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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2010 Open to Public Inspection

A	For the	2010 cal	endar year, o	r tax year beginning	<u> </u>		and ending				/**************************************	
— В	Check if ap		C Name of or							D Empl	oyer identific	cation number
	Address ch	nange		NASH	VILLE	FILM FES	TIVAL					
П	Name char	nge	Doing Busi	ness As			23.	<u>-72580</u>	49			
\Box	Initial return	'n	ľ	nd street (or P.O. box if r	nail is not de	elivered to stree	address)		Room/suite		hone number	
H				X 24330						61	5-742-	2500
ᆜ	Terminated			n, state or country, and a	ZIP + 4	050						440 400
Ц	Amended r	return	NASHV:			TN 372	02-4330			G Gross red	eipts\$	442,488
	Application	n pending	F Name and	address of principal office	cer:				H(a) Is this a g	roup return for	affiliates?	Yes X No
									H(b) Are all a	affiliates incl	uded?	Yes No
									1.7		list. (see instru	uctions)
<u> </u>	Tax-exer	mpt statu	s: X 501	(c)(3) 501(c) () 🗖 (insert no.)	4947(a)(1) or	527				
i J	Website			HVILLEFILM					H(c) Group e	exemption no	umber 🕨	
K	Form of or		X Corpora	ation Trust As	ssociation	Other ►		LY	ear of formation:	•	M State of leg	gal domicile:
F	art I	Su	ımmary									
	1 B	Briefly de	scribe the o	rganization's mission	or most s	ignificant activ	/ities:					
ø	l .	TO P	ROMOTE	OR SHOWCASE	INDEPE	NDENT AN	D STUDENT	FILMS AN	1D			
anc		FILM	MAKERS	THROUGH AN	ANNUAL	FILM FE	STIVAL.					
Activities & Governance												
30				if the organization d								
8	3 N	iumber (of voting mer	mbers of the governi	ng body (F	Part VI, line 1a)			3	27	
ties				ent voting members of							27	
ξij				duals employed in c		ar 2010 (Part	V, line 2a)				3 450	
Ą				nteers (estimate if ne							450	
				ess revenue from Pa						. 7a		0
	01	b Net unrelated business taxable income from Form 990-T, line 34							Prior Ye		Curr	rent Year
m	8 0	Contribut	ions and gra	ints (Part VIII, line 1h	1)				25	1,905		264,814
Revenue	9 P	Program	service reve	nue (Part VIII, line 2	g)			[19	3,447		177,674
eve	10 lr	nvestme	nt income (F	Part VIII, column (A),	lines 3, 4,	and 7d)		L				
ĸ	11 C	Other rev	enue (Part \	/III, column (A), lines	5, 6d, 8c,	, 9c, 10c, and	11e)					
				ines 8 through 11 (m					44	<u>5,352</u>		442,488
				nounts paid (Part IX,								
	1			members (Part IX,			• • • • • • • • • • • • • • • • • • • •		4 F	4 174		140 141
es	15 S	Salaries,	other compe	ensation, employee t ing fees (Part IX, colu enses (Part IX, colun	penefits (P	art IX, columr	(A), lines 5–10)) -	15	4,174		149,141
enses	16a F	rofessio	onal fundraisi	ing fees (Part IX, col	umn (A), li	ne 11e)		: : : : : : : : : : : : : : : : : : :				
Expe	101	otal tun	draising expe	enses (Part IX, colun	nn (D), iine	446 040			3/1	3,608		273,927
_				: IX, column (A), lines lines 13–17 (must ec						7,782		423,068
				ses. Subtract line 18			iiie 23/			2,430		19,420
5		tovondo	1000 CAPCING	ico. Gubitaot iirio 10	itom into i		· · · · · · · · · · · · · · · · · · ·		Beginning of Cu			l of Year
Net Assets or	20 T	Total ass	ets (Part X,	line 16)						<u>7,827</u>		36,614
A As	21 T		ilities (Part ≯	(, line 26) (,						<u>7,779</u>		7,146
Section 1	and the second s	and a		lances. Subtract line	21 from li	ne 20		<u></u>	1	0,048		29,468
	Part II		gnature E									
				re that I have examined ration of preparer (other		-				f my knowle	dge and belie	f, it is
	ue, corre	L And CC	implete. Decia	ration of preparer (other	triair officer	/ 13 based on an	THORIS CONTROL WISE	on preparer rias e	iny knowledge.	- 1		
ei.	gn	 -	Y	· · · · · · · · · · · · · · · · · · ·						Dete		
	ere		Signature of off	icer						Date)	
. 10	,ı C) 7	ype or print na	ame and title				• • • • • • • • • • • • • • • • • • • •		 		
		 	pe preparer's r			Preparer's sign	ature		Date	Chec	k if PTII	N
Pa	id		RY A. BETZ			.,g.			l	1	mployed P0	
Pre	eparer	Firm's n		EDMONDSON	BETZ	LER & M	ONTGOME	RY PLLC		Firm's EIN		2451997
Us	e Only		·	12 CADILL		STE 21						
_		Firm's a	ddress	BRENTWOOD	, TN	37027				Phone no.	615-9	<u>916-3100</u>
				with the preparer sh			ctions)					Yes No
Fo DA	r Paper\ A	work Re	duction Act	Notice, see the sep	parate inst	tructions.		_			Ė	orm 990 (2010)

