			EXTENDED TO FEBRUARY 15, 2	2017		
	0	00	Return of Organization Exempt From	n Income ⁻	Гах	OMB No. 1545-0047
For	m 뉯	190	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private fo	undatio	ns) 2015
		t of the Treasury	Do not enter social security numbers on this form as it π	nay be made publi	c.	Open to Public
-		venue Service	Information about Form 990 and its instructions is at www.			Inspection
-	_			JUN 30,		
Ba	Check i applica	if C Nam	e of organization	D Employer	identific	cation number
	Add	ress GOT	VERNOR'S BOOKS FROM BIRTH FOUNDATION			
F	Nam char) business as			115704
	Fina Fina	31:	ber and street (or P.O. box if mail is not delivered to street address) ROSA L PARKS AVE 27TH FL			992-6657
[term ated Ame retur	City of	pr town, state or province, country, and ZIP or foreign postal code SHVILLE, TN 37243–1102	G Gross receipt H(a) Is this a		9,038,984.
	Appl tion pend	F Nam	e and address of principal officer: THERESA CARL	for subc	ordinates	
-		512			ordinates in	cluded? Yes No
			s: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	and a second second second second		list. (see instructions)
			V. GOVERNORSFOUNDATION.ORG	H(c) Group e		
the second se	art I			rear of formation; 2	004 M	State of legal domicile; TN
Pe	1	Traditional and the second sec			TNO	λ
S	1		cribe the organization's mission or most significant activities: THE GBBF	BOOKS TO	TING 2	<u>n</u> 2 ' च च 2 2 3
Activities & Governance	2		box		_	
Ver	3		en autoritario de la companya de la		for fi	3
Ğ	4		voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b)			2
00 00	5		er of individuals employed in calendar year 2015 (Part V, line 2a)			4
∕itie	6	Total numb	er of volunteers (estimate if necessary)			650
ctiv	7 a	Total unrela	ated business revenue from Part VIII, column (C), line 12		7a	0.
٩			ed business taxable income from Form 990-T, line 34			0.
				Prior Year		Current Year
Revenue	8	Contributio	ns and grants (Part VIII, line 1h)	3,648,	908.	4,024,675.
	9		rvice revenue (Part VIII, line 2g)		0.	1,635.
Sevi	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	165,	304.	225,791.
	11	Other rever	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,958,		3,143,411.
	12		ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,772,	605.	7,395,512.
	13		similar amounts paid (Part IX, column (A), lines 1-3)	288,		291,128.
	14		id to or for members (Part IX, column (A), line 4)		0.	0.
se	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)	349,		398,940.
enses			al fundraising fees (Part IX, column (A), line 11e)		0.	0.
EXD			aising expenses (Part IX, column (D), line 25) 176,827.	6.000	100	C 500 405
_	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,266,		6,508,495.
	18		ises. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,905,		7,198,563.
- SO	19	Revenue le	ss expenses. Subtract line 18 from line 12			196,949.
ance	20	Total anast	(Det V line 16)	Beginning of Curre 6,576,		End of Year 6,681,619.
Bal	20 21		s (Part X, line 16) es (Part X, line 26)		353.	53,886.
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20	6,528,		6,627,733.
	rt II	Signati	ire Block	0,520,	0110	0,027,755.
_			y, I declare that I have examined this return, including accompanying schedules and sta	tements and to the h	pest of my	knowledge and belief, it is
			te. Declaration of preparer (other than officer) is based on all information of which prep			nito nio ago ana boliot, it io
		IN SI	leve sa Carl	12	115	12017
Sigr	1	Signat	ure of officer	Date /	1.0	pace.
Here		THE	RESA CARL, PRESIDENT			
			or print name and title			
		Print/Type p	reparer's name Preparer's signature	Date	Check	PTIN
Paid			BARTLETT JULIE BARTLETT	02/15/17	it seit-employed	P00742923
Prep	arer	Firm's name		Firm's	EIN 🗩	62-1199757
Use	Only	Firm's addre	P.O. BOX 1869			
			BRENTWOOD, TN 37024-1869	Phone	eno. (61	15) 377-4600
Marr	thal	DC discuss	big roture with the propagar shows above? (assignt setimations)			X Var

iviay u	ie in io ui	scuss this return v	VIUT	the prep	aler shown abover (see in	structions		*******	44
					ction Act Notice, see the				
	SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATI	ON

