby Přivad Dříma Případě (1994) |
| Liabilities | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 174,856 | | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 248,988 | 26 | 56,987 |
| Net Assets or Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34. | | | |
| ă | 27 | Unrestricted net assets | 1,105,651 | 27 | 1,094,276 |
| 3al | 28 | Temporarily restricted net assets | 36,000 | 28 | 121,622 |
| 9 | 29 | Permanently restricted net assets | | 29 | |
| ֚֡֡֝֡֞֝֡֓֞֝֞֜֞֡֓֓֓֡֞֞֜֞֡֓֓֓֡֡֡֡֡֡֡֡֡ | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| - | | complete lines 30 through 34. | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ğ | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Ne l | 33 | Total net assets or fund balances | 1,141,651 | 33 | 1,215,898 |
| - | 34 | Total liabilities and net assets/fund balances | 1,390,639 | 34 | 1,272,885 |

| _ | - | |
|------|---|---|
| Pane | | 1 |
| | | |

| Part | XI Reconciliation of Net Assets | | | | |
|------|--|-------|-------------|-----------------|----------------|
| | Check if Schedule O contains a response to any question in this Part XI | | | | <u>. Ц</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | _1_ | | 1,9 | 13,339 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | <u> </u> | 1,B | 39,092 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 74,247 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1,1 | <u>41,651</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | <u> </u> | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 1,2 | <u> 15,898</u> |
| art | XII Financial Statements and Reporting | | | | , |
| | Check if Schedule O contains a response to any question in this Part XII | • • | <u> </u> | | <u>. Ll</u> |
| | | | F | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: | oiled | or | | |
| | _ | | 134 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | . 2t | , , | i dita f |
| D | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited. | odon | | | 1 15 17 10 1 |
| | separate basis, consolidated basis, or both: | | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| ¢ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | ersig | jht | 1 | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | | ; | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain | in 🔯 | | |
| | Schedule O. | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | I . | | |
| | the Single Audit Act and OMB Circular A-133? | • • | · 3a | 3 ✓ | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rgo t | he | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits | | 1 | |
| | | | F | orm 99 1 | J (2012) |

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

20**12** Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Employer identification number Name of the organization Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ 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). 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). 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 331/3% 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 331/3% 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). 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. d Type III-Non-functionally integrated c Type III-Functionally integrated b ☐ Type II a Type I e By 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 f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (iv) Is the organization (vii) Amount of monetary (i) Name of supported (iii) Type of organization (ii) EIN (v) Did you notify (vi) Is the (described on lines 1-9 the organization in organization in col. in col. (i) listed in your support organization col. (i) of your (i) organized in the governing document? above or IRC section support? U.S.? (see instructions)) Yes No Yes Yes Nο (A) (B) (C) (D) (E)

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | on A. Public Support | | | | | , | | |
|------------|--|-------------------|--------------------------------|--|---|------------------|-----------|--|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,627,787 | 1,605,697 | 1,684,168 | 1,598,562 | 1,638,357 | 8,154,571 | |
| 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 through 3 | 1,627,787 | 1,605,697 | 1,684,168 | 1,598,562 | 1,638,357 | 8,154,571 | |
| 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) | | | | | | | |
| _ | ** | Turkey of account | | Court Afrik Tyle balgitur. De artister stantskipt og fore | i (200 dagagagan) Praga Telebara Awatana | | <u> </u> | |
| 6 Secti | Public support. Subtract line 5 from line 4. on B. Total Support | | | ry, stylle, tag jii jälelelej l | Production Company | | 8,154,571 | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| 7 | Amounts from line 4 | 1,627,787 | 1,605,697 | 1,684,168 | 1,598,562 | 1,638,357 | 8,154,571 | |
| 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 | 36,600 | 58,780 | 34,174 | 20,354 | 17,697 | 167,605 | |
| 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 | | | | | | | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop he | re | · · · · · | | · - | ear as a section | | |
| | on C. Computation of Public Suppor | | | | | | | |
| 14 | Public support percentage for 2012 (line (| | - | | | 14 | 98 % | |
| 15 | Public support percentage from 2011 Sch | | | | | 15 | 99 % | |
| 108 | 331/3% support test—2012. If the organization qua | | | | | 3% or more, ci | | |
| b | 331/3% support test—2011. If the organization qual check this box and stop here. The organ | nization did no | t check a box | on line 13 or | 16a, and line | | 1,2, | |
| 17a | 10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "forganization | ets the "facts-a | and-circumsta mstances" tes | nces" test, che t. The organiza | ck this box an ation qualifies | d stop here. E | xplain in | |
| b | b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization di instructions | | | • | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection Employer Identification number