	NASHVILLE FILM			
	Statement of Program Se			,
		ains a response to any que	stion in this Part III	<u></u>
	cribe the organization's mission:			
FILM MA	KERS THROUGH AN	ANNUAL FILM FEST	IVAL.	
-		ant program services during the yea	ar which were not listed on the	□ ., ₹ ?
•				Yes X No
•	scribe these new services on Sc		dusts and a	
•	_	nake significant changes in how it o		Yes X No
services?		vilo O		ies 🕰 No
	scribe these changes on Schedu		e largest program services by expenses. Seci	tion
			ed to report the amount of grants and allocation	
		any, for each program service repo		115 10
Outers, the	total expenses, and revenue, in e	arry, for each program service repo	riod.	
4a (Code:) (Expenses \$	260,161 including grants of	of \$) (Revenue \$	177,674)
		FOR IMAGINATIVE S	TIDENTS AND	
INDEPEN	DENT FILM PRODUC	CERS AND TO STIMU	LATE TEACHING OF	
	IN THE RESERVE			
				•
Ab (Code:	\ -	in alcoding a support	- f ft \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	٠
TD (Code) (Expenses \$	including grants of	of \$) (Revenue \$	'
			or \$) (Revenue \$	
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
4c (Code:		including grants		
4c (Code:) (Expenses \$ ram services. (Describe in Sche	including grants of \$		
4c (Code: 4d Other prog (Expenses) (Expenses \$ ram services. (Describe in Sche	including grants dule O.)	of \$) (Revenue \$	

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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. X Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." R X complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-X endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." X 11a complete Schedule D, Part VI 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 X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI. XII. and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
۰	to defease any tax-exempt bonds?	24c		
d	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			*7
	If "Yes," complete Schedule L, Part III	27	10000000	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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		-21
IJ	Schedule Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	l	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No			
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	1	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	X

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes." did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources _11b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

23-7258049 Form 990 (2010) NASHVILLE FILM FESTIVAL 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 to any question in this Part VI

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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
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		X
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	<u>e.)</u>	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	V 00 - V0X: 240	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			ĺ
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?		47	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
4.0	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			X
	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		_^
b				
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	46h		
500	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an experiention to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (501(a)/3)s only available.		• • • • •	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection, Indicate how you make those available. Check all that apply			
	for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
20	and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization: NASHVILLE FILM FESTIVAL 161 RAINES AVENUE			
NIZ		-74	2-2	500

Part VII

Form 990 (2010) NASHVILLE FILM FESTIVAL

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

Check if Schedule O contains a response to any question 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 (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	Posi	tion (C) k all t	that ap	ply)	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from related organizations (W-2/1099-MISC)		amount of other compensation from the organization and related organizations
(1) DAVID BENNETT										
BOARD MEMBER	0.00	X						0	0	0
(2) CAREY NELSON BUI										_
BOARD MEMBER	0.00	X						0	0	0
(3) YURI CUNZA BOARD MEMBER	0.00	x						0	0	0
(4) CLARKE GALLIVAN			•							
BOARD MEMBER	0.00	X						0	0	0
(5) ANDY VAN ROON								•		
BOARD MEMBER	0.00	X		ļ				0	0	0
(6) STACY WIDELITZ										
BOARD MEMBER	0.00	X			ļ			0	0	0
(7) BRET WOLCOTT BOARD MEMBER	0.00	x		ļ				0	o	0
(8) SUSAN CLARK	0.00	122				\vdash				
BOARD MEMBER	0.00	x						o	0	0
(9) PERRY GIBSON	0.00			 	 					
BOARD MEMBER	0.00	x						0	o	0
(10) KERRY HANSEN		†==								
BOARD MEMBER	0.00	x						0	0	0
(11) TOM LORD										
BOARD MEMBER	0.00	X						0	0	0
(12) CURT HAHN										
BOARD MEMBER	0.00	X						0	0	0
(13) DAVID HALEY										
BOARD MEMBER	0.00	X	l	<u></u>				0	0	0
(14) JENNA VON OY										
BOARD MEMBER	0.00	X		<u> </u>				. 0	0	. 0
(15) BRANDYN PAYNE			-			.]				
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	<u></u>			0	0	0
(16) CAROLYN MCDONALI										
BOARD MEMBER	0.00	X			<u></u>			0	0	
DAA .										Form 990 (2010)

