Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

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

Depa Inten	rtment nal Rev	of the Treasury venue Service	may use this form. ► The organization may have to use a copy of this return to satisfy state repo	rting requirements.		. ii.	(guas ránsan
Δ	For #	he 2009 calen	dar year, or tax year beginning 4/01 , 2009, and en	ding 3/31		. 2010	
		if applicable:	C		D Employ	er identificatio	n number
Π		Ple	ISO MEN MINORIAND HITTI ACRO OF MACINITIES THE			1854313	
H		change lab	HO 2000 HILLGBODO BOYD #50		E Telepho		
_	Initial	return typ	NASHVILLE, TN 37215				1.4
	Termin	nation Sec	cific		012	-385-58	14
H		ted return tion	ruc-			Exemption er	
			(aV2) amonimations and AQAT(aV1) nanavament should his streets	G Accounting	•		
		Section 501 must	(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts attach a completed Schedule A (Form 990 or 990-EZ).	Other (spec	ify) ►	<u> </u>	
			D //ERRI NACIULTI D MENMILOGICANOVITI ACEC CON/	H Check ►			
			P://WWW.NASHVILLE.TENTHOUSANDVILLAGES.COM/	required to 990-EZ, or	attach So	chedule B (F	-orm 990,
<u>"</u>	Tax-e	xempt status (cl	eck only one) — X 501(c) (3) < (insert no.) 4947(a)(1) or 527 organization is not a section 509(a)(3) supporting organization and its			the not man	a than
	\$25,0	000. A Form 99	0-EZ or Form 990 return is not required, but if the organization chooses to file	e a return, be sui	re to file a	complete re	turn.
L	Add	lines 5b, 6b,	and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Foo-EZ:	orm 990	>	· \$	441,866.
37	inste	Reven	ue, Expenses, and Changes in Net Assets or Fund Balance	es (See the			
	1		s, gifts, grants, and similar amounts received				7,670.
	2	Program sei	vice revenue including government fees and contracts			2	, , , , , ,
	3	Membership	dues and assessments			3	
	4		ncome			4	1,286.
	5 8	Gross amou	nt from sale of assets other than inventory				
	l t	Less: cost o	r other basis and sales expenses				
R	(c Gain or (loss) f	rom sale of assets other than inventory (Subtract In 5b from In 5a)		<u> </u>	5 c	
REVENU	6		and activities (complete applicable parts of Schedule G). If any amount is from gaming, che	ck here 🕨	· 📙 📕		
Ņ	4	a Gross reven	ue (not including \$of contributions			3	
Ē		reported on	line 1) <u>6a</u>				
			expenses other than fundraising expenses 6b				
	•	c Net income or	loss) from special events and activities (Subtract line 6b from line 6a)			6c	· -
	7:	a Gross sales	of inventory, less returns and allowances	432,			
	1	b Less: cost o	f goods sold	225,			207 612
	'	-	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	207,612.
	8	Other revenue			_)∵ _	8	
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	216,568.
	10		similar amounts paid (attach schedule)			0	
E	111		d to or for members				105
EXPENS	12		ner compensation, and employee benefits			2	105,392.
E	13		I fees and other payments to independent contractors			3	10,711.
S	14		rent, utilities, and maintenance			4	77,160.
5	15		blications, postage, and shipping			5	EC 034
	16		(describe ► SEE STATEMENT 1			6 7	56,834. 250,097.
_	17		ises. Add lines 10 through 16				
ļ	18		deficit) for the year (Subtract line 17 from line 9)			8	-33,529.
N	19	tigure repor	ted on prior year's return)			9	165,675.
Ŧ!	20	Other chan	ges in net assets or fund balances (attach explanation)		2	20	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> </u>	► 2	21	132,146.
P	attl		ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or me			d of Form 9	90-EZ.
			(See the instructions for Part II.)	(A) Beginnin	ig of year	(B) E	nd of year
2			and investments		7,424.	22	98,324.
2	3 La	and and buildi	ngs			23	
2	4 0	ther assets (d	escribe SEE STATEMENT 2	. 50	5,769.	24	61,001.
2	5 To	otal assets		. 184	1,193.		159,325
2	c T.	stal liabilities	(describe ► SEE STATEMENT 3)	1 18	3.518	26	27.179

132,146.

