Department of the Treasury

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 Open to Public Inspection

and ending JUN 30, A For the 2010 calendar year, or tax year beginning JUL 2010 C Name of organization D Employer identification number Check if applicable X Address GOVERNOR'S BOOKS FROM BIRTH FOUNDATION Name 20-1115704]Initial retum Number and street (or P 0 box if mail is not delivered to street address) E Telephone number Room/surte Termin-312 ROSA L PARKS BLVD, 27TH FLOOR 866-368-6371 Amended 6,286,643. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending NASHVILLE, TN 37243 H(a) Is this a group return F Name and address of principal officer: BRADY BANKS ຼYes ເX No for affiliates? 710 JAMES ROBERTSON PKWY, 11TH FLOOR, NASHVI H(b) Are all affiliates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)()◀ (insert no) 4947(a)(1) or ____ 527 If "No," attach a list. (see instructions) J Website: ► WWW.GOVERNORSFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 2004 M State of legal domicile TN Part | Summarv Briefly describe the organization's mission or most significant activities: TO SOLELY PROMOTE AND ENCOURAGE Activities & Governance READING BY THE CHILDREN OF TN, INCLUDING THE PROVISION OF BOOKS TO Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) 7 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 285 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 3<u>1,685,280</u> Contributions and grants (Part VIII, line 1h) 3,734,205. 0. Program service revenue (Part VIII, line 2g) 104,370. 119,569. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,636,028. 2,432,869 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,435,678. 6,286,643. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 173,829. 189,988. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 362,759 291,113 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 146,482. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,419,609 5,039,024. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,956,197. 5,520,125. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 479,481. 766,518. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,257,907. 5,129,819. 20 Total assets (Part X, line 16) 342,860. 75,268. Total liabilities (Part X, line 26) 3,915,047. 5,054,551 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign BANKS, ACTING OFFICER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Jerry A. Moss 01/13/12 Paid KRAFTCPAS PLLC Preparer Firm's name Firm's EIN Firm's address 555 GREAT CIRCLE ROAD Use Only NASHVILLE, TN 37228 615-242-7351 Phone no.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2010)

X Yes

	990 (2010) GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-111	5/04	Page 2
Par	文群 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	.	X
1	Briefly describe the organization's mission:		_
	THE MISSION OF GOVERNOR'S BOOKS FROM BIRTH FOUNDATION IS TO LE		
	ONGOING, STATEWIDE IMPLEMENTION OF DOLLY PARTON'S IMAGINATION PROGRAM IN TENNESSEE; ASSISTING ALL TENNESSEE PRESCHOOL CHILDR		<u> </u>
	DEVELOPING THEIR VOCABULARY, SCHOOL REDINESS, AND LOVE OF LEAR		AND
_	Did the organization undertake any significant program services during the year which were not listed on	MING P	1110
2	the prior Form 990 or 990-EZ?	Voc	X No
	If "Yes," describe these new services on Schedule O.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,165,040 • Including grants of \$189,988 •) (Revenue \$)
	SEE ATTACHMENT		
			-
			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
	/(Decorios 4		
4 -	(Out)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 5, 165, 040.		
บรวดด	,	Form 9 9	(2 010)

Form	990 (2010) GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115	704	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			۱
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			١
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
Ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	annuta and an mana baanttala must attack auditad financial atatamanta (ana instructiona)	. 2001		

Page 4

Pa	T W 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	Х	
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		Х
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		1	
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
_	Schedule K. If "No", go to line 25	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			x
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
p	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			x
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_
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? If "Yes," complete			x
	Schedule L, Part III	27		<u> </u>
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):	00-	•	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	<u> </u>	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
•	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?	34		х
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	X
35		33		
а				
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
27	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			(2010)

Page 5

Form **990** (2010)

L-OL	Check if Schedule O contains a response to any question in this Part V			
		\neg	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-1-5-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
Ū	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			ł
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			.,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ —
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	:	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	,	Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			-
b	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			
c	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

032005 12-21-10

Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
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_		<u>X</u>
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		<u> </u>
Ь	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:		v	
а	The governing body?	8a	X	V
ь	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			Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
40-	Describe account to the least shorten by a short	10a	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		
D	and branches to ensure their operations are consistent with those of the organization?	10b		
44.	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
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		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN			
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	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request	. al Ei -		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ncial	
00	statements available to the public.	tion: Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza KRAFTCPAS PLLC - 615-242-7351	uon: 🕨		
	555 GREAT CIRCLE RD., NASHVILLE, TN 37228			
	JUJ CHILL CAROLL TOT THE TANK AND THE TOTAL AND THE TOTA			

Part VII 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.