Part VII Section A. Officers,	Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)	
(A)	(B)	D	w /	((L t		(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for	Individual trustee or director	_	Officer	Key employee	Highest c	Former	Reportable compensation from the organization (W-2/1099-MiSC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	related organizations in Schedule O)	trustee	al trustee		oyee	Highest compensated employee		(VV-2/1099-IVIISC)		and related organizations
(17) ANA SCHWAGER BOARD MEMBER	0.00	х						0	0	C
(18) TRACI THOMAS	0.00	^								
BOARD MEMBER	0.00	X						0	0	0
(19) SANDRA WESTERMAN BOARD MEMBER	0.00	x						O	o	0
(20) KELLY FREY	0.00	A							0	
BOARD MEMBER	0.00	X						0	0	0
(21) BOB JACKSON	0 00	x						0	o	·
BOARD MEMBER (22) JESSE WILLOUGHBY	0.00	<u> </u>							<u> </u>	
BOARD MEMBER	0.00	x		<u> </u>				0	0	C
(23) SALLIE MAYNE MANAGING DIR	40.00			х				48,850	0	0
(24) JULIE BOOS PRESIDENT	0.00			x				0	. 0	c
(25) TODD CASSETTY	0.00	T								
PAST PRESIDENT	0.00			X	_	-		0	0	C
(26) TYLER MIDDLETON VICE PRES	0.00	K		x				0	0	c
(27) CINDY TYLER										
SECRETARY	0.00			X				0	0	<u>C</u>
(28) BETSY LEE TREASURER	0.00			x				0	o	
1b Sub-total								48,850	· · · · · · · · · · · · · · · · · · ·	
c Total from continuation shee d Total (add lines 1b and 1c)							>	48,850		
2 Total number of individuals (in		$\overline{}$					bov	····		
reportable compensation from	the organization	<u>1</u> ▶	0							
3 Did the organization list any fo	rmer officer dir	ecto	r or f	rueta	aa k	ev e	mnlo	wee or highest compensa	ted	Yes No
employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h ind	ividu	ıaİ .			3 X
4 For any individual listed on line organization and related organ										
individual										4 X
5 Did any person listed on line 1 for services rendered to the or										1 1
Section B. Independent Contracto										
Complete this table for your five compensation from the organical compensation from the organical compensation.	zation.	ensa	ited	inde	oenc	lent o	contr			
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
									•	
							<u> </u>			
							-			
2 Total number of independent	,		_					se listed above) who		
received more than \$100,000	in compensation	n froi	n th	e org	aniz	atior	1 ▶		. 0	

Form 990 (2010) NASHVILLE FILM FESTIVAL

Pa	rt V	III Staten	nent of Reve	nue						
	100						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated can	npaigns	1a						
ᄪ		Membership d		1b			100			
E,c		Fundraising ev		1c				(4)		
# a		Related organ		1d						
S, g		Government grants		1e		87,590				
Sign		All other contribution		10		0.,000				
Contributions, gifts, grants and other similar amounts		and similar amounts	not included above	1f		177,224				
52	_		ns included in lines 1a-		\$					
	<u>h</u>	Total. Add line	es 1a–1f				264,814	4.50		
ᆲ						Busn. Code				
S	2a	FESTIVA	L FEES				129,029			
8	b	MEMBERS	HIP DUES				48,645	48,645		
<u> </u>	С									
Š	d									
E	е									
Program Service Revenue	f		am service reve							
윤			es 2a2f			>	177,674		<u> </u>	
_	<u>g</u> 3		come (including				2,7,073			
	3			ividei	ius, iritere	:Si,				
	_	and other simi	• • •							
	4		nvestment of tax							
- 1	5	Royalties								
			(i) Real		(ii) F	Personal				
	6a	Gross Rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)						0.00		
	d	Net rental inco	ome or (loss)			>		y		Annual Control of the State of
		Gross amount from	(i) Securities			Other				
		sales of assets			1					
	L	other than inventory			-					
	b	Less: cost or other			\					
ĺ		basis & sales exps.		_						
	С	Gain or (loss)		-						
	d		ss)		· · · · · · · · · ·	<u></u>	PARTMET AND A CONTROL OF THE CONTROL	STREET APRIL STREET APPEAL TO A STREET AND A STREET APPEAL AND A STREET AND A STREET APPEAL AND A STREET AND A		
g	8a		om fundraising eve	nts						
		(not including \$					4.0			
8		of contributions i	reported on line 1c)			•				
ج		See Part IV, line	18	а		•				
Other Reven	b		kpenses							
ō			(loss) from fund		events					- management of the state of th
			om gaming activitie		,					
	Ja		19							
							-	100		
			xpenses							
			(loss) from gam	ing ac	tivities	·····				
	10a		f inventory, less							
		returns and al		• •						
		Less: cost of		b	<u> </u>					
	С		(loss) from sale		ventory .	<u>,</u>				
		Misc	ellaneous Revenue)		Busn. Code				
	11a									
	b									
	С									
	d		nue							
	е	Total. Add line				<u> </u>				
	12		e. See instruction				442,488	177,674	0	0