165,675.27

	THE THINKS WE WITH	TACES OF NASHVILLE	TNC.	62-1	8543	13 Page 2
orm	990-EZ (2009) TEN THOUSAND VIL	ice Accomplishments (See the instructions	s.)		Expenses
2 5 5		ansmississis A		150	leguire 11 (c) (3	d for section and (4) tions and section tousts; optional
/hat is	the organization's primary exempt purpose? SEE ibe what was achieved in carrying out the ibe the services provided, the number of primary in the services provided.	organization's exempt purpor	ses. In a clear and conc	ise manner, or	ganiża	tions and section
)esci lescr	ibe the services provided, the number of p	persons benefited, or other re	levant information for ea	fo	r other	s.)
rogr	am title. ESTABLISHMENT OF A SOLID C	DEDATING STRUCTURE	THROUGH WHICH	TO		
28	FACILITATE THE IMPORT, MAI	PERMITING DIRECTOR	OF PRODUCTS OF			
	IMPOVERISHED AND DISADVANT	PACED PEOPLE IN DEV	ELOPING COUNTRI	ES.		
		s amount includes foreign gra	nts check here	▶	28a	226,996.
	(Grants \$) If this	s amount includes loreign gra	ins, check here			
29						
				- -	29 a	•
	(Grants \$) If thi	s amount includes foreign gra	ints, check here			
30						
		s amount includes foreign gra			30 a	
	(Grants \$) If the	s amount includes foreign gra	ints, theth here			
31	Other program services (attach schedule)is amount includes foreign gra	ants check here	▶ 🗍	31 a	
	10.0.0.00	20a through 21a)			32	226,996.
32	Total program service expenses (add in List of Officers, Directors,	Trustees and Key Emi	710V##\$_ \$ #2KI DIIK	EACH HING COUR	ensate	ed. (See the instrs.)
F (2)	List of Officers, Directors,	(b) Title and average hours	(c) Compensation (If	(d) Contributions t	0 (e) Expense account nd other allowances
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans deferred compensati	and a	nd other allowances
	(4) (4)	to position	0.	ucici tea compensua	0.	0.
BA	RBARA DEVANEY	BOARD MEMBER	0.1		٠.۱	
		1.00				
NĀ	SHVILLE, TN		0.		0.	0.
AL	EX MACKAY	CO-SECRETARY	0.		١.٠	•
		1.50			i	
NA	SHVILLE, TN				0.	0.
	NN STEEN	BOARD MEMBER			٠٠١	٠.
_===] 0.50			ļ	
NZ	SHVILLE, TN					0.
	NDA CRANE	VICE-CHAIR	1		0.	υ.
		1.00				
NZ	ASHVILLE, TN				 	0.
	EE EBY	CHAIR	1		0.	0.
	<u> </u>	2.00)	1	- 1	
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	ERRI_ROBINSON	BOARD MEMBER		·	0.	0.
	101111111111111111111111111111111111111	7 0.50)	1	- 1	
N	ASHVILLE, TN]			 _+	0.
	LLEN KOTZBAUER	BOARD MEMBE	0.		0.	υ.
	<u> </u>] 1.00	0		1	
- N	ASHVILLE, TN	<u> </u>				
<u> </u>	ONNALLY DAVIES PENLEY	BOARD MEMBE	R 0.	. [0.	0.
	<u> </u>	0.5	0	1		
-	ASHVILLE, TN	7		 		
	RENTON FLYNN	BOARD MEMBE	R 0.	.	0.	0.
	VENION LUINIT	1.0	0			
-	ASHVILLE, TN					
		CO-SECRETAR	<u>Y</u> 0		0.	0.
_1	ARA AARON	1.5				
	DOUBLITE THE		ļ			
	ASHVILLE, TN	TREASURE	R 0		0.	0.
	J.D. STEINHILBER	2.0	L.			1
_			-			
	WASHVILLE, TN	BOARD MEMBE	CR 0		0.	0.
<u> </u>	KITTLER ZIBART	BOARD MEMBER 1.0	~ `}	1		
_						
_	NASHVILLE, TN	TEEA0812L	01/30/10			Form 990-EZ (2009
-		12400126				