(A)	(B)			((C)			ed any current officer, o	(E)	(F)
Name and Title	Average hours per	100				sition		Reportable compensation	Reportable compensation	Estimated amount of
	- Ii. I			Can				from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
BRYON TRAUGER	1 00	.,						0	0	0
CHAIRMAN	1.00	X			_	-		0.	0.	0
JEFF CONYERS PRESIDENT	37.50	X		X				103,970.	0.	0
TAM GORDON	37.50	1				1		100/5/01	•	•
SECRETARY	1.00	X			_			0.	0.	0
						ļ				
				-						- :: -
					_	-				
		<u> </u>		_	-					
		ļ. 					_			
	ļ				_					

Par	Section A. Officers, Directors, Tr		npk	oyee			High	est	Compensated Employ	rees (continued)				
	(A)	(B)				C)	_		(D)	(E)		_	(F)	
	Name and title	Average hours per	(c		Pos all		ı ∶app	lV)	Reportable compensation	Reportable compensation			timate lount	
		week	<u> </u>	<u> </u>	T	Γ	T	,,, 	from	from related			other	
		(describe	age						the	organization		,	pensa	
		hours for related	0.0	Sta			nSate C		organization	(W-2/1099-MIS	3C)		om th	
		organizations	T Target	를		8	omo c		(W-2/1099-MISC)			_	anizat I relat	
		in Schedule	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					nizatı	
		0)	٤	물	ŧ	ą	₹.2	훈						
				1										
			-	├—	 	-	 	_						
										1				
			 	\vdash		\vdash	\vdash							
											ļ			
_								Π						
			L		<u> </u>									
			1		ļ			i						
			\vdash	-	 	-	-	-						
										ļ				
			\vdash		\vdash		\vdash						_	-
			<u> </u>		<u> </u>		_							
							İ	ŀ						
	Cook Andri	l	<u> </u>	<u></u>	<u> </u>		<u> </u>		103,970.		0.			0.
10	Sub-total Total from continuation sheets to Part V	IL Section A							0.		0.			0.
d	Total (add lines 1b and 1c)	ii, Section A					•		103,970.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wl	ho re	· · · · · · · · · · · · · · · · · · ·	0,000 in reportab	le			
	compensation from the organization													1
											,		Yes	No
3	Did the organization list any former officer			e, ke	y en	nplo	yee,	or h	nighest compensated ei	mployee on	1			v
4	line 1a? If "Yes," complete Schedule J for					ot101		d 041	har compandation from	the ergenization		3		X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	•		•					•	the organization		4		х
5	Did any person listed on line 1a receive or			-						idual for services				
	rendered to the organization? If "Yes," con	-				-						5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. NONE							-	(B)			(C		
	(A) Name and business	address							Description of s	services	С	ompe		n
								\neg						
								\dashv	_					
		·—·						\dashv						
										ļ				
-								\exists						
				_										
2	Total number of independent contractors		ot l	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 in compensation from the organ	zation >					U					Form	000	
													aus 1 /	· IM • M\

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	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
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	189,988.	189,988.		·····
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				MI
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,885.	34,310.	47,265.	34,310.
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 .	141,168.	67,964.	5,240.	67,964.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	16,814. 17,246.		16,814. 5,749.	
9	Other employee benefits	17,246.	5,749.	5,749.	5,748.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				··
b	Legal	23,117.		23,117.	
c	Accounting	56,035.		56,035.	
d	Lobbying			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,859.			4,859. 1,470.
13	Office expenses	3,500.		2,030.	1,470.
14	Information technology				
15	Royalties			24 222	
16	Occupancy .	24,233.		24,233.	10.501
17	Travel	13,591.			13,591.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 0 4 0		4 0 4 0	
19	Conferences, conventions, and meetings	4,240.		4,240.	
20	Interest				
21	Payments to affiliates	500		500	
22	Depreciation, depletion, and amortization	589. 7,788.		589.	
23	Insurance	7,788.		7,788.	
24	Other expenses Itemize expenses not covered 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	BOOKS AND MAILINGS	4,865,756.	4,865,756.	0.	0.
b	MARKETING	18,540.	0.	0.	18,540.
c	TELECOMMUNICATIONS	7,918.	0.	7,918.	0.
d	MISCELLANEOUS EXPENSE	7,585.	0.	7,585.	0.
е	WORKSHOP EXPENSE	1,273.	1,273.	0.	0.
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,520,125.	5,165,040.	208,603.	146,482.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2			
	2 12-21-10		· · · · · · · · · · · · · · · · · · ·		Form 990 (2010)

