Form 990

Department of the Treasury

For the 2007 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

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

benefit trust or private foundation)

2007, and ending

OMB No. 1545-0047

Open to Public Inspection

Form 990 (2007)

20

D Employer identification number C Name of organization Piease B Check if applicable: Tennessee Art League, Inc. 1068612 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) | Room/suite E Telephone number Name change type. (615) 736-5000 Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual ☐ Termination Nashville, TN 37203 tions. Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes V No H(b) If "Yes," enter number of affiliates ▶ G Website: ► www.tennesseeartleague.org H(c) Are all affiliates included? Yes No J Organization type (check only one) ► ✓ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, he sure to file a complete return. Group Exemption Number ▶ Check ► ☐ if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 51,383 b Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) 33,800 d Government contributions (grants) (not included on line 1a) 1d 85,183 e Total (add lines 1a through 1d) (cash \$ 85,183 noncash \$ 64,000 Program service revenue including government fees and contracts (from Part VII, line 93) 2 22,275 3 Membership dues and assessments 6,935 Interest on savings and temporary cash investments 4 5 5 Dividends and interest from securities . 6a 6a Gross rents 6b b Less: rental expenses 6с 21,810 c Net rental income or (loss). Subtract line 6b from line 6a . 7 Other investment income (describe > (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 86 b Less: cost or other basis and sales expenses. 8с c Gain or (loss) (attach schedule) . . 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ 9a contributions reported on line 1b) b Less: direct expenses other than fundraising expenses 9c c Net income or (loss) from special events. Subtract line 9b from line 9a . 10a Gross sales of inventory, less returns and allowances . . . 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . Other revenue (from Part VII, line 103) 11 11 200,203 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 12 12 13 163,886 Program services (from line 44, column (B)) . . . 13 150,063 14 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) . . . 15 16 Payments to affiliates (attach schedule) 16 17 313,949 Total expenses. Add lines 16 and 44, column (A) 17 -113,746 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 960,955 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 -44,671 Other changes in net assets or fund balances (attach explanation) 20 802,538 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 (Grants paid from donor advised funds (attach schedule)		İ	Ī		
	cash \$ noncash \$)				ļ	
	f this amount includes foreign grants, check here 🕨 🗌	22a			I	
(Other grants and allocations (attach schedule)					
(cash \$ noncash \$)					
Ì	f this amount includes foreign grants, check here 🕨 🗌	22b				
	Specific assistance to individuals (attach schedule)	23				
I	Benefits paid to or for members (attach	24				
	schedule)	-				
	Compensation of current officers, directors,	25a	31,538	31,538		
	key employees, etc. listed in Part V-A	200	5.,555	0.,000		
	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	9,942	9,942		
	Compensation and other distributions, not		}			
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
	Salaries and wages of employees not included on lines 25a, b, and c	26	15,623	15,623		
	Pension plan contributions not included on lines 25a, b, and c	27				
	Employee benefits not included on lines			1		
	25a – 27	28				
	Payroll taxes	29	3,948	3,948		
	Professional fundraising fees	30				
	Accounting fees	31	2,745		2,745	
	Legal fees	32				1
	Supplies	33				
	Telephone	34				
	Postage and shipping	35				
	Occupancy	36	39,324		39,324	
	Equipment rental and maintenance	37	0.004	0.004		
	Printing and publications	38	8,281	8,281		
	Travel	39_				
	Conferences, conventions, and meetings	40	62.550		E2 EEA	
	Interest	41	52,550		52,550	
	Depreciation, depletion, etc. (attach schedule)	42	28,031		28,031	1
	Other expenses not covered above (itemize):	40-	24 500	24 600		
a	Art education	43a	24,690	24,690		***
b	Exhibits	43b	14,001 17,150	14,001 17,150		
C	Consulting expense Building repairs and maintenance	43c	14,014	14,014		
d	Bod doht synames	43d	6,000	14,014	6,000	
e	Incurance	43e 43f	4,910		4,910	1
t a	See Statement 2 - attached	43g	41,202	24,699	`	1
g	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	313,949			
	t Costs. Check ► ☐ if you are following SO my joint costs from a combined educational campaig	P 98-2.				▶ ∏ Ves [