	990 (2015) GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 2
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MISSION OF THE GOVERNOR'S BOOKS FROM BIRTH FOUNDATION IS TO
	SUSTAIN AND STRENGTHEN DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM IN
	ALL 95 TENNESSEE COUNTIES, ENSURING THAT NEW, AGE-APPROPRIATE BOOKS
	ARE MAILED TO TENNESSEE'S PRESCHOOL CHILDREN, AT NO COST TO THE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 6,761,698. including grants of \$ 291,128.) (Revenue \$ 3,145,046.)
4a	(Code:) (Expenses 6,761,698. including grants of 291,128.) (Revenue 3,145,046.) IN FULFILLMENT OF ITS MISSION FROM JANUARY 1, 2015 - DECEMBER 31, 2015,
	THE GBBF MAILED 2,858,356 HIGH QUALITY, AGE-APPROPRIATE IMAGINATION
	LIBRARY BOOKS TO ENROLLED CHILDREN STATEWIDE. DURING THIS PERIOD,
	TENNESSEE'S IMAGINATION LIBRARY PROGRAM NEWLY ENROLLED OVER 76,672
	CHILDREN AND GRADUATED 53,238 CHILDREN, AS THEY REACHED THE MAXIMUM
	PARTICIPATION AGE OF FIVE (5) YEARS. ALL 95 TENNESSEE COUNTIES
	CONTINUED TO MAINTAIN THEIR IL COUNTY PROGRAMS THROUGH CHILD
	ENROLLMENT, COMMUNITY ENGAGEMENT, AND LOCAL FUNDRAISING TO COVER THEIR
	50% BOOK AND MAILING COST COMMITMENT OF ABOUT \$1.05 PER BOOK. THE
	GBBF, NOW IN ITS TWELFTH CONSECUTIVE YEAR OF SERVICE, CONTINUED TO
	PROVIDE A GRANT EQUALING THE OTHER 50% OF THE COST OF THESE IMAGINATION
	LIBRARY (IL) BOOKS FOR EACH COUNTY. THE PRIMARY SOURCE OF THE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,761,698.
532002 12-16-	

Earm	000	(2015)	
Form	990	(2015)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	NU
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
b	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		Х
с	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		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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 foreign investments valued at \$100,000 or marc2 /f "Yos " complete Schedule E. Parts Land IV.	1/1		х
15	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 other assistance to or for any	14b		- 21
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х

Form 990 (2015)	GOVERNOR ' S			BIRTH	FOUNDATION
Part IV Checklis	st of Required Schedule	es (continue	ed)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		x
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
~	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		x
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form	990 (2015) GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115	704	F	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
20		3a		x
		3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	30	<u> </u>	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	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			37
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U.	- · · · · · · · · · · · · · · · · · · ·			
~				
		14a		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>

Form 990	(2015))
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GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI.
 X

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 3			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	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		Х
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{TN}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	LBMC, PC - 615-377-4600			
	201 FRANKLIN ROAD, BRENTWOOD, TN 37027			

Part VII	Co	mpensation of	f Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d
	່ Em	ployees, and	Independe	ent Contra	ctors				

Check if Schedule O contains a response or note to any line in this Part VII

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 (Ď), (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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)	-		(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more tha box, unless person is b officer and a director/tr			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THERESA CARL	37.50							100 700	0	
PRESIDENT	1 00	X		X				106,708.	0.	25,487.
(2) MARK CATE	1.00	x						0.	0.	0
SECRETARY	1.00	<u>^</u>		X				0.	0.	0.
(3) RACHEL LUNDEEN BOARD CHAIRPERSON	1.00	x		x				0.	0.	0.
(4) DEAN HOSKINS	37.50	<u>⊢</u>		<u> </u> ^				0.	0.	0.
VICE PRESIDENT	37.30			x				82,230.	0.	19,512.