	tΧ	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,175,852.	1	1,993,695.
	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net	378,829.	3	32,500.
	4	Accounts receivable, net	608.	4	28,608.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
				6	
ts	-	employees' beneficiary organizations (see instructions)	"-	7	
Assets	7	Notes and loans receivable, net		8	
₹	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	_	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 7,205.	1 472	40-	991
		•	$\frac{1,473}{2,701,145}$.	100	884. 3,074,132.
	11	Investments - publicly traded securities	2,701,143.		3,0/4,132.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4 257 007	15	E 120 010
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,257,907.	16	5,129,819. 75,268.
	17	Accounts payable and accrued expenses	42,860.	17	13,200.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
jes j	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iit	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
-		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	200 000	24	
	25	Other liabilities. Complete Part X of Schedule D	300,000.	25	0.
	26	Total liabilities. Add lines 17 through 25	342,860.	26	75,268.
	ŀ	Organizations that follow SFAS 117, check here 🕨 🔀 and complete			
98		lines 27 through 29, and lines 33 and 34.	2 015 047		E 000 0E1
and	27	Unrestricted net assets	3,915,047.	27	5,022,051.
Bal	28	Temporarily restricted net assets		28	32,500.
힏	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ē	32	Retained earnings, endowment, accumulated income, or other funds		32	5 05 1 - 5 - 5
Z	33	Total net assets or fund balances	3,915,047.		5,054,551.
	34	Total liabilities and net assets/fund balances	4,257,907.	34	5,129,819.

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

За

X

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

Employer identification number 20-1115704

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part	t.) See inst	ructions.			
The orga	ınızatıon is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ох.)				
1 🗆	A church, co	nvention of churches	s, or association of church	ches desc	ribed in se	ction 170	(b)(1)(A)(ī)				
2	A school des	cnbed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	٦.		tal service organization of			170(ъ)(1)	(A)(iii).				
4			operated in conjunction					(b)(1)(A)(ii	n. Enter t	the hospital's name.	
	city, and stat		,		•			. , , , , ,	•	,	
5	n * '		benefit of a college or ur	niversity o	wned or or	perated by	a governi	nental uni	describe	ed in	
-	_	(b)(1)(A)(iv). (Comple	_	involuty of	ос от ор	, , , , , , , , , , , , , , , , , , ,	a govonii			J	
6	7		ent or governmental unit	t describe	d in sectio	n 170/h)/1	11/41/6/1				
7 X	i '		eives a substantial part					r from the	general r	nublic described in	
	- •	(b)(1)(A)(vi). (Comple		or its supp	or nom a	govornine	intai oniit o	110111 1110	generar	pabilo accoribca iii	
8 <u></u>	7		ection 170(b)(1)(A)(vi).	(Complete	Part II \						
9 🗀	7		eives: (1) more than 33 1		•	rom contri	hutione m	amharchii	n fees ar	nd arose receints from	
• —	-	•	nctions · subject to certa								
		·	axable income (less sect								
		509(a)(2). (Complete				0,,,00000	.04000.0	, ino orga	· ····································		
10	7		perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	u.			
11	7	· ·	perated exclusively for the	•	•			•	out the	nurposes of one or	
	_	•	ations described in section				•		•	•	
		• • •	organization and comple		•		.,. 555 551		-,,,-,,	ook tiio box tiiat	
	a Type		7 <u> </u>		e III - Func		egrated		d 🗔	Type III - Other	
e 🗀	7		t the organization is not	• •		•	•	more disc		• •	
			han one or more publicly		-	_	-				
f		•	ten determination from t		•				(-)(-)		
•	_	rganization, check th				F- 1, 1, 1, F-	, , ,				
g		_	organization accepted ar	ov aift or c	ontribution	from any	of the follo	owing pers	ions?		
3	-		rectly controls, either al			•				Yes No	
	• • •	•	upported organization?	_				. , ,	,	11g(i)	
	•	• -	n described in (i) above?			•	• ••		•	11g(ii)	
	•	•	person described in (i) of		e?		•	•		11g(iii)	
h		•	about the supported or								
				J	,						
(i) Nan	ne of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	ı notıfv the	(vi) Is	the	(vii) Amount of	
• • •	ganization	(11) E114	organization	r ,	sted in your			organizatıc (i) organiz		support	
	94		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	2	одруги	
			(see instructions))	Yes	No	Yes	No	Yes	No		
							-				
					1				j		
				1					T		
							ļ				
Total		<u> </u>					<u> </u>				