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

hat is the organization's primary exempt purpose? See Statement 3 - attached		Program Service
lorganizations must describe their exempt purpose achievements in a clear and concise manner. State the ni	umber	Expenses (Required for 501(c)(3) and
clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) a	and (4)	(4) Grgs. and 4947(2)(1)
ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to of	thers.)	others.)
Assist local artists and the community by providing gallery space, workshops and education programs.		
	.	
	••••	
		1
(Grants and allocations \$) If this amount includes foreign grants, check here	> [163,886
)		
	••••	
(Grants and allocations \$) If this amount includes foreign grants, check here	_	<u> </u>
9		
	••••	
	• • • • •	
(Grants and allocations \$) If this amount includes foreign grants, check here	.	٦
		<u> </u>
d		
	• • • • • •	
	• • • • • •	
(Grants and allocations \$) If this amount includes foreign grants, check here	▶ [כ
Other program services (attach schedule)		1
(Grants and allocations \$) If this amount includes foreign grants, check here	≥ ► [][
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	. >	163,886

Form 990 (2007)

Pa	rt_IV	Balance Sheets (See the instructions.	.)				
N		Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the de	escription	(A) Beginning of year		(B) End of year
T	45	Cash—non-interest-bearing			124,793	45	29.768
	46	Savings and temporary cash investments .		1	125,395	46	197,305
l	470	Accounts receivable	47a				
		Less: allowance for doubtful accounts .	47b			47c	
		cost anovarior for doubter docourts.					
i	48a	Pledges receivable	48a	290,431			
		Less: allowance for doubtful accounts .	48b	6,000	425,365	48c	284,831
	49	Grants receivable			7,224	49	23,938
5	50a	Receivables from current and former officers		i i		50a	
		key employees (attach schedule)		1		Sua	
		Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495			· · · · · · · · · · · · · · · · · · ·	50b	
	51a	Other notes and loans receivable (attach	l can l				
ssets		schedule)	51a 51b			51c	
Ass	_	Less: allowance for doubtful accounts .				52	
	52 53	Inventories for sale or use		i		53	
		Investments—publicly-traded securities				54a	
		Investments—other securities (attach sched				54b	
	1	Investments—land, buildings, and	 ,				
	554	equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)		-		56	
	1	Land, buildings, and equipment: basis .	57a	1,100,707			
	1	Less: accumulated depreciation (attach	57b	62,185	1,057,538	57c	1,038,522
	58	schedule)					
	30	(describe ►)		58	
	59	Total assets (must equal line 74). Add lines	s 45 throug	h 58 ,	1,740,315	59	1,574,364
	60	Accounts payable and accrued expenses .			3,003	+	25,835
	61	Grants payable			-	61	
	62	Deferred revenue				62	
ies	63	Loans from officers, directors, trustees, ar	-			63	
bilities	l	schedule)				64a	
Lial		Tax-exempt bond liabilities (attach schedule			754,516		745,991
_	65	 Mortgages and other notes payable (attach Other liabilities (describe ► 			21,841	+	
	00	Other habilities (describe P		,			
	66	Total liabilities. Add lines 60 through 65	<u> </u>	<u> </u>	779,360	66	771,826
	Org	ganizations that follow SFAS 117, check here	▶ ☐ and	complete lines			
y.	1	67 through 69 and lines 73 and 74.			200 25	-	227 527
200	67	Unrestricted			960,95	68	337,527 465,011
200	68	Temporarily restricted				69	405,611
α 7	69	Permanently restricted				100	
Fund Balances	Org	ganizations that do not follow SFAS 117, chec complete lines 70 through 74.	ck nere ►	L ano			
č		Capital stock, trust principal, or current fur	nds			70	
		Paid-in or capital surplus, or land, building				71	
ģ	72	Retained earnings, endowment, accumulate				72	<u></u>
Mot Accote	73	Total net assets or fund balances. Add li	nes 67 thro	ough 69 or lines			
Ž		70 through 72. (Column (A) must equal lin			000.05		000 000
		equal line 21)			960,95 1,740,31		802.538 1,574,364
	74	Total liadilities and net assets/fund balan	CG2. WAR IN	ובש טט מווט רש	[1,740,31	J 14	1,014,004