| ENCI | Foundation | | 58-1475675 |
|----------|---|--|--|
| Par | Organizations Maintaining Donor | Advised Funds or Other Similar Fu | inds or Accounts. Complete if the |
| | organization answered "Yes" to Fo | rm 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | and the second s |
| 2 | Aggregate contributions to (during year). | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Appropriate value at end of year | | |
| 5 | Did the organization inform all donors and o | tonor advisors in writing that the assets | held in donor advised |
| • | funds are the organization's property, subject | to the organization's exclusive legal con | trol? Yes 🗌 No |
| 6 | Did the proprietion inform all grantees, don | ors, and donor advisors in writing that gr | rant funds can be used |
| U | only for charitable purposes and not for the | benefit of the donor or donor advisor, or | for any other purpose |
| | conferring impermissible private benefit? | · | 🗌 Yes 🗌 No |
| Doz | II Conservation Easements. Compl | ete if the organization answered "Yes | s" to Form 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held b | w the organization (check all that apply). | |
| 1 | Preservation of land for public use (e.g., r | ocreation or education) Preservation | of an historically important land area |
| | | | of a certified historic structure |
| | Protection of natural habitat | | a a dolanos molone en estere |
| | Preservation of open space Complete lines 2a through 2d if the organizat | ion hold a qualified consensation contribu | tion in the form of a conservation |
| 2 | Complete lines 2a through 20 if the organizar | ion neid a qualified conservation contribu | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| | | | |
| а | Total number of conservation easements . | | |
| b | Total acreage restricted by conservation easi | ements | 20 |
| C | Number of conservation easements on a cer- | ified historic structure included in (a) . | 20 |
| d | Number of conservation easements include | ed in (c) acquired after 8/1//06, and no | ot on a |
| | historic structure listed in the National Regist | er | |
| 3 | Number of conservation easements modified | l, transferred, released, extinguished, or t | erminated by the organization during the |
| | tax year ► | | |
| 4 | Number of states where property subject to | conservation easement is located | |
| 5 | Does the organization have a written poli | cy regarding the periodic monitoring, | inspection, nariding of |
| | violations, and enforcement of the conservat | ion easements it holds? | · · · · · · · · · Yes No |
| 6 | Staff and volunteer hours devoted to monitor | ring, inspecting, and enforcing conservati | on easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, | inspecting, and enforcing conservation ea | asements during the year |
| | ▶\$ | | |
| 8 | Does each conservation easement reported | on line 2(d) above satisfy the requirement | ts of section 170(h)(4)(B) |
| | (i) and section 170(h)(4)(B)(ii)? | | Yes 📙 No |
| 9 | In Part XIII, describe how the organization re | ports conservation easements in its rever | nue and expense statement, and |
| J | 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 e | asements. | |
| Par | | ctions of Art, Historical Treasures, | or Other Similar Assets. |
| والمالية | Complete if the organization answ | ered "Yes" to Form 990, Part IV, line | 8. |
| 1a | If the progrization elected as permitted uno | ler SEAS 116 (ASC 958), not to report in | its revenue statement and balance sheet |
| 10 | works of art, historical treasures, or other | similar assets held for public exhibition, | education, or research in furtherance of |
| | public service, provide, in Part XIII, the text of | of the footnote to its financial statements | that describes these items. |
| | If the organization elected, as permitted un | oder SEAS 116 (ASC 958), to report in i | its revenue statement and balance sheet |
| b | works of art, historical treasures, or other | similar assets held for public exhibition. | education, or research in furtherance of |
| | public service, provide the following amount | s relating to these items: | • |
| | | | > \$ |
| | (i) Revenues included in Form 990, Part VIII | , iii e i | • • • • • • • • • • • • • • • • • • • |
| _ | (ii) Assets included in Form 990, Part X If the organization received or held works | of art historical traceures or other sim | ilar assets for financial gain, provide the |
| 2 | If the organization received or held works following amounts required to be reported u | nder SEAS 116 (ASC 958) relation to thes | e items: |
| | tollowing amounts required to be reported u | True or No 110 (Noo 300) relating to thes | • • |
| а | Revenues included in Form 990, Part VIII, lin | e1 | . , Γ Ψ |
| b | Assets included in Form 990, Part X | | |