Form 990 (2015)

		S BOOKS	5 E	RC)M	B	IRI	ГН	FOUNDATION	20-1:	115	704	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	, and	d Hi	ghes	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss pei	i tion more rson i	than o is both pr/trust	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
1b	Sub-total								188,938.		0.	4	4,9	99.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								188,938.		0.	4	4,9	99.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>					•			•			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	ompe	ensa	ation	n anc	d otl	her compensation from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								ipensa	ation f	rom	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C ompe		n
2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organized)							

	n 990 (/		OKS FROM	BIRTH FOU	NDATION	20-1115	704 Page 9
Pa	rt VII	Statement of Rever	nue					
_		Check if Schedule O cont	ains a response	or note to any lin	7.83	(B)		
					(A) Total revenue	(D) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
a, C		Fundraising events						
lar.		Related organizations						
ini,	е	Government grants (contribut	ions) 1e	3,454,100.				
er S	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abor	ve 1f	570,575.				
d tr	g	Noncash contributions included in lines	1a-1f: \$					
<u>a Ö</u>	h	Total. Add lines 1a-1f			4,024,675.			
				Business Code				
ice	2 a	TRAINING/WORKSHOP INCO	ME	900099	1,635.	1,635.		
ervi	b							
n S /en	С							
gra Rev	d							
Program Service Revenue	е	<u> </u>						
-	f	All other program service reve			1 (25			
		Total. Add lines 2a-2f Investment income (including			1,635.			
	3				157,463.			157,463.
	4	other similar amounts)			137,403.			157,403.
	5	Royalties						
	5	noyanies	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
				▶				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,711,800.					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	68,328.					
	d	Net gain or (loss)		🕨	68,328.			68,328.
ne	8 a	Gross income from fundraising						
/en		including \$						
Other Revenue		contributions reported on line	-					
Jer		Part IV, line 18						
0ŧ		Less: direct expenses						
		Net income or (loss) from func		····· ►				
	9 a	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	BOOKS REIMBURSEMENTS		900099	3,143,411.	3,143,411.		
	b							
	с							
	d				0 440 44			
		Total. Add lines 11a-11d			3,143,411.	2 145 046		005 501
	12	Total revenue. See instructions.		🕨	7,395,512.	3,145,046.	Ο.	225,791.

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

Part IX Statement of Functional Expenses

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 or note to any line in this Part IX										
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)						
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations			g							
	and domestic governments. See Part IV, line 21	291,128.	291,128.								
2	Grants and other assistance to domestic	,									
-	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
5	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	250 070	E7 001	02 066	100 021						
_	trustees, and key employees	250,078.	57,081.	92,966.	100,031.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	100 (10			00 050						
7	Other salaries and wages	103,619.	38,543.	36,724.	28,352.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	3,464.	1,288.	1,228.	948.						
9	Other employee benefits	19,704.	7,330.	6,983.	5,391.						
10	Payroll taxes	22,075.	8,211.	7,824.	6,040.						
11	Fees for services (non-employees):										
а	Management										
b	Legal										
		73,953.	22,634.	51,319.							
d			-								
f	Investment management fees	11,435.		11,435.							
' a		,									
y	column (A) amount, list line 11g expenses on Sch 0.)	6,647.		6,647.							
40	· · · · · · · · · · · · · · · · · · ·	50,091.	31,116.	0,047.	18,975.						
12	Advertising and promotion	4,821.	51,110.	4,821.	10,575.						
13	Office expenses	24,926.	8,308.	8,309.	8,309.						
14	Information technology	24,920.	0,300.	0,309.	0,309.						
15	Royalties	14,557.									
16	Occupancy	-	0 472	14,557.	1 (7)						
17	Travel	15,620.	9,473.	4,475.	1,672.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	1,982.	_	1,982.							
23	Insurance	11,994.	2,669.	7,362.	1,963.						
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.)										
а	BOOKS AND MAILING	6,282,012.	6,282,012.								
b	POSTAGE	4,654.	0.		4,654.						
c	DUES AND SUBSCRIPTIONS	2,646.		2,646.	,						
d	PHONE/INTERNET EXPENSE	2,460.	1,722.	246.	492.						
		697.	183.	514.							
	Total functional expenses. Add lines 1 through 24e	7,198,563.	6,761,698.	260,038.	176,827.						
25	Joint costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,,01,000.	200,000	1,0,027.						
26											
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
53201	0 12-16-15				Form 990 (2015)						

