Form **990**

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)

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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<u>A</u>	For the	e 2009 ca		year, or tax yea				oos, and	ending					, 20		
В	check if a	ipplicable:		C Name of organiz	zation Tennes	see Art Leag	que, Inc.				_			r identification		
	Address	change	use IRS label or	Doing Business	As								32	10686	<u>i12 </u>	
_	vame ch	•	print or	Number and street	t (or P.O. box if mai	I is not delivered to	street addre	ss) F	?oom/suite			E Te	elephon	e number		
_	nitial ret	- 1	type. See	808 Broadwa	v						ı	(6	15)	736-50	100	
			Specific Instruc-		ate or country, a	nd ZIP + 4			• • • •			_				
_	l'erminat		tions.	Nashville, TN	37203						- 1	a c	ross rec	einte C	123,450	
_		d return	E Nan	ne and address of		C 4-	dadada	Evenue	issa Dis	T		•				
	V opticatio	n pending					derjack,	Execut	IVE DIF.					or attiliates? Ye		
				roadway, Nash			*			H(P)	Are a	all effili	iates in	duded? □Y€	лѕ∐ №о	
		empt status		501(c) (3)◀ (inse		17(a)(1) or	527			1 '	If "No	o," att	ach a li	ist. (see instruc	tions)	
				nesseeartleagi						H(c) Gr	oup e	xempti	ion mani	ber ▶		
K	Form of	organization:	Z Corp	oration 🔲 Trust 🔲	Association 0	ther >		L Year o	f fermation:	195	<u> </u>	M St	ate of I	egal demicite:	TN	
Pa	irt I	Summ	ary													
	1			the organization	n'e mission	or most signi	ficant act	hivities:	To enric	h the	live	s of	artis	ts and the		
	' '	commu	nih, se	a cultural cent	tor educatio	n most signi nal facility a:	nd ort no	uviuos. Horu ai	nd to en	COULT		and r	rome	to the view	al	
8														710 1110 1130		
Activities & Governance	-	arts unc	Jugn ci	hanging exhib	illous, works	inhaf ciassi	es and c	ommi	ity outre	acii b	ion	lains	».			
Ē	-														•••••	
Š	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its ne											ets.				
~	3 1	Number	of votin	ng members of	the governin	g body (Part	VI, line 1	a)				. L	3		<u>13</u>	
8	4 1	Number	of inde	pendent voting	members of	the governing	a body (Part VI.	line 1b)		_	.	4		13	
ş	1			f employees (P		•	• • •				•	·Г	5		2	
텋				f volunteers (es			• • •	• • •		• •	•	. L	6		260	
ď				-		• •					•	· -	7a		28,322	
		7a Total gross unrelated business revenue from Part VIII, column (C), line 12									•	· -	7b			
	- 5	ider mine	aleu D	usii iess taxabie	income non	1 FOIII 950-1	, 11116 34.	• •	· · · ·		or Ye	<u> </u>	/b	01	<u>-1,459</u>	
									⊢	Pno	or te			Current 1		
•	8 (8 Contributions and grants (Part VIII, line 1h)										81,9		44,78		
룵	9 1	Program	service	e revenue (Part	VIII, line 2g)							67,8	330		66,568	
Revenue	10 1	Investme	vestment income (Part VIII, column (A), lines 3, 4, and 7d)									3,7	714		315	
Œ	111 (Other rev	venue (Part VIII, colum	ın (A), lines 5	. 6d. 8c. 9c.	10c, and	11e)	[-8,9	970		-3,230	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)										144,5	513	108,43		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)											0			
			paid to or for members (Part IX, column (A), line 4)						· ·				0		<u>0</u>	
Я									·			60			<u>_</u>	
Expenses				ther compensation, employee benefits (Part IX, column (A), lines 5-10) hal fundraising fees (Part IX, column (A), line 11e)						6			406		71,836	
8												0				
ũ				j expenses (Parl									\dashv			
	17 (Other ex	penses	(Part IX, colun	nn (A), lines 1	1a-11d, 11f-	-24f)			1			974		186,839	
	18	Total exp	oenses.	Add lines 13-	17 (must equ	al Part IX, co	lumn (A),	line 25	۱ L			258,3	380		258,675	
_	19 F	Revenue	less ex	penses. Subtrac	t line 18 from	line 12	· · · ·				•	113,8	867	•	150,238	
₹ 8									Be	ginning	of Ca	urrent	Year	End of Y	ear	
Sept.	20 3	Total ass	ets (Pa	art X, line 16) .							1.	435,7	775	1	279,268	
₹₫	21			Part X, line 26)			• • •	• • •				747,1	_		740,835	
Not A				ind balances. S				• • •	· · }-			688.6				
	rt II		ature		Judu act iii le a	-1 110111 11116 2	20	<u> </u>	· · ·			900,0	9/1]		<u>538,433</u>	
					hat I have avent											
		and belie	names of	f perjury, I declare to te, correct, and con	noiete. Declarate	ned this return, in	ther than of	companyır liticer) is b	ng schedule ased on all	informs	taten tico	nents, of whi	and to	the best of my	knowledge	
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Sig		<u> </u>	<u></u>	25058-1	$\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt$	<u> XXXX</u>					7.	_	- 11	10 10		
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		Туре	or print	name and title												
		Preparer*	<u>. </u>		2	<u>a</u>	1	Date /	Chec	k if		Prece	rer's ide	entifying numbe		
D-1	,	signature		1/ .//	W N	•	- 1,	Ulm.	/ setf-	oyed ▶			nstructio			
Paid			· •	rems	N -M	ono	. ′	ן טין ד	O emplo	Jou P	기					
	parer's	Firm's name for yours h										40.464	•			
Use	Only	if self-em	ployed),	11101114				7001		EIN			<u> 33 :</u>	10400		
1.4-		address.			arding Trace					Pho	ne n	o. ► (615			
Ma	y the l	HS disci	uss this	return with the	e preparer sh	own above?	(see inst	<u>ructions</u>	<u>s)</u>	• •				✓ Yes	☐ No	