Par	t IV-A Reconciliation of Revenue per Audit instructions.)	ted Financial Statem	ents With Reve	enue pe	r Retu	rn (S	ee the
a b	Total revenue, gains, and other support per audite Amounts included on line a but not on Part I, line			٠	a		177,686
1	Net unrealized gains on investments		b1				
2	Donated services and use of facilities		b2		- 1		
3			b3		1		
4	Recoveries of prior year grants Other (specify): Cost of sales (commissions to artists		b4	-22,517			
	Add lines b1 through b4				b		-22,517
С					_с		200,203
d	Amounts included on Part I, line 12, but not on line	e a:					
1	Investment expenses not included on Part I, line 6	b	d1				
2	Other (specify):	· · · · · · · · · · · · · · · · · · ·			.i.a		
		. [d2				
	Add lines d1 and d2				d		
e	Total revenue (Part I, line 12). Add lines c and d		<u> </u>	▶	_ e		200,203
Pal	rt IV-B Reconciliation of Expenses per Aud		nents With Exp	enses p		turn	
а	Total expenses and losses per audited financial st				_a		291,432
р	Amounts included on line a but not on Part I, line		ha l				
1	Donated services and use of facilities		_b1_ b2				
2	Prior year adjustments reported on Part I, line 20		b3				
3	Losses reported on Part I, line 20 Other (specify): Cost of sales (commissions to artists	the cale of artwork	DS				
4	,		b4	-22.517			
	Add lines had there in hid			·22,317	ь		-22,517
_	Add lines b1 through b4				c		313,949
c d	Amounts included on Part I, line 17, but not on lin						0,070.0
1	Investment expenses not included on Part I, line 6		d1 l				
2	Other (specify):				1		
-	Other (Specify).		d2				
					d		
е	Total expenses (Part I, line 17). Add lines c and c	<u> </u>		▶	е		313,949
Pa	rt V-A Current Officers, Directors, Trustees, or key employee at any time during the year						director, trustee
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit pla	ions to em Ins & defer Sation plan	red	(E) Expense account and other allowance
Geo	orge Anderjack	Executive Director, 40 hrs					
	Broadway, Nashville, TN 37203		9,942			0	0
Kat	thleen Carlton	President, 5 hrs.					
	2 Glendower Ct., Nashville, TN 37203		0			0	0
	lanie Ellington D1 Gasserway Circle, Brentwood, TN 37027	Vice President, 5 hrs.	0			0	C
	d Kromer	Past President, 5 hrs.					
43	09 Belmont Park Terrace, Nashville, TN 37215		0			0	
Tra	acy Thomas	Treasurer					
82	6 Overhills Dr., Old Hickory, TN 37138		0	<u> </u>		0	
Lo	u Cundiff	Secretary	Ì	Ì			
90	9 Drummond Dr., Nashville, TN 37211		0			0	
	seph Gibbs	Board Director					
	00 Sycamore Lane, Nashville, TN 37215		C	1		0	ļ
	ie Maney	Board Director					
_	9 Harpeth Ridge, Nashville, TN 37221		0	 		0	 '
	уо Такитуо	Board Director				_	
	00 Nashville City Center, 511 Union St., Nashville 37219		ļ <u>c</u>	1		0	1
	ter Woolfolk	Board Director				0] .
จจ	13 Trousdale Dr., Nashville, TN 37027	1	1	'1		Ų	1

Part	V-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and trumeetings			n business at board 8			
	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or I relationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b		_ ✓
	Do any officers, directors, trustees, or key ecompensated employees listed in Schedule A, independent contractors listed in Schedule A, forganizations, whether tax exempt or taxable, that the definition of "related organization."	Part I, or highest co Part II-A or II-B, rec	impensated profeive compensation? See	essional and other on from any other the instructions for	75c		√
	f "Yes," attach a statement that includes the info Does the organization have a written conflict of in	rmation described in	the instructions.		j		<u>·</u>
Pari	V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee receperson below and enter the amount of comp	Key Employees That I ceived compensation o	Received Comper	sation or Other Bene escribed below) during	fits (If	ear, lis	ormer
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and owance	other
	e Stanley -Executive Director 1/1/07-10/15/07 Jorner Ave., Nashville, TN 37204	0	31,538	0			0
							