532010 12-16-15

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,089,015.	1	1,121,752
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	123,333.	3	98,333
	4	Accounts receivable, net	1,886.	4	886
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 4,372.	6,551.	10c	7,470
	11	Investments - publicly traded securities	5,204,240.	11	5,314,348
	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	151,969.	15	138,830
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,576,994.	16	6,681,619
	17	Accounts payable and accrued expenses	32,528.	17	42,017
	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	
;	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tay, payables to related third			

Form 990 (2015)

Form	1 990 (2015) GOVERNOR'S BOOKS FROM BIRTH FOUNDATION	20-11	15704	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,198		
3	Revenue less expenses. Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,528		
5	Net unrealized gains (losses) on investments	5	-9	/,8	60.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ ~
	column (B))	10	6,62	1,1	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			x
-	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	

SCI	HED	ULE	Α

(Form	990	or	990-	EZ)
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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.

Attach	to	Form	990	or	Form	990-	ΕZ.

Department of the Treasury			Attach to Form 990 or Form 990-EZ.							
	I Revenue Service		ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/fo		Inspection	
Nam	e of the organizati								identification number	
				KS FROM BIRT					0-1115704	
Pa	tl Reason	for Public	Charity Status (All organizations must c	omplete th	is part.) Se	e instruction	S.		
The o	organization is not a	a private found	dation because it is: ((For lines 1 through 11,	check only	one box.)				
1	A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).			
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)				
3	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(ii	i).			
4	A medical res	search organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
	city, and stat	e:								
5	An organizati	on operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental	unit describ	ed in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, sta	ite, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X An organizati	ion that norma	ally receives a substa	intial part of its support	from a gov	ernmental	unit or from	the general	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An organizati	ion that norma	ally receives: (1) more	e than 33 1/3% of its su	oport from	contributio	ons, member	ship fees, a	nd gross receipts from	
	activities rela	ted to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its support	from gross investment	
	income and u	unrelated busi	ness taxable income	(less section 511 tax) fi	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
	See section	509(a)(2). (Co	mplete Part III.)							
10	An organizati	on organized	and operated exclus	ively to test for public s	afety. See	section 50	9(a)(4).			
11	An organizati	on organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ns of, or to c	arry out the	purposes of one or	
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2). S	See section	509(a)(3). C	heck the box in	
	lines 11a thro	ough 11d that	describes the type of	of supporting organization	on and con	nplete lines	s 11e, 11f, an	d 11g.		
а	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s),	typically by	giving	
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dired	ctors or trust	ees of the s	upporting	
	organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organizatio	on(s), by ha	ving	
	control or r	nanagement c	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported	
	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.						
с	Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,	
	its support	ed organizatio	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
d	Type III no	n-functionally	y integrated. A supp	oorting organization ope	rated in co	nnection v	vith its suppo	rted organi	zation(s)	
	that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	veness	
	requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Section	s A and D,	and Part	V.			
е	Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	. Туре I, Туре	e II, Type III		
	functionally	/ integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.				
	Enter the number		•							
g			n about the supporte	· · ·	()) - +				())	
	(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization in your	(v) Amount o support	,	(vi) Amount of other support (see	
	organization	•		above (see instructions))	· ·	document?	instruct	-	instructions)	
					Yes	No		,		
			1	1	1					