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* *;	Other Information (Note the statement requirements in the instrictor Part V.) SEE STA	TEME		
		 	Yes	<u>No</u>
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33	ŀ	v
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		$\frac{X}{X}$
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		_	
1	Did the organization file Form 1120-POL for this year?	37b		X
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<u>.</u>		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities	-		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
1	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part 1.	40 b		x
•	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► TN			
42	a The organization's books are in care of ► JENNY MALONE Located at ► 1507 STRATTON AVE. NASHVILLE TN ZIP + 4 ► 37206	97-4	<u>875</u>	
			Yes	No
	b 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)?	42b	163	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	. 42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		<u> </u>	N/2 N/2
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44		х
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		<u> </u>	x
BA/	TÉÉA0812L 01/30/10 Fo	orm 99	0-EZ	(2009

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Page 3

Form 990-EZ (2009) TEN THOUSAND VILLAGES OF NASHVILLE, INC.

Form 990-EZ (2009) 🗓	TEN	THOUSAND	VILLAGES	OF	NASHVILLE.	INC.
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(615)

383-6592

►X Yes No Form **990-EZ** (2009)

Page 4

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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..... 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II... X 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... Х 49a Did the organization make any transfers to an exempt non-charitable related organization?..... X b If 'Yes,' was the related organization a section 527 organization?..... Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employer benefit plans and deferred compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 NONE f Total number of other employees paid over \$100,000...... Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000...... Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Type or print name and title. Date Preparer's Identifying Number (See instructions) Check if Preparer's signature **Paid** N/A employed Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 FRASIER, DEAN & HOWARD, PLLC parer's 3310 WEST END AVENUE, Use N/A ΕIN Only NASHVILLE, TN 37203

May the IRS discuss this return with the preparer shown above? See instructions......

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Employer identification number

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.

<u>ren</u>	TI		AND A								INC	_										2-18						
e e p		Rea	son fo	r Pu	blic C	han	ty S	tatu	ıs (A	All c	orga	niza	atio	ns i	mus	t co	mple	ete	this	part	.) §	See ir	nstru	ictio	ons			
he o	rgai	nizatio	n is no	t a pri	vate fo	unda	tion t	ecau	use it	is:	(For	lines	s 1 t	throu	ıgh 1	1, cl	neck o	only	one	box.)								
1		A chu	rch, co	nventi	on of c	church	nes o	rass	ociat	tion	of ch	nurch	nes (desc	ribed	l in s	ectio	n 1	70(b)	(T)(A)(i).							
2		A sch	ool des	cribed	in sec	ction	170(t)X1)X	A)(ii)	. (A	\ttach	n Sch	hedu	ule E	:.)													
3		A hos	pital or	coope	eratiye	hosp	ital s	ervic	e org	gani:	zatio	n de:	scrit	bed i	in se	ctio	170((b)(1)(A)(iii).								
4		A med	lical re	search	orgar	nizatio	on op	erate	ed in	con	junct	ion v	with	a h	ospit	al de	scribe	ed i	n sec	tion 1	70 (l	b)(1)(A)(iii).	Ent	er the	hos	pital's	
			city, a				. _ _														. _ .							
5		170(b	ganizat (1)(A)(iv). ((Comple	ete Pa	art II.))			-											nental	unit	des	cribed	in s	ection	1
6	Ц		eral, st																									
7	님	in sec	ganizat tion 1 7	' 0(b)(1)(A)(vi). (C	ompl	ete P	art II	l.)	-						_	ove	rnme	ntal ur	nt c	or from	the 9	gene	eral p	ublic	descr	ibed
8	닖		nmunity								,,,,	, ,	-				•				_							
9	X	from a invest	janizati ictivities ment i 30, 197	s relate ncome	d to its and u	exen Inrela	npt fu ted b	nctior usine	ns – ess ta	subj axal	ect to ole in	ceri	tain ie (le	exce	eption	ıs, ar	nd (2)	no I	more :	han 3	3-1/	3 % of	its su	IODOI	rt from	aros	S	fter
10		An or	ganizal	ion or	ganize	d and	i ope	rated	l exc	lusiv	vely t	o te:	st fo	r pu	blic	safet	y. Se	e s	ectio	1 509 (a	a)(4).			•			
11		more descr	ganizat publict bes th	ion or y supp e type	ganize orted of su	orga pport	nizati ing o	ons o	desci zatio	lusiv ribed n ar	d in s nd co	section mple	on 5 ete l	509(a lines	a)(1) s 11e	or so	ection ugh 1	1 50 I 1h	9(a)(2). Se	of, e se	or car ection	rry ou 509(a	at the a)(3)	. Che	ck th	ne box	that
			Type !				Ту	•										-	tegra				d [╝			Other	
е	Ш	By chethan for than for the second se	ecking oundat)(2).	this b	ox, I co anager	ertify rs and	that to	the or er tha	rgan an on	izati ne oi	ion is r moi	not re pu	ublic	ntroll ly su	ed d uppo	irecti rted	ly or i organ	ndi niza	rectly tions	by on descri	e o	r more I in sec	disq	ualif 509	ied p (a)(1)	erso or se	ns oth ection	ner
f			organi this b		receiv	ed a	writte	n de	term	inat	ion fr	rom	the	IRS	that	is a	Туре	1, 7	ype i	or Ty	pe	III sup	portir	ng o	rganiz	zatior	١,	. 🗆
g		Since	Augus	t 17, 2	2006, F	nas th	e org	aniza	ation	acc	epte	d an	y gi	ft o	r cor	itribu	tion f	ron	n any	of the	fol	lowing	pers	ons:	?			
Ī																											Yes	No
		(i)	a perso below,	on who the go	direc overnir	tly or ng bo	indir dy of	ectly the s	cont supp	rols orte	, eith d org	er a Janiz	lone atio	or in?	toge	her v	with p	ers	ons c	escrib	ed 	in (ii)	and (iii) 	11 g			
		(ii)	a famil	y men	nber d	of a p	ersor	des	cribe	d in	(i) a	bove	е?												11 g	(ii)		
		(iii)	a 35%	contro	olled e	ntity (of a p	erso	n de:	scrit	oed ii	n (i)	or (ii) al	bove	?									11 9	(iii)		
h		Provi	de the	followi	ng info	ormat	ion a	bout	the s	supp	orte	d org	gani	zatio	ns.													
	(1) Name Orga	of Suppo Inization	rted		(ii)	EIN		'	(desi	ype of cribed ove or ! se inst	on line IRC se	es 1-9 ection	9	ΙŌ	(iv) is nizatio listed govern docum	on in cò in your	ı. t	(v) Did ne orga col. your s	you notit nization (i) of upport?	in C	(vi) organizal (i) organi U.	is the ion in o zed in S.?	col. the	(vii)	Amoun	t of Sup	oport
					<u> </u>				_						Y	es	No		Yes	No		Yes	No)				
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