					_		
							
		NAME OF THE PROPERTY OF THE PR					
		•				,	1
Par	t VI Other Information (See the instruction	15.)				Yes	No
76					76	ļ	1
7 7	Were any changes made in the organizing or governous or governous attach a conformed copy of the change		ut not reported to	the IRS?	77		1
	Did the organization have unrelated business grothis return?				78a 78b	1 .	
b	If "Yes," has it filed a tax return on Form 990-T					+	┼
79	Was there a liquidation, dissolution, termination, a statement				79	-	1
	Is the organization related (other than by association common membership, governing bodies, trust organization?	ees, officers, etc., t	o any other exe	empt or nonexempt			1
b	If "Yes," enter the name of the organization ▶						
	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	See line 81 instruction	ns.) <u> 81a</u>	(0 81b		

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		√
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83a 83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	·	√
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
a	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	05.		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a	<u>!</u>		
b	Gross receipts, included on line 12, for public use of club facilities 86b	1		1
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	<u>!</u>		l
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		/
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶0; section 4912 ▶0;			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		1
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization >	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1
£	transaction?	_		1
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
ç	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			1
90a	List the states with which a copy of this return is filed None		 .	
t	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			2
	The books are in care of ► Jan Batts Located at ► 808 Broadway, Nashville, TN ZIP + 4 ► 3	7203	3 6 -50	00
i	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
	over a financial account in a foreign country (such as a bank account, securities account, or other financia		+	1
	account)?			†
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	:		

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Part	VI Other Information (continued)						Yes	No
1	At any time during the calendar year, did the off "Yes," enter the name of the foreign country	>						1
92 3	Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest re	filing Form 990 sceived or accru	in lieu of Form	1041—Check	there			▶ □
Part '	VII Analysis of Income-Producing Acti	vities (See the	instructions)	x year , .	92	_		
	Enter gross amounts unless otherwise		usiness income	Excluded by sect	tion 512, 513, or 514	Γ	(E)	
indicat		(A)	(B)	(C)	(D)		elated	
93	Program service revenue:	Business code	Amount	Exclusion code			npt fun income	
а	Gallery & Classes & Workshop Income			 				4.000
b								,,,,,
С								
d								
e								
f	Medicare/Medicaid payments							
g	Fees and contracts from government agencies							
94	Membership dues and assessments						27	2,275
95	Interest on savings and temporary cash investments			14	6,935	<u> </u>		
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate:		<u></u>			L		
а	debt-financed property	531120	21,810					
b	not debt-financed property					<u> </u>		
98	Net rental income or (loss) from personal property					<u> </u>		
99	Other investment income				_			
100	Gain or (loss) from sales of assets other than inventory					ļ		
101	Net income or (loss) from special events .		ļ	ļ		ļ		
102	Gross profit or (loss) from sales of inventory			1				
103	Other revenue: a			ļ	<u> </u>	ļ		
b		-		-		 -		
С		-		-		↓		
d	- Andrew - A					-		
е			04.040		0.005	├		C 075
104	Subtotal (add columns (B), (D), and (E))		21,810		6,935	1		6,275
105	Total (add line 104, columns (B), (D), and (E))				. •			5,020
	Line 105 plus line 1e, Part I, should equal the VIII Relationship of Activities to the Acc			nacas (Saa t	ho instructions)			
Part								
Line	of the organization's exempt purposes (oth	er than by provid	ling funds for sucl	h purposes).				
93					ucational purpose	s. up	eratio	n ot
	the gallery and the classes offered are both e Artists & art enthusiasts join as members in o				art library & roca	ivo no		
94	अस्तिहरू व्य यार सामायज्ञायहरू विमा यह मासाम्बर मा र	Auei to attenu ie	Clures, exilibit an	WOIK, DSE CIE	art miary & rece	186 116	1131611	.613
Part	IX Information Regarding Taxable Subs	eidiaries and D	icregarded Enti	ties (See the	instructions)	-		
rait	(A)	(B)				$\overline{}$	(E)	
	Name, address, and EIN of corporation,	Percentage of vnership interest	(C) Nature of a	activities	(D) Total income	E	nd-of-y asset	
N/A		%			-	 		
		%			<u> </u>	+	-	
		%			 	+-		
	X Information Regarding Transfers Asso	%	sonal Renefit C	ontracts (Soo	the instructions	-		
Part								71
(a) (b) Not	Did the organization, during the year, receive any funds, or Did the organization, during the year, pay pre te: If "Yes" to (b), file Form 8870 and Form 47	miums, directly	or indirectly, on	a personal bene a personal b	enefit contract?		res 5	
			•					