Form 990 (2010) NASHVILLE FILM FESTIVAL

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must	complete column (A) but a	re not required to complet	te columns (B), (C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and	•		9	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		·		
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		,		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		·		
4	Benefits paid to or for members			6.	
5	Compensation of current officers, directors,	·			
	trustees, and key employees	93,014	57,183	14,862	20,969
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		·/		
7	Other salaries and wages	33,519		33,519	,
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	10,126	5,265	3,342 4,119	1,519 1,872
10	Payroli taxes	12,482	6,491	4,119	1,872
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	12 (50	1 500	10 150	
12	Advertising and promotion	13,659	1,500	12,159	
13	Office expenses	6,920	4,969	1,561	390
14	Information technology				
15	Royalties	12 272		10 610	2 654
16	Occupancy	13,272	34,299	10,618	
17	Travel	41,847	34,299	7,548	
18	Payments of travel or entertainment expenses		•		
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,438		1,438	
23	***	8,256	2,885	5,371	
23 24	Insurance Other expenses. Itemize expenses not covered	3,230	<u> </u>	3,371	
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	CONTRACT SERVICES	37,541	36,811	730	A PERSONAL PROPERTY OF THE PRO
b	FESTIVAL EXPENSES	36,357	36,357		
c	EQUIPMENT RENTAL	28,470	28,470		,
d	LA FETE EXPENSES	16,391			16,391
e	MISCELLANEOUS	14,105	7,347	2,704	4,054
f	All other expenses	55,671	38,584		3,706
25	Total functional expenses. Add lines 1 through 24f		260,161	111,352	51,555
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column	,			
DAA	(B) joint costs from a combined educational campaign and fundraising solicitation				5 990 (0040)

Part	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	54,271	1.	34,087
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	`	4	1,127
5	Receivables from current and former officers, directors, trustees, key			E. C.
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	5/1/2		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- [employers and sponsoring organizations of section 501(c)(9) voluntary			
10	employees' beneficiary organizations (see instructions)		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		. 8	
9	Prepaid expenses and deferred charges	1,000	9	282
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 26,93	<u> </u>		
b	Less: accumulated depreciation 10b 25,81:			1,118
11	Investments—publicly traded securities		11	ļ
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	<u> </u>
14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
15	Other assets. See Part IV, line 11	FE 00E	15	26 614
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	36,614
17	Accounts payable and accrued expenses			1,146
18	Grants payable		18	6,000
19	Deferred revenue	15,000		6,000
20	Tax-exempt bond liabilities		20	
Liabilities 52	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≣ 22	Payables to current and former officers, directors, trustees, key			
ja	employees, highest compensated employees, and disqualified persons.		22	
- 1	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		22	
23			24	
24	Unsecured notes and loans payable to unrelated third parties		25	
25 26	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	47,779		7,146
	Organizations that follow SFAS 117, check here ▶ X and complete	=1,113	20	7/230
Balances 27 28	lines 27 through 20, and lines 33 and 34			
<u>E</u> 27		10,048	27	29,468
E 28	Unrestricted net assets Temporarily restricted net assets		28	
D 29	Permanantly restricted net assets		29	
5 2	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and			
뜬	complete lines 30 through 34.			
Net Assets or Fund 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Carifel starts at an experience of a superstance of		30	
9 31 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SS 32	Retained earnings, endowment, accumulated income, or other funds		32	
₹ 32	Total net assets or fund balances	40 040	_	
2 34	Total liabilities and net assets/fund balances			0.0.01.1
	Total liabilities alla fiet assots/falla balaness		, 54	Farm QQQ (2010)

Form **990** (2010)