| | F | age | 2 |
|---|---|-----|---------------|
| _ | | | $\overline{}$ |

| a b c 4 | Using the organization's acquisition, a collection items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organizat XIII. During the year, did the organization assets to be sold to raise funds rather | | d e | | or exchang | ge progr | ams | _ | its |
|------------------|--|----------------------------|-------------|--------------|-------------------------|---------------|--|---------------------|--------|
| b c 4 | Scholarly research Preservation for future generations Provide a description of the organizat XIII. During the year, did the organization | | e | | | | | | |
| 6 4 5 | Preservation for future generations Provide a description of the organizat XIII. During the year, did the organization | | e | | | | | | |
| 6 4 5 | Preservation for future generations Provide a description of the organizat XIII. During the year, did the organization | | | _ | | | | | |
| 4 5 | Provide a description of the organizat XIII. During the year, did the organization | | and avale | | *********** | | ****** | | |
| 5 | XIII. During the year, did the organization | | | ain how t | hev further | the ora: | anization's exem | nt purpose in P | art |
| 5 | During the year, did the organization | | und Capit | 411111011 | ney rainer | the orga | ariization o oxom | pr porpose arr | uit |
| | | | danation | a at aut | biotonical to | | ar athar simila | | |
| | accere in he coin in raice innoc rainer | | | | | | | | |
| Part | | | | | _ | | | | |
| | line 9, or reported an amoun | t on Form 990, | Part X, li | ne 21. | | | | | /, |
| | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | t □ Yes □ N | Vo. |
| b | If "Yes," explain the arrangement in Pa | art XIII and compl | ete the fo | llowing ta | able: | [| i An | nount | |
| | | | | | | ļ | | TOUT | — |
| | Beginning balance | | | | | 1c | 1 | | |
| | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amoun | it on Form 990, P | art X, line | 217 . | | | | ☐ Yes ☐ N | 10 |
| b | If "Yes," explain the arrangement in Pa | art XIII. Check her | e if the ex | kplanatio | n has been | provide | d in Part XIII . | <u></u> . \square | |
| Part | V Endowment Funds. Complete | ete if the organiz | zation ar | swered | | | | | |
| | | (a) Current year | (b) Prid | or year | (c) Two year | rs back | (d) Three years back | (e) Four years bac | :k |
| 1a | Beginning of year balance | | | | | | | | |
| | Contributions | | | | | | | | |
| | Net investment earnings, gains, and | | | | | | ************************************** | | — |
| | losses | | | | | | | | |
| | Grants or scholarships | | | • | | | | | — |
| | Other expenditures for facilities and | | | | | | | | — |
| | programs | | | | | | | | |
| | · - | | | | | | | | — |
| | Administrative expenses | | <u> </u> | ···· | | | | | — |
| _ | End of year balance [| | | - 0: | L | N 11-l - | | | — |
| 2 | Provide the estimated percentage of the | ne current year et | io balanc | e (iine 19 | i, column (a | у пею а | S: | | |
| a | Board designated or quasi-endowmen | IL ▶ | % | | | | | | |
| b | Permanent endowment 🕨 | % | | | | | | | |
| | Temporarily restricted endowment 🕨 | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2 | | | | | | | | |
| | Are there endowment funds not in the | possession of the | ne organiz | zation tha | at are held | and adn | ninistered for the | | |
| 1 | organization by: | | | | | | | Yes N | 0 |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organia | zations listed as r | equired c | n Sched | ule R? . | | | 3b | |
| 4 | Describe in Part XIII the intended uses | of the organization | on's endo | wment fu | unds. | | | | |
| Part \ | VI Land, Buildings, and Equip | ment. See Forn | n 990, Pa | art X, lin | e 10. | | | | |
| | Description of property | (a) Cost or of (investm | her basis | (b) Cost o | or other basis ther) | | ccumulated preciation | (d) Book value | |
| 1a | Land | | · · · · · · | | | datakidak | | | |
| | Buildings | | | | ····· | | | | _ |
| | Leasehold improvements | | | | | | | | — |
| | · | | | | | | | | — |
| | Equipment | | | | | | | | |
| | Other | ust squal Form 0 | an Part 1 | l Coolumn | (R) line 10 | Yel I | | | |