Part	t XI Information Regarding T is a controlling organization	ransfers To and Fron	Controlled Entity 512(b)(13).	ties. Complet	te only if the	organization
106	Did the reporting organization ma the Code? If "Yes," complete the	ke any transfers to a con	trolled entity as defi	ned in section	512(b)(13) of	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptio transfe		Amount	(D) of transfer
а						
b						
С						
	Totals					
107	Did the reporting organization red 512(b)(13) of the Code? If "Yes,"				ection	Yes No
-	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptio transfe		Amount	(D) of transfer
а						
b						
С						
	Totals	T #				_
108	Did the organization have a bindi rents, royalties, and annuities des			006, covering	the interest,	Yes No
Plea	Under penalties of perjury, I declare that and belief, it is true, correct, and completes	I have examined this return, inclu-	ding accompanying sched	dules and statemer all information of	nts, and to the bes which preparer h	t of my knowledge as any knowledge
Sigr Her	F Signature of onicer			Date		111-117
	Type or print name and title		Date	Check if	Prenarer's SCN or P	PTIN (See Gen. Inst.)
Paid	signature		s	elf-	Freparer S SSN OF P	THY (DEE CIED, INST. A
Use (Financial Resources		EIN	▶ 33	1040094
	address and ZIP + 4 1009 Hard	ling Trace Ct., Nashville, TN	37221	Phone no	► (615)	673-7307

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

OMB No. 1545-0047

Tennessee Art League. Inc.				1068612
Compensation of the Five High (See page 1 of the instructions. I	lest Paid Employees O List each one. If there ar	ther Than Offic e none, enter "N	ers, Directors, a None.")	ind Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
lone				
				# # # # # # # # # # # # # # # # # # #
otal number of other employees paid over \$50,000 .		<u> </u>		
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five High (List each contractor who performs. If there are none, enter "N	med services other than	professional ser		dividuals or
(a) Name and address of each independent contract	or paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-		
		-		
		-		
		-		
Total number of other contractors receiving over \$50,000 for other services	-		· · · · · · · · · · · · · · · · · · ·	

Par	Statements About Activities (See page 2 of the instructions.)	Y	es l	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	1		<u>✓</u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		<u> </u>
b	Lending of money or other extension of credit?	2b		✓_
С	Furnishing of goods, services, or facilities?	2c		✓_
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓_
e	Transfer of any part of its income or assets?	2e		<u>✓</u>
За	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		✓_
b	Did the organization have a section 403(b) annuity plan for its employees?	3ь		✓_
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		√
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		<u> </u>
b	Did the organization make any taxable distributions under section 4966?	4b		<u> </u>
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓_
c	Enter the total number of donor advised funds owned at the end of the tax year			0
ε	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
ç	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	rt i\	Reason for Non-Private	Foundation S	Status (See pages 4 t	through 8 of	the instruct	ions.)		
l cer	tify 1	that the organization is not a privat				licable box.)			
5	Ц	A church, convention of churches	, or association o	f churches. Section 170((b)(1)(A)(i).				
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7		A hospital or a cooperative hospit	al service organiz	ation. Section 170(b)(1)(A)(iii).				
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶							
10		An organization operated for the be (Also complete the Support Sched	enefit of a college (Iule in Part IV-A.)	or university owned or op	erated by a go	vernmental un	it. Section 170(b)(1)(A)(iv).		
11a	7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
12	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13		An organization that is not control requirements of section 509(a)(3).	Check the box th	nat describes the type of	f supporting or	ganization:			
		☐ Type II ☐ Type II		II-Functionally Integrate		Type III-Othe			
		Provide the following info			1				
Na	ame	(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	the sup	ipported in ipporting porting ration's	(e) Amount of support		
Yes No									
							_		
Tot	al				<u> </u>	>			
					<u></u>		1		
14	됴	An organization organized and op	perated to test for	r public safety. Section 5	509(a)(4). (See	page 8 of the	instructions.)		