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 GOVERNOR'S BOOKS FROM BIRTH FOUNDATION 20-1115704 Page 2

Part # 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	ction A. Public Support				<u> </u>		
Cale	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.")	2904065.	4066096.	4683277.	3685280.	3734205.	19072923.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2904065.	4066096.	4683277.	3685280.	3734205.	19072923.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						242,720.
6	Public support. Subtract line 5 from line 4				,		18830203.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2904065.	4066096.	4683277.	3685280.	3734205.	19072923.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	102,310.	115,882.	521,187.	114,370.	119,569.	973,318.
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.)	2065112.	2852967.	2830797.	2636028.	2432869.	12817773.
11	Total support. Add lines 7 through 10					·	32864014.
12	Gross receipts from related activities,	, etc. (see instruction	ons)	••		12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here	·				. ▶∟_
Se	ction C. Computation of Publ	ic Support Pe	rcentage			Г Т	F7 20
	Public support percentage for 2010 (column (f))		14	57.30 %
	Public support percentage from 2009					15	57.61 %
16a	33 1/3% support test - 2010.If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				► X
t	33 1/3% support test - 2009.If the o	_			line 15 is 33 1/3%	or more, check ti	nis box
. –	and stop here. The organization qual						▶⊔
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-	•	rt IV how the orga	nization
	meets the "facts-and-circumstances"	-	•		-		▶ 🗔
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		e
	organization meets the "facts-and-circ		-	•			▶ ├
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 99	0 or 990-EZ) 2010

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.)

Se	ction A. Public Support						
Cale	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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to			}			
	or expended on its behalf						
_	The value of services or facilities				 	 	
3							
	furnished by a governmental unit to		j				
	the organization without charge		1				
	Total. Add lines 1 through 5	 	_		 	 	
7 <i>e</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
C	Add lines 7a and 7b	,	<u> </u>	ļ			ļ
	Public support (Subtract line 7c from line 6)	<u> </u>	<u></u>	<u> </u>			<u> </u>
Se	ction B. Total Support		-			T .	,
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 6		ļ				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income		•			,	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					}	
(Add lines 10a and 10b						
11	Net income from unrelated business		·				
	activities not included in line 10b,					1	
	whether or not the business is regularly carried on					•	
12	Other income. Do not include gain				†	<u> </u>	
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	e firet second thu	d fourth or fifth t	av vear as a section	n 501/c)/3) organi	
	check this box and stop here	the organization	s mst, second, tim	a, louitil, or mart	ax year as a section	on so reciss organi.	Lation,
Se	ction C. Computation of Publ	ic Support Pe	rcentage	•			
	Public support percentage for 2010 (column (fl)		15	%
	Public support percentage from 2009					16	
	ction D. Computation of Investigation	•		•	•	1141	
	Investment income percentage for 20				- · · · · · · · · · · · · · · · · · · ·	17	
	•		•			17	%
	Investment income percentage from 3					18 23 1/20/ and line :	<u>%</u>
198	33 1/3% support tests - 2010. If the						I / Is not ▶ ☐
	more than 33 1/3%, check this box a			-			
t	33 1/3% support tests - 2009. If the						. —
~~	line 18 is not more than 33 1/3%, che					_	
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions .	<u>. ▶∟</u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public

Name of the organization

Employer identification number

	GOVERNOR'S BOOKS FROM BIRTH FOUNDATION	20-1115704					
Pa	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						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	unds					
	are the organization's property, subject to the organization's exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	d only					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	emng					
,	ımpermissible private benefit?	. Yes No					
Pa	☆ II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	V, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (e.g., recreation or education)						
	Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space						
2	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.	Fine-ty-					
		Held at the End of the Tax Year					
а	Total number of conservation easements	2a					
þ	Total acreage restricted by conservation easements	2b					
С	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
_	listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax					
	year						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	☐ Yes ☐ No					
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during						
	 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ Booes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 						
0	and section 170(h)(4)(B)(ii)? Yes No						
9							
•	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.	riganization o docodining for					
Pa	TINE Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.					
L	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	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 s	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	> \$					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide					
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
а	Revenues included in Form 990, Part VIII, line 1	> \$					
b	Assets included in Form 990, Part X	> \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