| Part VII | Investments—Other Securities | . See Form 990, Part X, | line 12. |
|------------------|--|--------------------------------|--|
| 1 | a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financia | l derivatives | | |
| (2) Closely- | held equity interests | | |
| (3) Other | | ***** | |
| (A) | *************************************** | | |
| (B) | ************************* | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | - Marian |
| (H) | | | |
| (l) | 75 250 D 11/ 1 (7) P 10 L 1 | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | L Coo Form 000 Dart V | |
| Part VIII | Investments-Program Related | | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| _(7) | w. | | |
| (8) | m | | |
| (9) | | | |
| (10) | 01 | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | iv r_ ar | |
| Part IX | Other Assets. See Form 990, Pa | П X, IIПе 15.) Description | (b) Book value |
| 741 | Įa | y pescription | (b) Dook value |
| (1) | | | |
| (2) | | ··· | |
| (3) | | | |
| (5) | | | |
| (6) | WWW. T. T. T. T. | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | Water to the transfer of the | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, co | ol. (B) line 15.) | |
| Part X | Other Liabilities. See Form 990, | Part X, line 25. | |
| 1. | (a) Description of liability | (b) Book value | |
| (1) Federal | income taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.J ▶ | | |
| | | | anization's financial statements that reports the organization's |
| liability for ur | ncertain tax positions under FIN 48 (ASC 74 | 40). Check here if the text of | the footnote has been provided in Part XIII $\ \ \ \ \ \ \ \ \ \ \ \ \ $ |

| Pa | n | Б | 4 |
|----|---|---|---|
| | | | |

| Part | Reconciliation of Revenue per Audited Financial Stateme | | | Retu | |
|---------|---|--------|---------------------------|-------------------|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,300,081 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 11 11 11 11 11 | |
| а | Net unrealized gains on investments | 2a | | | |
| ь | Donated services and use of facilities | 2b | 386,742 | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | 3) 1. | |
| е | Add lines 2a through 2d | | | 2e | 386,742 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,913,339 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 344 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | | |
| b | Other (Describe in Part XIII.) | 4b | 0 | 1 350 | |
| С | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | <u> </u> | 5 | 1,913,339 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | ents | With Expenses pe | r Re | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,225,834 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ı | t | 11.14. | |
| а | Donated services and use of facilities | 2a | 386,742 | | |
| Ь | Prior year adjustments | 2b | | | |
| C | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 386,742 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,839,092 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | <u> </u> | | |
| b | Other (Describe in Part XIII.) | 4b | | 11.85000 | |
| C | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | | 5 | 1,839,092 |
| Part | XIII Supplemental Information | | | | |
| Comp | lete this part to provide the descriptions required for Part II, lines 3, 5, and | 9; Pa | rt III, lines 1a and 4; P | art IV | ', lines 1b and 2b; |
| | , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b | . Also | complete this part it | , bro | nue any additional |
| | nation. | | 1 1 | | in a dead a supplier |
| The fa | r market value of donations of school supplies to PENCIL Box, a free school s | uppiy | center where teachers | obtai | n school supplies |
| | | | | | |
| for stu | dents who could not afford them otherwise - \$386,742. | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ••• | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

20**11** Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection | Employer identification number

58-1475675 **PENCIL Foundation** Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations а Solicitation of government grants Internet and email solicitations b Special fundraising events ☐ Phone solicitations c In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundralser have (or retained by) fundraiser listed in (iv) Gross receipts (i) Name and address of individual custody or control of contributions? (ii) Activity from activity or entity (fundraiser) organization col. (i) Yes Νo 1 2 3 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat. No. 50083H