Form	990 (2010) NASHVILLE FILM FESTIVAL 23-7258049			Paç	ge 12
	rt XI Reconciliation of Net Assets				
***************************************	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		42,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		19,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,0)48
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	4	29,4	468
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required qualities audite explain why in Schedule O and describe any steps taken to undergo such audite		36	i l	I

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NACHVITTE FILM FESTIVAL

Employer identification number

					THE PROTECTION						123	00-			
P	art I	Reas	on for Public Ch	arity	Status (All organizations	must c	omplet	e this	part.) S	See in	struct	ions.			
The	orga	nization is not	a private foundation	becaus	e it is: (For lines 1 through 11, o	check only	one box	.)							
1		A church, cor	vention of churches,	or ass	ociation of churches described	in section	170(b)(1)(A)(i).							
2		A school des	cribed in section 170	(b)(1)(A)(ii). (Attach Schedule E.)										
3					ce organization described in sec	ction 170((b)(1)(A)(i	iii).							
4	П	•	•		d in conjunction with a hospital o				(1)(A)(ii	i). Ente	r the ho	spital'	s name.		
•	ш	city, and state	_						() () ()	.,					
5		•		enefit c	of a college or university owned	or operate		overnme	ntal unit	descri	hed in	• • • • • •			
J		-	· ·			or operati	od by a g	overnine.	intal ulli	Cacaciii	DCG III				
			b)(1)(A)(iv). (Comple			41 47	0/15//4// 8	16.4							
6	77		-	_	overnmental unit described in s										
7	X	-	-		substantial part of its support fro	om a gove	ernmentai	unit or i	rom tne	genera	ii public				
			section 170(b)(1)(A)		·									•	
8	Н	•			70(b)(1)(A)(vi). (Complete Part		•								
9					i) more than 33 1/3% of its sup							SS			
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
		support from	gross investment inc	ome ar	nd unrelated business taxable ir	come (les	ss section	1 511 tax) from b	usiness	ses				
		acquired by t	ne organization after	June 3	0, 1975. See section 509(a)(2) .	. (Complet	te Part III	.)							
10		An organizati	on organized and op-	erated (exclusively to test for public safe	ety. See s	ection 50	9(a)(4).							
11	П	An organizati	on organized and ope	erated e	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	9				
		purposes of o	ne or more publicly s	support	ed organizations described in s	ection 509	9(a)(1) or	section	509(a)(2). See	section				
		509(a)(3). Ch	eck the box that desc	cribes t	he type of supporting organizati	on and co	mplete lii	nes 11e	through	11h.					
		a Type	i b Typ	e II	c Type III-Function	ally integra	ated	d	Typ	e III-Ot	her				
e					anization is not controlled direc			ne or m				ıs			
·	ш		•	-	er than one or more publicly sup	-									
		or section 50			п	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J				(-)(.,			
f			1 11 1	on dete	ermination from the IRS that it is	a Tyne I	Type II	or Type	lli sunna	ortina					
		_	check this box	en dete	arithmation from the fixe true	a type i,	rypc II,	or Type	iii suppe	or arrig					
		-			tion accepted any gift or contrib							• • • • • •			لــا
g				ganiza	tion accepted any gift or contrib	uuon non	i any oi u	ю							
		following per											1		
			-		ontrols, either alone or together	with perso	ons descr	ibed in (ii) and					Yes	No
					supported organization?								11g(i)		
		(ii) A family	member of a person	describ	oed in (i) above?								11g(ii)		
		(iii) A 35% c	ontrolled entity of a p	erson o	described in (i) or (ii) above?								11g(iii)		
<u>h</u>		Provide the	ollowing information	about t	he supported organization(s).	7				,					
(i)	Name	of supported	(ii) EIN		(iii) Type of organization	1 ' '	organization		ou notify		s the		(vii) Amo		
	org	anization			(described on lines 1–9	1 '''	sted in your		ization in of your	organizat	ion in col. zed in the		supp	ort	
					above or IRC section (see instructions))	governing	document?	٠,,	ort?		S.?				
					,,	Yes	No	Yes	No	Yes	No				
(A)															
• •								ļ							
(B)															
(-,															
(C)		··-··													
(0)										·					
<u> </u>						1				 					
(D)				•											
<u></u>							 			 					
(E)															
						+				100					·····
						1.									