Par Note	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions	if you checked a for converting from	box on line 10, on the accrual to	11, or 12.) Use c the cash method	ash method f of account	d of ac	counting.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	-	(e) Total
15	Gifts, grants, and contributions received. (Do					$\neg \uparrow$	
	not include unusual grants. See line 28.).	276,116	74,529	22,856	14,	879	388,380
16	Membership fees received	19,910	14,280	11,345	11,	816	57.351
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of						
	facilities in any activity that is related to the	50 500	22 620	24.240			445 450
	organization's charitable, etc., purpose	59,689	32,630	34,648	20,	206	147,173
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	3,844	1,473	79.		227	5,623
19	Net income from unrelated business						
	activities not included in line 18	4,625	0	0		0	4,625
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22 ,	364,184	122,912	68,928		,128	603,152
24 25	Line 23 minus line 17	304,495	90,282	34,280	26	,922	455,979
		3,642	1,229	689		471 26a	9,120
26 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w	me of and amount zation) whose tota	contributed by I gifts for 2003 the	each person (other crough 2006 exce	er than a eded the	26b	0
С	Total support for section 509(a)(1) test: Enter li					26c	455,979
d	Add: Amounts from column (e) for lines: 18	5,623	194,	625			
	22		26b		▶	26d	10,248
	Public support (line 26c minus line 26d total)					26e	445,731
f	Public support percentage (line 26e (numera	ator) divided by li	ine 26c (denom	inator))	. , ▶	26f	97.8 %
27 b	Organizations described on line 12: a Forgerson," prepare a list for your records to show Do not file this list with your return. Enter the (2006)	ived from each per year, that was mount the larger amount	total amounts renounts for each (2004) son (other than the larger well as individuals to described in (1)	ceived in each year; disqualified person of (1) the amount .) Do not file this li or (2), enter the s	ar from, each (2003) (s"), prepare on line 25 fo ist with your oum of these	a list for the year differe	ualified person.' or your records to ear or (2) \$5,000. After computing ences (the excess
С	Add: Amounts from column (e) for lines: 15		16				
C	17 20		21			27c	
d	Add: Line 27a total					27d	
e	Public support (line 27c total minus line 27d t	otai)			▶	27e	
f	Total support for section 509(a)(2) test: Enter	amount from line	23, column (e) .	. ► 27f			
g	Public support percentage (line 27e (numer	ator) divided by	line 27f (denom	inator))	. , .▶	27g	9
h	Investment income percentage (line 18, col	luma (e) (numera	tori divided by i	une 27t (denomir	natorii 🕨	27h	9

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Par	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)		-	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
33	Does the organization discriminate by race in any way with respect to:	20-		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C		33d		
d e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	330		_
h	Other extracurricular activities?	331	1	-
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
348	Does the organization receive any financial aid or assistance from a governmental agency?	34	3	
t	Has the organization's right to such aid ever been revoked or suspended?	341	b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35

Par	(To be completed ONLY by ar					e instructions	i.)
Chec	ck ▶ a ☐ if the organization belongs to an affilia					d "limited contro	" provisions apply.
	Limits on Lobbyi (The term "expenditures" mea	-				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (grassroc	ots lobbying) .		36		
37	Total lobbying expenditures to influence a legis	slative body (direc	t lobbying)		37		
38	Total lobbying expenditures (add lines 36 and		38				
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lines	•			40		
41	Lobbying nontaxable amount. Enter the amount		-				
		obbying nontaxa					1
	Not over \$500,000	of the amount on					Ì
	Over \$1,000,000 but not over \$1,500,000 . \$175,	•			41		
	Over \$1,500,000 but not over \$17,000,000 . \$225,	•	•				
	Over \$17,000,000 \$1,00	•					
42	Grassroots nontaxable amount (enter 25% of				42		
43	Subtract line 42 from line 36. Enter -0- if line 4	•			43		
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lir	ne 38		44		
	Caution: If there is an amount on either line 4.	3 or line 44, you r	nust file Form 47	⁷ 20.			
	4-Year Av (Some organizations that made a section See the instructions		do not have to	complete all	of th		below.
		Lob	bying Expendit	ures During	4-Ye	ear Averaging	Period
4	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))		, .				
47	Total lobbying expenditures						
48	Grassroots nontaxable amount		1	1	•		
49	Grassroots ceiling amount (150% of line 48(e))		:			a **	
50	Grassroots lobbying expenditures			-			
Pa	art VI-B Lobbying Activity by Nonele (For reporting only by organize			Part VI-A)	(See	page 14 of	the instructions
	ring the year, did the organization attempt to infempt to influence public opinion on a legislative				uding	any Yes N	o Amount
a	a Volunteers						_ .
t	b Paid staff or management (Include compensa	tion in expenses	reported on lines	c through	h.) .		\dashv
C	c Media advertisements					1 1	
C	d Mailings to members, legislators, or the publi					1 1	
	e Publications, or published or broadcast state					l i	
	f Grants to other organizations for lobbying pu	•				1 1	
	 Direct contact with legislators, their staffs, go Rallies, demonstrations, seminars, convention 			-		i I	
	Total lobbying expenditures (Add lines c thro If "Yes" to any of the above, also attach a st	ugh h.)					