Total

Schedule A (Form 990 or 990-EZ) 2015

OMB No. 1545-0047

2015

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 2 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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3,914,520.	3,917,859.	3,530,733.	3,642,658.	4,024,675.	19,030,445.			
2	Tax revenues levied for the organ-									
	ization'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	3,914,520.	3,917,859.	3,530,733.	3,642,658.	4,024,675.	19,030,445.			
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)									
6	Public support. Subtract line 5 from line 4.						19,030,445.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Amounts from line 4	3,914,520.	3,917,859.	3,530,733.	3,642,658.	4,024,675.	19,030,445.			
	Gross income from interest,	•,•==,•=••				-,,				
0										
	dividends, payments received on									
	securities loans, rents, royalties	108 747	119,914.	157 859	165 304	157 464	709,288.			
•	and income from similar sources	100,747.	119,9140	137,035.	105,504.	137,1010	105,200.			
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	0 5 6 7 111	0 000 000	0 800 510	0 056 505	2 145 046	14 005 060			
	assets (Explain in Part VI.)	2,567,111.	2,607,786.	2,729,513.	2,956,507.	3,145,046.	14,005,963.			
	Total support. Add lines 7 through 10						33,745,696.			
	Gross receipts from related activities,	•	,			12				
13	First five years. If the Form 990 is for	-	s first, second, thire	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —			
60	organization, check this box and stor		roontogo		<u></u>		▶∟			
	ction C. Computation of Publ						FC 20			
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16 a	33 1/3% support test - 2015. If the o									
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18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	<u>s</u>			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Caleader year (of fical year beginning in) (a) 2011 (b) 2012 (c) 2013 (c) 2014 (e) 2015 (f) Total (b) derived of the second o	Se	ction A. Public Support						
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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

No

10b

Schedule A (Form 990 or 990-EZ) 2015 GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015 GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Saati	on E. Distribution Allocations (cost instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
3000	on E - Distribution Allocations (see instructions)		FIE-2015	
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
-	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

(Form 990)

 Supplemental Financial Statements

 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

 ▶ Attach to Form 990.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Nam	e of the organization GOVERNOR'S BOOKS FROM BIRTH	I FOUNDATION	Emp	20-1115704
Pa	t I Organizations Maintaining Donor Advised Funds or C	ther Similar Funds or	Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
	· · · · · · · · · · · · · · · · · · ·	advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the as	I	unds	
Ŭ	are the organization's property, subject to the organization's exclusive legal co			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing			
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor,			
	impermissible private benefit?		•	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization (check all that		10, 1110 /	
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historica		tant land area
	Protection of natural habitat	Preservation of a certified		
	Preservation of open space		TIISLONG	structure
0		e e stuik, stiese is the e ferme of e		
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a	conserva	Held at the End of the Tax Year
-	day of the tax year.		0-	neiu at the End of the Tax Feat
	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic structure included in		. <u>2</u> c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and			
-	listed in the National Register			
3	Number of conservation easements modified, transferred, released, extinguis	ied, or terminated by the org	janizatior	n during the tax
_	year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring,			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of viola	ions, and enforcing conservations	ation eas	ements during the year
_	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations	and enforcing conservation	easemer	nts during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requ			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easements in			
	include, if applicable, the text of the footnote to the organization's financial sta	atements that describes the	organizat	tion's accounting for
	conservation easements.		0:	
Pa	t III Organizations Maintaining Collections of Art, Historic		r Simii	ar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re			
	historical treasures, or other similar assets held for public exhibition, educatio	n, or research in furtherance	of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report	in its revenue statement and	d balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or resea	arch in furtherance of public s	service, p	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		🕨 :	\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other s	imilar assets for financial gai	n, provid	e
	the following amounts required to be reported under SFAS 116 (ASC 958) relationships and the second se	ating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		🕨 :	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2015
53205 11-02-	1			