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	262,343	318,766	304,945	251,905	264,814	1,402,773
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge					_	
4 5	Total. Add lines 1 through 3 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	262,343	318,766	304,945	251,905	264,814	1,402,773
	shown on line 11, column (f)			70.00			
6	Public support. Subtract line 5 from line 4						1,402,773
	tion B. Total Support	(=) 2006	(h) 2007	(c) 2008	(4) 2000	(e) 2010	/f) Total
		(a) 2006	(b) 2007	1	(d) 2009		(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	262,343	318,766		251,905	264,814	1,402,773
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1,403,899
12	Gross receipts from related activities, etc.					12	177,674
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her			· · · · · · · · · · · · · · · · · · ·			
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2010 (line 6			nn (f))			99.92%
15	Public support percentage from 2009 Sch						97.07%
16a	33 1/3% support test—2010. If the organ						⊾ ਓ
	box and stop here. The organization qual				=		▶ 🗵
b	33 1/3% support test—2009. If the organ						▶ □
17a	check this box and stop here. The organizations 10%-facts-and-circumstances test—201						········
IIa	10% or more, and if the organization mee	_					
	Part IV how the organization meets the "fa				•		
				•			▶ □
ь	organization						······································
	15 is 10% or more, and if the organization	_					
	Explain in Part IV how the organization me			•	•		
	· -			-	•		▶ □
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	e	
	instructions						▶ □

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.)

Sec	tion A. Public Support	<i>y</i> quanty units		, p.o					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	·							
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6.)								
	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b					·			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for the organization, check this box and stop her			•		(c)(3)	▶ [
Sec	tion C. Computation of Public S								
15	Public support percentage for 2010 (line 8			nn (f))		15	%		
16	Public support percentage from 2009 Sch	edule A, Part III, Iir	ne 15				%		
	tion D. Computation of Investme	ent Income Per	centage						
17	Investment income percentage for 2010 (3, column (f))		17	%		
18	Investment income percentage from 2009		III - Bara - 47			امدا	%		
19a	33 1/3% support tests—2010. If the orga								
	17 is not more than 33 1/3%, check this b						▶ □		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization di	d not check a hoy c	n line 14 19a or	19h check this ho	x and see instructi	ons	•		

	orm 990 or 990-	EZ) 2010 NA	SHVILLE F	'ILM FESTI	VAL		<u>23-725804</u>	9 Page 4
Part IV	Supplement Part II, line instructions	17a or 17b;	i on. Complete and Part III, lir	e this part to prone 12. Also con	ovide the ex nplete this p	planations roart for any a	equired by Part II additional informa	, line 10; tion. (See
PART I	I, LINE	10 - OTH	ER INCOM	E DETAIL				
OTHER	TNCOME					^		
OTHER	INCOME		• • • • • • • • • • • • • • • • • • • •	?		······································		
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization Employer identification number

NASHVILLE FILM FESTIVAL 23-7258049

2010

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or yone contributor. Complete Parts I and II.
Special Rules	
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the 100 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during te contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or ses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
the year, contributing aggregate to more year for an exclusionapplies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during tions for use exclusively for religious, charitable, etc., purposes, but these contributions did not than \$1,000. If this box is checked, enter here the total contributions that were received during the ively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule anization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

age f 1 of f 1 of $f Part\, I$

Name of organization
NASHVILLE FILM FESTIVAL

Employer identification number 23-7258049

Part I Contributors (see instructions) (c) (d) (a) (b) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution METROPOLITAN NASHVILLE ARTS COMMISSI X 1 Person 209 TENTH AVENUE SOUTH, SUITE 146 Payroll TN 37203 \$ 50,480 Noncash NASHVILLE (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 2... NATIONAL ENDOWMENT FOR THE ARTS Person 1100 PENNSYLVANIA AVENUE NW Payroll 7,500 Noncash DC 20506 WASHINGTON (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. . 3 TENNESSEE ARTS COMMISSION Person 401 CHARLOTTE AVENUE **Payroll** \$ 29,610 Noncash NASHVILLE (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. FILM FESTIVAL ACADEMY Person P.O. BOX 16283 Payroll \$ 25,000 Noncash BEVERLY HILLS CA 90209 (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. Person Pavroil Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 **2010**

Open to Public

Employer identification number

NASHVILLE FILM FESTIVAL 23-7258049 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? _______ Yes ____ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **\$** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