che	edule A (Form 990 or 990-EZ) 200	TEN THOU	SAND VILLAGE	S OF NASHV	ILLE, INC.	62-1854313	Page 2
िद्	Support Schedule for (b)(1)(A)(iv) and	d 170(b)(1)(A)(\	⁄i)
ec	(Complete only if you checke tion A. Public Support	d the box on line	5, 7, or 8 of Part	1.)			
egi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						,
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	·					
4	Total. Add lines 1-through 3						· , · · ·
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1						
	that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4			10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)		• • • • • • • • • • • • • • • • • • • •	12	
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from						<u>%</u>
16	a 33-1/3 support test — 2009. If th and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	x on line 13, and rganization	d the line 14 is 33	3-1/3 % or more, ch	neck this box
	b 33-1/3 support test – 2008. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported or	on line 13, or 16 ganization	a, and line 15 is 3	33-1/3% or more, c	heck this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstances	s' test, check this	box and stop he	re. Explain in Part	IV how
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstances	s' test, check this	box and stop he	re. Explain in Part	IV how the

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal yr beginning in)>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	6,784.	4,320.	6,595.	4,429.	7,670.	29,798.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	475,524.	514,050.	528,892.	463,427.	432,910.	2,414,803.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	4/3,324.	314,030.	320,032.	405,427.	432,310.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	·					0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	482,308.	518,370.	535,487.	467,856.	440,580.	2,444,601.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons.	9,738.	7,936.	8,702.	8,714.	4,500.	39,590.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.		
_	year Add lines 7a and 7b	9,738.	7,936.	8,702.	8,714.	0. 4,500.	0.
-		9,730.	1,930.	0,102.	0,/14.	4,500.	39,590.
8	Public support (Subtract line						2 405 011
Sec	7c from line 6.)tion B. Total Support						2,405,011.
366	uon b. rotai Support						
		(a) 2005	(P) 5006	(c) 2007	(4) 2008	(a) 2000	(f) Total
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005 482 308	(b) 2006	(c) 2007 535 487	(d) 2008 467, 856	(e) 2009	(f) Total
Cale 9		482,308.	518,370.	535,487.	467,856.	440,580.	2,444,601.
Cale 9 10 a	Amounts from line 6		518,370. 2,602.	535,487. 2,490.	467,856. 959.	1,286.	
Cale 9 10 a	Amounts from line 6	482,308.	518,370.	535,487.	467,856.	440,580.	2,444,601. 7,591. 0. 7,591.
Cale 9 10 a	Amounts from line 6	482,308. 254.	518,370. 2,602.	535,487. 2,490.	959. 959.	1,286.	2,444,601. 7,591. 0. 7,591. 0.
Cale 9 10 a 11 11 12	Amounts from line 6	482,308. 254. 254.	518,370. 2,602. 2,602.	2,490. 2,490.	959. 959.	1,286. 1,286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192.
Cale 9 10 a 11 11 12	Amounts from line 6	482,308. 254. 254.	518,370. 2,602. 2,602.	2,490. 2,490.	959. 959.	1,286. 1,286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192.
Cale 9 10 a 11 11 12 13 14	Amounts from line 6	482,308. 254. 254.	518,370. 2,602. 2,602.	2,490. 2,490.	959. 959.	1,286. 1,286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192.
Cale 9 10 2 11 11 12 13 14 Sec	Amounts from line 6	482,308. 254. 254. is for the organizatop here	518,370. 2,602. 2,602. ation's first, secon	535, 487. 2, 490. 2, 490.	959. 959. 959.	1,286. 1,286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. (3)