		R'S BOOKS								4 Page 2	
Pa	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, access (check all that apply):	sion, and other record	ds, chec	k any of the	following the	at are a si	gnificant	use of its	collectior	n items	
а	Public exhibition	c	1 🗌 t	Loan or excl	hange progra	ams					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X? Yes 🗌 No										
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for	escrow or cu	ustodial acco	ount liabili	ty?	L	Yes	No No	
<u>b</u>	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back 🛛 🕻	(d) Three y	ears back	(e) Four	years back	
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	ered for th	ne organiz	zation	г		
	by:									Yes No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organize								3b		
	Describe in Part XIII the intended uses of the		owment	funds.							
Fai	t VI Land, Buildings, and Equipm						line 10				
	Complete if the organization answere								()) .		
	Description of property	(a) Cost or c			or other (othor)		cumulate	a	(d) Bool	< value	
	l su d	basis (investr	nent)	basis	(uner)	dep	reciation				
	Land										
	Buildings										
	Leasehold improvements			1	1,842.		4,3	72		7,470.	
	Equipment			<u>⊢</u>	1,044.		т, J	/ 4 •		,, = /0•	
	Other		V colum	nn (P) line 1						7,470.	
TOLA	- Aud III te i Colui III (u) Must e	uyuan onn 330, Fall	л, coiul	ו שווו ,(טן וווי							

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)		(c) Method of valuation: Cost	
	(b) Book value	(C) Method of Valuation. Cost	or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	0.15)		N
Part X Other Liabilities.	e 1 <i>3.)</i>		
	on Form 000 Dort IV li	no 110 or 11f Soo Form 000 Port V I	ing QE
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, II	(b) Book value	ine 25.
		(b) Book value	
(1) Federal income taxes	ТО		
	10	11.000	
(3) PENSION		11,869.	
(4)			
(5)			
(6)			
(7)			
(8)			

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

ation analysis of Neelling Cool Dark IV line 11b Cool Farm 000 Dark V line 10

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2015 GOVERNOR'S BOOKS FROM BI	RTH FOUN	DATION	20-	1115704 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,311,628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-97,860.		
b	Donated services and use of facilities		18,000.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	-79,860.
3	Subtract line 2e from line 1			3	7,391,488.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,024.		
с	Add lines 4a and 4b			4c	4,024.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	7,395,512.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Witl	n Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	7,212,536.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	18,000.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d				18,000.
3				2e	
3				2e 3	7,194,536.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
3 4 a	Subtract line 2e from line 1				
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			7,194,536.
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	4,027.		7,194,536.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	4a 4b	4,027.	3	7,194,536.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b	4,027.	3 4c	7,194,536.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INCOME NETTED WITH EXPENSES ON FINANCIAL STATEMENTS	4,024.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INCOME NETTED WITH EXPENSES ON FINANCIAL STATEMENTS	4,024.
ROUNDING	3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B

4,027.

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an lete if the organizatio	d Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Informat	ion about Schedule I	Attach to Foru (Form 990) and its		t www.irs.gov/form99	0.	Open to Public Inspection
Name of the organization GOVERNOR '	S BOOKS F	ROM BIRTH F	OUNDATION				Employer identification number 20-1115704
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records the criteria used to award the grants or assis Describe in Part IV the organization's processing the criteria set of the	stance?				-		
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	ional space is need	led.			1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMILTON COUNTY/UNITED WAY OF GREATER CHATTANOOGA - 630 MARKET STREET - CHATTANOOGA, TN 37405	62-0565962	501(C)(3)	11,583.	0.			TO ASSIST ORGANIZATION WITH BOOK ORDER EXPENSE.
DAVIDSON COUNTY / UWMN MIDDLE TN IMAGINATION LIBRARY - 250 VENTURE CIRCLE - NASHVILLE, TN 37228	62-0533104	501(C)(3)	10,326.	0.			TO ASSIST ORGANIZATION WITH BOOK ORDER EXPENSE.
SULLIVAN COUNTY IMAGINATION LIBRARY - 2333 WOODRIDGE AVENUE - NASHVILLE, TN 37664	55-0860873	501(C)(3)	8,366.	0.			TO ASSIST ORGANIZATION WITH BOOK ORDER EXPENSE.
RUTHERFORD COUNTY / UNITED WAY OF RUTHERFORD & CANNON COUNTIES - 3050 MEDICAL CENTER PARKWAY - MURFREESBORO, TN 37129	20-3897198	501(C)(3)	8,164.	0.			TO ASSIST ORGANIZATION WITH BOOK ORDER EXPENSE.
BRADLEY COUNTY / UNITED WAY OF THE OCOEE REGION - 85 OCOEE STREET, S.E - CLEVELAND, TN 37311	62-0548418	501(C)(3)	8,117.	0.			TO ASSIST ORGANIZATION WITH BOOK ORDER EXPENSE.
MONTGOMERY COUNTY/FRIENDS OF THE CLARKSVILLE-MONTGOMERY COUNTY PUBLIC LIBRA - 350 PAGEANT LANE, SUITE 501 - CLARKSVILLE, TN 37040	58-1557594		6,850.	0.			TO ASSIST ORGANIZATION WITH BOOK ORDER EXPENSE.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	•	•	e line 1 table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Schedule I (Form 990) GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