6.0 6 1.2 1.000	int III Organizations Maintaining C			or Other Similar	r Assats	(continue	raye z
200000000000000000000000000000000000000	Using the organization's acquisition, accession,					Continue	-u /
3	collection items (check all that apply):	, and other records, check	any of the following that a	re a significant use of	i its	•	
а	Public exhibition	d Loan or	exchange programs				
b	Scholarly research	e Other	· · · · · · · · · · · · · · · · · · ·				
С	Preservation for future generations	•					
4	Provide a description of the organization's colle	ctions and explain how the	ev further the organization'	s exempt purpose in	Part		
	XIV.	•					
5	During the year, did the organization solicit or re	eceive donations of art. his	torical treasures, or other	similar .			
-	assets to be sold to raise funds rather than to b	e maintained as part of the	e organization's collection	?		Yes	No
Pa	int IV Escrow and Custodial Arran	gements. Complete	if the organization a	nswered "Yes" to	o Form 9	90. Part	IV.
	line 9, or reported an amount	t on Form 990. Part	X. line 21.				,
	Is the organization an agent, trustee, custodian			ts not			
	included on Form 990, Part X?					Yes	No
h	If "Yes," explain the arrangement in Part XIV ar	nd complete the following t	ahle:		• • • • • • • • •		
ь	ii res, explain the arrangement in raction are	id complete the following to	abic.			Amount	
_	Devianing belongs				4.	7 arround	
	Beginning balance				1c		
d	Additions during the year	• • • • • • • • • • • • • • • • • • • •			1d		
е	Distributions during the year				1e		
f	Ending balance			<i> </i>	1f		
	Did the organization include an amount on Form	n 990, Part X, line 21?				Yes	∐ No
	If "Yes," explain the arrangement in Part XIV.						
Pa	rt V Endowment Funds. Comple						
		(a) Current year	(b) Prior year (c) Tw	o years back (d) Thre	ee years back	(e) Four ye	ears back
	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
	Other expenditures for facilities and						
	programs						
f	Administrative expenses		,				
q	End of year balance						
2	Provide the estimated percentage of the year e	nd balance held as:					
а	Board designated or quasi-endowment ▶						
b	Permanent endowment ▶ %	.,					
C	Term endowment ▶ %						
	Are there endowment funds not in the possessi	ion of the organization that	are held and administered	d for the			
-	organization by:	on or are organization that	, and more and administration	a 10. a10		Y	es No
	(i) unrelated organizations					3a(i)	110
	(**)					3a(ii)	\dashv
h	If "Yes" to 3a(ii), are the related organizations li	eted as required on Sched				3b	
٠,	Describe in Part XIV the intended uses of the o					<u> </u>	
Ps	irt VI Land, Buildings, and Equip						
201.26	Description of investment	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	$\overline{}$	(d) Book va	lue
	Description of investment	(investment)	(other)	depreciation		(a) 200K 14	
	Lond	\	(00.01)	deprediation			
	Land				2007520		
	Buildings				$-\!\!\!\!+\!\!\!\!\!-$		
	Leasehold improvements						<u> </u>
	Equipment		00.001	05.0	212		1 440
	Other		26,931		5 <u>1 3</u>		L,118
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, colur	mn (B), line 10(c).)	<u> </u>	, . ▶		L,118

30 ledule D (1 0 ll 1 990) 20 10 14 15 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 age 0
Part VII Investments—Other Securities. See For		
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		<u> </u>
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Fo	rm 000 Port V line 13	
Part VIII Investments—Program Related. See Formula (a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
/4\		- Cook of an of your market range
(1)		
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX Other Assets. See Form 990, Part X, line	•	
(a) Descrip		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities. See Form 990, Part X,	line 25.	
1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total (Column /h) must equal Form 990, Part X, col. (B) line 25.)		

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	dule D (Form 990) 2010 NASHVILLE FILM FESTIVAL 23-72580	149	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	442,488
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	423,068
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	19,420
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		19,420
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	
1	Total revenue, gains, and other support per audited financial statements		909,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 466,90	9	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	466,909
3	Subtract line 2e from line 1	3	442,488
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 - 1	442,488
CONTROL AV	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		
1	Total expenses and losses per audited financial statements		889,977
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a 466,90	9	
	Prior year adjustments 2b		
c	Other losses 2c		
-			
d	Other (Describe in Part XIV.)		
d e	Other (Describe in Part XIV.)		466,909
е	Other (Describe in Part XIV.) Add lines 2a through 2d	2e	466,909 423.068
е 3	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1	2e 3	
e 3 4	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e 3	
e 3 4 a	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2e 3	466,909 423,068
e 3 4 a b	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	3	
e 3 4 a b	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	4c	423,068
e 3 4 a b c	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	
e 3 4 a b c 5	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV. Supplemental Information	4c 5	423,068
e 3 4 a b c 5	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	4c 5 and 2b;	423,068
e 3 4 a b c 5 Pa	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV. Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part	4c 5 and 2b;	423,068
e 3 4 a b c 5 Pa	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	4c 5 and 2b;	423,068
e 3 4 a b c 5 Pa	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV. Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part	4c 5 and 2b; to provide	423,068
e 3 4 a b c 5 Pa compleart '	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV. Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part additional information.	4c 5 and 2b; to provide	423,068
e 3 4 a b c 5 Pa compleart '	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part additional information.	4c 5 and 2b; to provide	423,068
e 3 4 a b c 5 Pa compleart '	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV. Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part additional information.	4c 5 and 2b; to provide	423,068
e 3 4 a b c 5 Pa compleant 'ny a	Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part additional information.	4c 5 and 2b; to provide	423,068
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Schedule D (Fe	orm 990) 2010	NASHVILLE	FILM FESTIVAL		23-7258049	[*] Page 5
Part XIV	Suppleme	ntal Information (FILM FESTIVAL continued)			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Employer identification number Name of the organization NASHVILLE FILM FESTIVAL 23-7258049 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY NO COMPLIANCE ISSUES OCCURRED IN 2010. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE DIRECOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ALL SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PART NO DOCUMENTS AVAILABLE TO THE PUBLIC LINE 24F -FORM 990, PART IX, OTHER EXPENSES AMOUNT DESCRIPTION 12,439 **AWARDS** \$ POSTAGE 9,469 \$ 9,401 GRANT EXPENSE DUES AND SUBSCRIPTIONS 8,856 PRINTING & PROMOTIONS 7,632 4,373 TELEPHONE