Cale 9 10 2 11 11 12 13 14 Sec 15	Amounts from line 6	254. 254. 254.	2,602. 2,602. 2,602. 2,602.	2,490. 2,490. 2,490.	959. 959. 959.	1, 286. 1, 286. 1, 286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. (3) 98.1%
11 12 13 14 Sec 15 16	Amounts from line 6	254. 254. 254. 254. 259. 259. 259. 259. 259. 259. 259. 259	2,602. 2,602. 2,602. 2,602. ercentage n (f) divided by lir Part III, line 15.	535, 487. 2, 490. 2, 490. d, third, fourth,	959. 959. 959.	1, 286. 1, 286. 1, 286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. (3)
11 12 13 14 Sec 15 16	Amounts from line 6	254. 254. 254. 254. 254. 254. 259. 259. 259. 259. 259. 259. 259. 259	2,602. 2,602. 2,602. 2,602. ation's first, secondercentage n (f) divided by lir Part III, line 15. ne Percentage	2,490. 2,490. 2,490. nd, third, fourth,	959. 959.	1, 286. 1, 286. 1, 286. 1, 1, 286. 1, 286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. (3) 98.1%
11 12 13 14 Sec 15 16 Sec	Amounts from line 6	482,308. 254. 254. 254. 254. 254. 208 Schedule A, restment Incorfor 2009 (line 10c,	2,602. 2,602. 2,602. 2,602. ercentage n (f) divided by lir Part III, line 15. ne Percentage column (f) divide	2,490. 2,490. 2,490. 10,490. 2,490. 2,490.	959. 959. 959.	1, 286	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. (3) (3) (98.1% 97.9%
11 12 13 14 Sec 17 18	Amounts from line 6	482,308. 254. 254. 254. 254. 254. 254. 208 Schedule A, 208 Schedul	2,602. 2,602. 2,602. 2,602. 2,602. ercentage n (f) divided by lir Part III, line 15. ne Percentage column (f) divide le A, Part III, line check the box on	2, 490. 2, 490. 2, 490. 2, 490. d, third, fourth, e 13, column (f)) d by line 13, column (f) line 14, and line 15	959. 959. 959.	1, 286. 1, 286. 1, 286. 1, 286. 1, 1, 286. 1, 286. 1, 286. 1, 1, 286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. 03) 98.1% 97.9% 0.3% 0.3% 0.3%
Cale 9 10 z 11 12 13 14 Sec 15 16 Sec 17 18 19 z	Amounts from line 6	482,308. 254. 254. 254. 254. 254. 254. 254. 254. 254. 208 schedule A, vestment Incorfor 2009 (line 10c, from 2008 Schedule A) organization did not boox and stop here	2,602. 2,602. 2,602. 2,602. 2,602. ation's first, seconercentage n (f) divided by lir Part III, line 15. ne Percentage column (f) divide le A, Part III, line check the box on The organization	2, 490. 2, 490. 2, 490. 2, 490. d, third, fourth, 1, column (f) d by line 13, column (f) qualifies as a principle of the principle of t	959. 959. 959. simn (f))	1, 286. 1, 286. 1, 286. 1, 286. 1, 1, 286. 1, 286. 1, 286. 1, 286. 1, 286. 1, 286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. 03) 98.1% 97.9% 0.3% 0.3% 0.3% 0.3%
Cale 9 10 z 11 12 13 14 Sec 15 16 Sec 17 18 19 z	Amounts from line 6	482,308. 254. 254. 254. 254. 254. 254. 254. 254. 254. 208 Schedule A, vestment Incorfor 2009 (line 10c, from 2008 Schedule A) organization did not book and stop here the organization dik this box and stop the stop with the organization dik this box and stop the stop with the organization did not book and stop here the book and stop here	2,602. 2,602. 2,602. 2,602. 2,602. ation's first, seconercentage n (f) divided by lir Part III, line 15. ne Percentage column (f) divided le A, Part III, line check the box on the organization of not check a box phere. The organization of th	2,490. 2,490. 2,490. 2,490. 1,490. 2,490. 1,490. 2,490.	959. 959. 959. graph of fifth tax year and the supported tax and line 16 is reas a publicly supported tax and line 16 is reas a publicly supported tax.	1, 286. 1, 286. 1, 286. 1, 286. 1, 1, 286. 1, 286. 1, 286. 1, 286. 1, 286. 1, 286. 1, 286. 1, 286.	2,444,601. 7,591. 0. 7,591. 0. 2,452,192. 03) 98.1% 97.9% 0.3% 0.3% ot X