ZU-IIIJ/U4 Page 1	20-	1115704	Page 1
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILSON COUNTY/WILSON BOOKS FROM							
SIRTH - 149 PUBLIC SQUARE -							TO ASSIST ORGANIZATION
EBANON, TN 37087	62-1596462	501(C)(3)	6,250.	ο.			WITH BOOK ORDER EXPENSE
NOX COUNTY /FRIENDS OF THE KNOX	02 1000102	501(0)(0)	0,200.	· · ·			
COUNTY PUBLIC LIBRARY - 500 WEST							
CHURCH AVENUE - KNOXVILLE, TN							TO ASSIST ORGANIZATION
7902	23-7208195	501(0)(2)	6 022	0.			WITH BOOK ORDER EXPENSE
7902	23-7208195	501(C)(3)	6,022.	0.			WITH BOOK ORDER EXPENSE
WEGMED COINMY CHEGMED COINMY							
CHESTER COUNTY/CHESTER COUNTY							TO ASSIST ORGANIZATION
CHAMBER OF COMMERCE - 587 E. MAIN	62 0076450	E01/(0)/(2)	F 0.60	0			
STREET - HENDERSON, TN 38340	62-0976459	501(C)(3)	5,969.	0.			WITH BOOK ORDER EXPENSE

Schedule I (Form 990)

Schedule I (Form 990) (2015) GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

20-1115704

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information re-	quired in Part I, lir	ne 2, Part III, column	(b), and any other a	dditional information.	•
PART I, LINE 2:					

THE GOVERNOR'S BOOKS FROM BIRTH FOUNDATION (GBBF) OVERSEES THE USE OF ALL

GRANTS BENEFITING COUNTY IMAGINATION LIBRARY PROGRAMS ACROSS THE STATE.

SOME GRANTS - BOTH FEDERAL AND THOSE FROM PRIVATE FOUNDATIONS OR

CORPORATIONS - HAVE SPECIFIC PROCEDURES REQUIRING THAT ANNUAL OR

SEMI-ANNUAL REPORTS BE FILED EXPLAINING HOW THE FUNDS WERE USED AND HOW

SUCCESSFUL EACH PROGRAM WAS IN MEETING PREDETERMINED PROJECTED OUTCOMES.

THE GBBF TEAM MEETS WITH EACH COUNTY RECEIVING GRANT FUNDING TO SET TARGET

GOALS FOR INCREASING ENROLLMENT USING THESE FUNDS. WE MONITOR PROGRAM'S

Schedule I (Form 990) GOVERNOR'S BOOKS FROM BIRTH I	FOUNDATION 20-1115704 Page 2
PROGRESS THROUGHOUT THE GRANT CYCLE AND PROVIDE	ASSISTANCE WHERE NEEDED.
THROUGHOUT THE YEAR, WE VISIT COUNTIES AND WORK	DIRECTLY WITH VOLUNTEERS TO
ENSURE THAT FUNDS ARE BEING USED EXACTLY AS THEY	Y ARE INTENDED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



Employer identification number 20 - 1115704

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN UTILIZING ACTIVITIES, PROGRAMS AND BENEFITS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES AND REGARDLESS OF INCOME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION STATEWIDE PROGRAM GRANT IS

DERIVED FROM ITS STATE-APPROVED ANNUAL GRANT. IT IS NOTABLE THAT OVER

THE PAST FOUR YEARS, FROM SEPTEMBER, 2013 THROUGH DECEMBER, 2016, THE

STATEWIDE PROGRAM HAS EXPERIENCED CONTINUED MONTHLY GROWTH EQUAL TO AN

OVERALL INCREASE OF 23.0% IN THE NUMBER OF CHILDREN RECEIVING BOOKS.