3,501

MEMBERSHIPS

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

2010
Attachment Sequence No. 67

Name(s) shown on return

► See separate instructions.

Identifying number

	NASH	IVILLE FILM FI	POLIA					125	8049
	ess or activity to which this form re								
Maria Change	NDIRECT DEPREC	LATION xpense Certain Prop	orty Under Section	170					
Pa	7m1-5m2-m27/1/2/2/2/	xpense Certain Prop ave any listed proper	-		ı com	nlete P	art i		
1	Maximum amount (see instru							1	500,000
2	Total cost of section 179 pro	operty placed in service (se	e instructions)					2	
3	Threshold cost of section 17	'9 property before reduction	n in limitation (see instruc	tions)				3	2,000,000
4	Reduction in limitation. Subt		lanat O					4	
5	Dollar limitation for tax year. Sub			ng separately, s				5	
6		scription of property		st (business use			Elected cost	_	
7	Listed property. Enter the an	nount from line 29			7			·	
8	Total elected cost of section	179 property. Add amoun	ts in column (c), lines 6 a	nd 7				8	
9	Tentative deduction. Enter the							9	
10	Carryover of disallowed ded							10	
11	Business income limitation.	Enter the smaller of busine	ess income (not less than	zero) or line		nstruction	ns)	11	
12	Section 179 expense deduct							12	
13	Carryover of disallowed ded				13				
	: Do not use Part II or Part III								
Q. 15.17 (65.0		eciation Allowance a		ion (Do no	t incl	ude list	ed prop	ertv.)	(See instructions)
14	Special depreciation allowar								,
• •	during the tax year (see instr							14	
15	Property subject to section 1	168(f)(1) election						15	
16	Other depreciation (including							16	1,438
encomment of		eciation (Do not incl							
			Section A						
17	MACRS deductions for asse	ets placed in service in tax	years beginning before 20	010				17	0
18	If you are electing to group any a						. —		
		n B—Assets Placed in Se						/stem	
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) C	onvention	(f) Met	hod	(g) Depreciation deduction
10-	2 year property	service	only-see instructions)	period				·	
<u>19a</u>	3-year property	 							
<u>b</u>	5-year property			 					
	7-year property								
	10-year property			<u> </u>	-				
	15-year property			1					
f_	20-year property			 		<u> </u>			
<u>g</u>	25-year property			25 yrs.	ļ		S/L		
h	Residential rental			27.5 yrs.	1	MM .	S/L		
	property			27.5 yrs.	1	MM	S/L		
i	Nonresidential real			39 yrs.	· · · · · · · · · · · · · · · · · · ·	MM	S/L		<u> </u>
	property	O Access Blacks in Com	ion Deminer 2010 Torr Von			MM	S/L	Suntan	
		CAssets Placed in Serv	rice During 2010 Tax Yea	ar Using the A	Aiterna	tive Depi	1		1
	Class life	 			<u> </u>		S/L		
	12-year			12 yrs.	-		S/L		
	40-year		<u> </u>	40 yrs.	<u> </u>	MM	S/L		<u> </u>
		ee instructions.)						F _ :	<u> </u>
21	Listed property. Enter amou							21	
22	Total. Add amounts from lin	-				ter here			1 420
	and on the appropriate lines	- :	· ·		<u>s</u>	<u></u>		22	1,438
23	For assets shown above and	-	the current year, enter the		_				
	portion of the basis attributa	ble to section 263A costs			23				S