23

032053

	dule D (Form 990) 2010 GOVERNOR'S BOOKS FROM BIR					1115704	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited	d Financ	ial State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		<u>6,286,</u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		<u>5,520,</u>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		766,	518.
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		372	986.
9	Total adjustments (net). Add lines 4 through 8			9		372,	986.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	3 and 9	· · · ·	10		1,139	504.
	XII Reconciliation of Revenue per Audited Financial State		n Reven	ue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements				1	6,679	<u>629.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
ь	Donated services and use of facilities	2b	2	0,000.			
c	Recoveries of prior year grants	2c]		
d	Other (Describe in Part XIV.)	2d	37	2,986.	}		
е	Add lines 2a through 2d				2e	392,	986.
3	Subtract line 2e from line 1				3	6,286	643.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			1		
c	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	6,286	643.
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ements Wit	th Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements			•	1	5,540	125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
-	Donated services and use of facilities	2a	2	0,000.			
b	Prior year adjustments	2b			1		
c	Other losses	2c			1		
ď	Other (Describe in Part XIV.)	2d			1		
e	Add lines 2a through 2d				2e	20.	.000.
3	Subtract line 2e from line 1				3	5,520	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			• • • • • • • • • • • • • • • • • • • •			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	·	4b			1		
	Other (Describe in Part XIV.)	40			100		0.
_	Add lines 4a and 4b		•		4c 5	5,520	
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information		<u> </u>		<u> </u>	3/320	1236
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III lines 1a	and 4: Pa	rt IV lines 1	h and 2	2h: Part V line	4. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co						7,1 6.1
	RT XI, LINE 8, OTHER	ompiete mis p	art to pro-	ride arry ad-	GILIOITE	inomation.	
1 711	CI AIT BIRE OF OTHER					 -	
IINI	REALIZED GAIN OF INVESTMENTS \$372,986						
	(diminute di						
PAI	RT XII, LINE 2D, OTHER						
UNI	REALIZED GAIN ON INVESTMENTS \$372,986						
			·-				

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2 Employer identification number 20-1115704 X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Attach to Form 990. GOVERNOR'S BOOKS FROM BIRTH FOUNDATION Part i General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Check this	box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	dditional space is need	A	×
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							,	
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	nd government or, s	ganizations						

Schedule I (Form 990) (2010)

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

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 26 (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

Page 2

20-1115704

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

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION

Schedule | (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organizatio	GOVERNOR'S BOOKS FROM BIRTH FOUNDATION	Employer 20-1	identification number 115704
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:	
CHILDREN THR	OUGH ACTIVITIES, PROGRAMS, AND BENEFITS.		
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION	:
READING BY E	NSURING THAT FREE, HIGH QUALITY, AGE-APPROPRI	ATE BO	OKS ARE
MAILED ONCE	A MONTH DIRECTLY TO THEIR HOMES FROM BIRTH TO	AGE 5	•
FORM 990, PA	RT VI, SECTION A, LINE 8B: THE ORGANIZATION D	OES NO	T HAVE A
COMMITTEE TH	AT HAS THE AUTHORITY TO ACT ON BEHALF OF THE	GOVERN	ING BODY.
FORM 990, PA	RT VI, SECTION B, LINE 11: THE FORM 990 WILL	BE REV	IEWED BY
THE BOARD OF	DIRECTORS PRIOR TO ITS FILING.		
-			
FORM 990, PA	RT VI, SECTION B, LINE 12C: TO ENSURE THE ORG	ANIZAT	ION
OPERATES IN	A MANNER CONSISTENT WITH CHARITABLE PURPOSES	AND DO	ES NOT
ENGAGE IN AC	TIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT	STATU	S, PERIODIC
REVIEWS SHAL	L BE CONDUCTED. THE PERIODIC REVIEWS SHALL, A	T A MI	NIMUM,
INCLUDE THE	FOLLOWING SUBJECTS:		
(A) WHETHER	COMPENSATION ARRANGEMENTS AND BENEFITS ARE RE	ASONAB	LE, BASED O
COMPETENT SU	RVEY INFORMATION, AND THE RESULT OF ARM'S LEN	GTH BA	RGAINING.
(B) WHETHER	PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENT	S WITH	MANAGEMENT
ORGANIZATION	S CONFORM TO THE ORGANIZATION'S WRITTEN POLIC	IES, A	RE PROPERLY
RECORDED, RE	FLECT REASONABLE INVESTMENT OR PAYMENTS FOR G	OODS A	ND SERVICES

FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT,

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

INPERMISSIBLE

Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

Name of the organization GOVERNOR'S BOOKS FROM BIRTH FOUNDATION	Employer identification number $20-1115704$
PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR C	EO, EXECUTIVE
DIRECTOR, OR TOP MANAGEMENT OFFICIALS IS DETERMINED BY AN	ANNUAL REVIEW BY
THE BOARD IN CONSULTATION WITH AN ATTORNEY AND USING INDU	STRY COMPARISON TO
BENCHMARK. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOY	EES IS DETERMINED
BY PRESIDENT'S DISCRETION AND USING INDUSTRY COMPARABLES.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE GUIDESTAR.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
UNREALIZED GAIN ON INVESTMENTS	372,986.
PART XII, 2C	
THERE WAS NO CHANGE IN THE REVIEW PROCESS.	

Statement of Program Service About Governor's Books from Birth Foundation

In May 2004, Governor Bredesen created the Governor's Books from Birth Foundation to serve as a catalyst and tangible resource to Tennesseans seeking to establish countywide Imagination Library programs.

The Governor's Books from Birth Foundation raises statewide funds, administers the Imagination Library statewide rollout, and provides support, training and resources to county efforts.

In just one year, Tennessee's Imagination Library has grown leaps and bounds:

- All of Tennessee's 95 counties are providing a new, age-appropriate, high quality book each month to their children from birth to age five at no cost to the family, regardless of income
- More than 215,000 Tennessee children will receive books in January, 2011
- 100 % of Tennessee's 375,000 children under age five have access to the Imagination Library.
- The Governor's Books from Birth Foundation has delivered over 14 million books since inception of the program.

About the Imagination Library

The Imagination Library was created by Dolly Patton in 1996 for the children in her home town of Sevierville, TN.

The cost of the program is \$24 per child, per year, and is split evenly between each countywide program and the Governor's Books from Birth Foundation.

A blue ribbon committee of childhood education experts selects the books for the Imagination Library, which includes such beloved classics as The Little Engine That Could, Spot Goes to the Farm. Snowy Day, The Very Hungry Caterpillar, and Look Out Kindergarten, Here I Come!

- We also offer some bilingual books featuring Spanish and English text on the same page. This is an excellent way to expose Tennessee families to both languages.
- For many families, books are a luxury, and we have an opportunity to provide them with an entire library in the most important years of their child's development.
- Momentum is building! In many communities, hospital nurses are giving children their first book the very day they are born, and local pediatricians and family physicians are giving the parents of their preschool patients a "prescription to read."

About the Resources

To assist with countywide Imagination Library efforts, Governor Bredesen obtained the General Assembly's approval of a 50% match grant to cover half of the cost of providing the books to the state's 375,000 children under age five each month. With the match grant program in place, countywide Imagination Library programs pay just \$12.00 per child, per year.

The operations of the Foundation were actually performed by the Governor's Books From Birth Fund, an agency of the State of Tennessee, for the year ended June 30, 2010.

See the NOTE 1.

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION NOTES TO FINANCIAL STATEMENTS June 30, 2011 and 2010

NOTE 1 - ORGANIZATION

The Governor's Books From Birth Foundation (the "Foundation"), a not-for-profit organization, was formed in March 2004. The foundation was established to serve as a catalyst and tangible resource to Tennesseans seeking to establish county-wide Imagination Library programs throughout the State. To the purpose of the foundation is to promote and encourage reading by the children of the State of Tennessee.

In June 2004, the Governor of Tennessee and the General Assembly established the Governor's Books From Birth Fund (the "Fund"), an agency of the State of Tennessee. The fund was established to promote and foster the development of a comprehensive statewide program for encouraging children to read. The Fund's staff was charged with managing and promoting the statewide rollout of this program to every county in Tennessee, with providing support and resources to county efforts, and with raising funds statewide to assist distressed with their share of the costs. The Fund received an appropriation from the State of Tennessee that paid the related organization that offered the program to every child under the age of five in that county. Effective May 26, 2005, the State of Tennessee General Assembly approved a bill that authorized the Fund to partner with a not-for-profit organization for the administration of this program and transferred the balance of the funds held by the Fund to the not-for-profit partner. The Fund has partnered with the Foundation, and, accordingly, the balance of such funds was transferred to the Foundation and was reported as revenue in the statement of activities for 2005. In addition, the State of Tennessee appropriated \$3,444,100 and \$3,444,100 to the Foundation for the years ended June 30, 2011 and 2010, respectively.