| Pa | irt II | Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha | ng event contributions | on answered "Yes" to and gross income on I | Form 990, Part IV, line Form 990-EZ, lines 1 a | 18, or reported more and 6b. List events with |
|-----------------|-------------------|---|---|--|---|--|
| | | gresse /225/pre-3 | (a) Event #1 Golf Tournament (event type) | (b) Event #2 Concert (event type) | (c) Other events Luncheon (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 2 | Gross receipts | 63,835 | 148,457 | 20,800 | 233,092 |
| | 3 | Gross income (line 1 minus line 2) | 63,835 | 148,457 | 20,800 | 233,092 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | - |
| Direct Expenses | 6 | Rent/facility costs | | 8,621 | | 8,621 |
| t Exp | 7 | Food and beverages | | 13,183 | 6,750 | 19,933 |
| Direc | 8 | Entertainment | 8,000 | 0 | 0 | 8,000 |
| | 9 | Other direct expenses . | 10,470 | 8,209 | 7,688 | 25,897 |
| | 10 11 | Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the | ine line 3, column (d), ar | nd line 10 | | (62,451) 170,641 |
| - | 3131111 | than \$15,000 on Form 9 | | | 1 | (d) Total gaming (add |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| <u> </u> | 1 | Gross revenue | | | | |
| Expenses | 2 | Cash prizes | | | | <u> </u> |
| Expe | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | A A B A A A A A A A A A A A A A A A A A |
| | 5 | Other direct expenses . | ☐ Yes % | ☐ Yes % | ☐ Yes % | |
| | 6 | Volunteer labor | □ No | ☐ No | □ No | |
| | 7 | Direct expense summary. Ad | _ | | | () |
| 9 | | Net gaming income summary ter the state(s) in which the or the organization licensed to op- | ganization operates gar | | | 🗌 Yes 🗍 No |
| | b If " a We | No," explain: ere any of the organization's g | | | | |
| | b If " | Yes," explain: | ******** | | | |

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. > See the Instructions for Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Employer identification number

58 ;

PENCIL Foundation Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part **Employees** (F) Reportable Estimated Reportable Name and title Average hours Position (check all that apply) compensation amount of compensation per week Officer Κey Former Individual trustee or director Institutional trustee Highest compensated employee other from related from compensation organizations th= eadoldure (W-2/1099-MISC) from the organization (W-2/1099-MISC) organization and related organizations 26) Cindy Mabe 1 27) Don MacLachlan 28) June Manning 1 29) Darin Matson 30) Lonnell Matthews, Jr. 1 31) Candice McQueen 32) Nancy Flatt Meador 1 33) Enrico J. Pennisi 34) Brian Phillips 1 35) Gracie Porter 1 36) Bert Quintana 1 37) Jesse Register 38) Jennie Renwick 1 39) Sue Spickard 40) Byron R. Trauger 1 41) Claire Tucker 42) John Van Mol 1 43) Sandra Vance 1 44) Walter Vance 1 45) Connie White 1

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
PENCIL Foundation

Employer identification number

58-1475675

| Part | Types of Property | | | | T | | |
|----------|--------------------------------------|-------------------------------|--|---|-------------|---------------------------|-----------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution arnounts reported on Form 990, Part VIII, line 1g | Method o | (d) of determination a | |
| 1 | Art-Works of art | | | | | | |
| 2 | Art—Historical treasures | | | | | | |
| 3 | Art—Fractional interests | | | | | | • |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household | | | 1100 | | | |
| | goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities-Publicly traded | -" | | | | | |
| 10 | Securities-Closely held stock . | | | | | | |
| 11 | Securities—Partnership, LLC, | | | | | | |
| | or trust interests | | | | | | |
| 12 | Securities-Miscellaneous | | | | <u> </u> | | |
| 13 | Qualified conservation | | · | | | | |
| | contribution—Historic | | | | | | |
| | structures | | | | | | |
| 14 | Qualified conservation | | | | | | |
| | contribution-Other | | | · · | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate—Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | unt. | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | <u> </u> | | | . | | |
| 23 | Scientific specimens | | | | <u> </u> | | |
| 24 | Archeological artifacts | | 210 | 0 | | | |
| 25 | Other ► (School Supplies) | | 210 | <u> </u> | 1 | | |
| 26 | Other () | | | | | | |
| 27 28 | Other ► () | | | | | | |
| 29 | Number of Forms 8283 received | hy the or | nanization during the tax \ | ear for contributions for | | | |
| LU | which the organization completed | | | | 29 | 0 | |
| | , | | | | | | es No |
| 30a | During the year, did the organiza | tion receive | e by contribution any prope | erty reported in Part I. line | s 1-28 that | | 13. de 15 |
| | it must hold for at least three year | ars from the | e date of the initial contribu | ution, and which is not rec | uired to be | 1,339 | |
| | used for exempt purposes for the | | | | | 30a | ✓ |
| b | If "Yes," describe the arrangemen | | | | | | |
| 31 | Does the organization have a | | | es the review of any no | n-standard | | |
| - • | contributions? | | | | | 31 | 1 |
| 32a | Does the organization hire or us | e third par | ties or related organization | s to solicit, process, or s | ell noncash | | |
| | | | | | | 32a | 1 |
| b | If "Yes," describe in Part II. | | | | | HAN E | |
| 33 | If the organization did not report a | n amount ir | n column (c) for a type of pro | pperty for which column (a) | is checked, | | |

| Part II | Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
|-------------|---|
| PENCIL rec | eives donations of new school supplies or gently used office supplies to be distributed to teachers through our free school |
| supply cent | ter. This year, approximately 210 businesses and individuals donated a wide variety of supplies for distribution throughout the |
| 2011-12 sch | nool year. These supplies are then used in the classrooms and given to students who could not afford them otherwise. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PENCIL Foundation