Pal	E VIII			ansters To and Transa page 14 of the instruction	ctions and Relationships Witi ns.)	n Noncharitable
51		the reporting organ	nization directly or in	ndirectly engage in any of the	following with any other organization	
					on 527, relating to political organization	Yes No
а			orting organization t	o a noncharitable exempt orga	inization of:	
	• •	Cash				51a(i)
		Other assets				(ii) V
b		er transactions:			V	b(i) ✓
		_		noncharitable exempt organiza		b(i) ✓
	• •			able exempt organization		b(iii)
				er assets		b(iv) \(\)
						b(v) \(\)
				hip or fundraising solicitations		
		•		ts, other assets, or paid emplo	•	C ✓
d	good	ds, other assets, or	r services given by	the reporting organization. If t	 Column (b) should always show the fa he organization received less than fair ds, other assets, or services received: 	
_	a)	(b)	1	(c)	(d)	
Line	no.	Amount involved	Name of nonch	naritable exempt organization	Description of transfers, transactions, and	sharing arrangements

	des	cribed in section 5	•	other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527? ▶	☐ Yes 🕢 No
		(a) Name of organia	zation	(b) Type of organization	(c) Description of relations	shin
				1,700 o, o.g		
					 	
_					-	*
			 -			
	_					
					 	
				 		

FEDERAL STATEMENTS FOR 12/31/07- #990 & #990-T EIN: #62-1068612

STATEMENT 1 - Form 990, Part I, Line 20 - Other Changes in Net Assets

An adjustment was made to beginning retained earnings (1/1/07) in the Organization's records during calendar year 2007. The adjustment was for correcting 2006 audit adjustments that were made as a result of the audit but posted incorrectly by the Organization. This adjustment decreased beginning retained earnings by \$44,671.

STATEMENT 2 - Form 990, Part 11, Line 43g - Other Functional Expenses

Description		Total Expenses	Program <u>Services</u>	Mgt. & <u>General</u>	Fund- <u>Raising</u>
Marketing	\$	3,629		3.629	
Professional fees		8,957		8.957	
Local taxes		2,288		2.288	
Artwork commission	IS	22,517	22,517		
Miscellaneous		3,811	2,182	1,629	
Total	\$	41,202	24,699	16,503	

STATEMENT 3 - Form 990, Part III - Organization's Primary Exempt Purpose

To operate a cultural center for both the general public and the artists of the Nashville and Middle Tennessee Area.

STATEMENT 4 -Form 990, Part IV, Line 57-Land Buildings and Equipment

	Cost	Accum.	Book
	<u>Basis</u>	Deprec.	<u>Value</u>
Land	\$ 225,000	\$ 0	\$ 225.000
Building	650,000	40,278	609,722
Building improvements	203.618	13,674	189.944
Office furniture & equipment	22,089	8,233	13,856
	\$1,100,707	\$62,185	\$ 1,038,522

FEDERAL STATEMENTS FOR 12/31/07- #990 & #990-T EIN: #62-1068612

<u>STATEMENT 5 – Form 990 - T, Block H – Organization's Primary Unrelated</u> <u>Business Activity</u>

- (1) Consignment and regular sale of gallery paintings and souvenirs
- (2) Leasing six rooms to artists for their private art work/business

<u>STATEMENT 6 – Form 990 - T, Schedule C, Line 3 – Deductions Related to Rent Income</u>

Building mortgage payments – principal (30% x\$8,525)	\$ 2,558
Building mortgage payments – interest (30% x \$52,550)	15.765
Parking lot space (30% x \$12.000)	3,600
Repairs and maintenance – 2 nd floor	2.705
Building Improvements – 2 nd floor	<u>4,203</u>

\$28,831