AS A RESULT, WE CONTINUE TO FUNDRAISE PRIVATELY FOR PASS-THROUGH FUNDS

TO COUNTIES AND TO BUILD CAPACITY FOR OUR STATEWIDE PROGRAM'S CONTINUED

GROWTH. BASED UPON OUR MISSION-DRIVEN FOCUS TO DIVERSIFY ENROLLMENT

METHODS IN ORDER TO INCREASE STATEWIDE ENROLLMENT, COUPLED WITH OUR

TARGETED EFFORTS TO ENROLL CHILDREN AS NEWBORNS, WE EXPECT THIS GROWTH

PATTERN TO CONTINUE. THE GOVERNOR'S BOOKS FROM BIRTH FOUNDATION IS

DEDICATED TO BUILDING A FOUNDATION FOR READING AND LEARNING THROUGH

BOOKS FOR TENNESSEE'S CHILDREN. OUR LONG-TERM VISION IS TO MAKE A

SIGNIFICANT IMPACT IN HELPING TENNESSEE'S CHILDREN READ AT PROFICIENT

LEVELS BY 4TH GRADE.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO DESIGNATED COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO ITS

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

(A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.

(B) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, INPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIALS IS DETERMINED BY AN ANNUAL REVIEW BY THE BOARD OF DIRECTORS AND USING INDUSTRY COMPARISON TO BENCHMARK DATA. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT'S DISCRETION AND USING INDUSTRY COMPARABLES.

Name of the organization GOVERNOR'S BOOKS FROM BIRTH FOUNDATION Employer identification number 20-1115704 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE GUIDESTAR. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 3. FORM 990, PART XII, LINE 2C: THE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	Schedule O (Form 990 or 990-EZ) (2015)	Page 2
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE GUIDESTAR. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 3. FORM 990, PART XII, LINE 2C:		
WEBSITE GUIDESTAR. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 3. FORM 990, PART XII, LINE 2C:	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 3. FORM 990, PART XII, LINE 2C:	POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	THROUGH THE
ROUNDING 3. FORM 990, PART XII, LINE 2C:	WEBSITE GUIDESTAR.	
ROUNDING 3. FORM 990, PART XII, LINE 2C:		
FORM 990, PART XII, LINE 2C:	FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
	ROUNDING	3.
THE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	FORM 990, PART XII, LINE 2C:	
	THE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form 8868	B
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(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) **.** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns.
Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
File by the due date for filing your return. See	GOVERNOR'S BOOKS FROM BIRTH FOUNDATION	20-1115704		
	Number, street, and room or suite no. If a P.O. box, see instructions. 312 ROSA L PARKS AVE 27TH FL	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			

NASHVILLE, TN 37243-1102

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For		Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
LBMC, PC					
• The books are in the care of > 201 FRANKLIN RO	DAD –	BRENTWOOD, TN 37027			
Telephone No. ► 615-377-4600		Fax No. 🕨			
• If the organization does not have an office or place of business	s in the Ur	ited States, check this box			
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If thi	s is fo	r the whole group,	check this
box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright	and atta	ch a list with the names and EINs of all	memb	ers the extension	is for.
1 I request an automatic 3-month (6 months for a corporation					
FEBRUARY 15, 2017 , to file the exemp	t organiza [.]	tion return for the organization named a	bove.	The extension	
is for the organization's return for:					
▶ calendar year or					
 calendar year or tax year beginning _JUL 1, 2015 , and ending _JUN 30, 2016 . 					
2 If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🛄 Initial return 🛄 Fina	l retur	n	
Change in accounting period					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
nonrefundable credits. See instructions. 3a			0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution. If you are going to make an electronic funds withdrawal instructions	(direct de	bit) with this Form 8868, see Form 8453	-EO ar	nd Form 8879-EO	for payment