Employer identification number 58-1475675

| Math Partners - helps students strengthen basic math skills and concepts with a special emphasis on solving word problems. A total of 240 |
|--|
| volunteers donated 5,800 hours of tutoring services to 725 students in 2011-12. |
| |
| |
| Reading Partners - the goal of Reading Partners is to increase the reading ability, comprehension and enjoyment of students in grades K-6 |
| |
| who score 'below proficient' in reading on the state's standardized tests. Trained volunteers and college work-study students served a total |
| of 1,628 students and donated over 10,235 hours of volunteer tutoring time. 92% of students improved by two or more reading levels. |
| |
| |
| LP PENCIL Box - gets supplies into the hands of children who need them through generous community donations. The free school supply |
| store provides basic school supplies and gently used office supplies to teachers for the students. During 2011-12, \$400,000 in school |
| supplies were distributed to classrooms across Nashville and 2,500 teachers visited the store. |
| |
| |
| St. Thomas Science Scholars - awarded placement to 35 sophomores who have an interest in science and healthcare professions. Students |
| participated in six Saturday sessions at St. Thomas Hospital, learning hands-on the various aspects of working in a healthcare environment. |
| participated in 3% Siteraby Sessions of Ct. Montes Hooping, raowing territories. |
| |
| Financial Literacy & Homebuyer Education - PENCIL offers two programs that empower low to moderate income students and adults with |
| the ability to make informed financial decisions as part of the American dream. Ten volunteer facilitators were placed in five schools to lead |
| students in grades 10-12 through FDIC 'Money Smart' training. In addition, 72 low and moderate income adults participated in eight hours of |
| Students in grades 10-12 (mough Fold Worley Smart training, in addition, 72 low and moderate income addits participated in eight notes of |
| group training to earn the certification required for down-payment assistance programs as a first-time homebuyer. |
| |
| |
| Family Resource Centers |
| PENCIL now operates five school-based centers to help connect families with resources throughout the city. Services include food, |
| clothing, assistance with utility bills; helping parents find employment, learn English or GED preparation. Students can turn to the FRC for |
| assistance such as teen parenting classes and academic assistance. |
| 83313/tBirkE 30Uri B3 (tell pB) Entring tilbaaca Brio beblerine basistanee. |
| |
| College-Career Mentors - recruits adult volunteers to mentor small groups of 9th grade students about post-secondary options and future |
| careers. In 2011-12, 41 mentors donated 617 hours of volunteer time assisting 184 students. |

| Schedule O (Form 990 or 990-EZ) (2011) | rage Z |
|--|--|
| Name of the organization | Employer Identification number |
| PENCIL Foundation | 58-1475675 |
| D 10 Line 11h | |
| Part VI, Line 11b | |
| PENCIL's form 990 is reviewed annually by members of PENCIL's Finance Committee | , an active subcommittee of PENCIL's Board of |
| *************************************** | |
| Directors and chaired by the board treasurer. | |
| | |
| | |
| Part VI, Line 15 | |
| | |
| The annual performance review of the Executive Director is reviewed and evaluated of | each year by a combination of the current year's board |
| | the state of the Nashville board Contactor for Nanprofit |
| chair and the prior year's board chair. The salary is continuously evaluated by use o | i data provided by Nashville-based Center for Nonprofit |
| Management for similarly qualified persons serving in the Executive Director's role w | within nonprofit organizations of similar size and scope |
| Wanagement for similarly quanties persons serving in the executive breaking | |
| of services. | |
| | |
| | |
| Deat VII Line 10 | |
| Part VI, Line 19 | |
| A disclosure file that contains application for exemption and three years of 990 filing | s is maintained by the Finance Director. Audited |
| | |
| financial statements are available upon request and is a matter of public record through | ugh GivingMatters.com, the on-line non-profit website |
| housed by the Community Foundation of Middle Tennessee. GivingMatters is also li | nked to Guide Star. |
| noused by the Community Foundation of Middle Termessee. Grangmans is also | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| *************************************** | |