Schedule A	(Form 990 c	or 990-EZ)	2009	TEN	THOU	JSAND	VII	LAGES	OF	NASHVI	LLE,	INC.	62-1854	313	Page 4
F 514. 14.	Suppleme Part II, lin	e ntal Inf o e 17a o	ormat r 17b;	t ion. C and F	Comple Part II	ete thi I, line	is par 12. F	t to provide	ovide any	the exp	lanation Idition	ons req al infor	62-1854 uired by Pa mation. Se	art II, line e instruct	10; tions.
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2009	FEDERAL STATEMENTS	PAGE 1
	TEN THOUSAND VILLAGES OF NASHVILLE, INC.	62-1854313
STATEMENT 1 FORM 990-EZ, PA OTHER EXPENS	ES CONTRACTOR OF THE CONTRACTO	
DEPRECIATION . DUES AND SUBS INSURANCE LICENSES & TA OFFICE EXPENS TRAVEL	ND PROMOTION. \$ CRIPTIONS XES ES. TOTAL \$	20,841. 2,666. 700. 4,411. 1,600. 25,617. 727. 272. 56,834.
STATEMENT 2 FORM 990-EZ, P OTHER ASSETS	ART II, LINE 24	
INVENTORIES MACHINERY AND	BEGINNING	49,406. 6,116. 3,625.
STATEMENT 3 FORM 990-EZ, P TOTAL LIABILIT	ART II, LINE 26 TES	
ACCOUNTS PAY	BEGINNING ABLE AND ACCRUED EXPENSES	ENDING \$ 27,179. \$ 27,179.

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

TEN THOUSAND VILLAGES OF NASHVILLE SUPPORTS THE PRINCIPLES OF FAIR TRADE AND EMPOWERS ARTISANS IN DEVELOPING COUNTRIES BY SELLING THEIR HAND CRAFTED PRODUCTS AND SHARING THEIR STORIES. OUR STORE PROVIDES A UNIQUE SHOPPING EXPERIENCE WHERE EVERYONE CAN PARTICIPATE IN THE FAIR TRADE MISSION.

2009

FEDERAL STATEMENTS

PAGE 2

TEN THOUSAND VILLAGES OF NASHVILLE, INC.

62-1854313

STATEMENT 5	
FORM 990-EZ, PAR	ΓV
	SFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NC
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NC