Pai	t III	Statement of Program Service Accomplishments
1	To er	describe the organization's mission: rich the lives of artists and the community as a cultural cnetr, educational facility and art gallery, and to urage and promote the visual arts through changing exhibitions, workshops, classes and community outreach
	prog	
_	D: 1 4	
2	the pr	e organization undertake any significant program services during the year which were not listed on for Form 990 or 990-EZ?
3	servic	e organization cease conducting, or make significant changes in how it conducts, any program es?
4	Descr Section	be the exempt purpose achievements for each of the organization's three largest program services by expenses. in 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and tions to others, the total expenses, and revenue, if any, for each program service reported.
48	publi 15,00 comp) (Expenses \$ 140,677 including grants of \$) (Revenue \$ 35,170) y Activities - public galleries of art exhibitions, open free-of-charge to the public during the week. In addition, rganization is a member of the Downtown Organization of Nashville Art Gallery Crawl free-of-charge to the which is held on the first Saturday of each month in the evening. Annual attendance to these events average Deople in 2009. Included in the gallery activities is the Central South Exhibition which is an annual art etition. This art competition is held by the Organization and had its 45th consecutive show in 2009. Attendance his program averages 3,000 people each year.
4b	Euuc) (Expenses \$ 70,977 including grants of \$) (Revenue \$ 16,836) ation Activities - the Organization educates its own members and non-members through workshops, classes
	anu c	onlinulity programs held at the Organization's office weekly during the year. In addition, the Organization
	and a	s art instruction to various Nashville public middle school students who otherwise might never enjoy the joy rowth that art brings to children. This art instruction assists the children in building self-awareness and
	self-e	steem, reduce crime and delinquency and inspire academinc improvement. Each year, an exhibition of student
	artwo	rk is on display in the Organization's gallery for one month. Attendance for this exhibit runs an average of
	500 st	udents a year.

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4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	•) (Hevenue \$
	•••••	
	•	***************************************
	••••	
	Expen	
4e	Total p	rogram service expenses ► 211.654

Pa	rt IV Checklist of Required Schedules			-84
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?.	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? 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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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		√
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		√
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	1	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	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.			
	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.			
	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	/	- <u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>✓</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F. Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F. Part III	16		<u> </u>
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		✓
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		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		✓
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7

Pa	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		1
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		1
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			
04-	employees? If "Yes," complete Schedule J	23		✓
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person cutstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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 Schedule L, Part III	27		1
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):		ر موجد	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		<u>·</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Ì	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		- -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	37		<u>√</u>
		<u> </u>	_ Y	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		100,00	
C	gaming (gambling) winnings to prize winners?	1c	1	
	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 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	*	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	20	•	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	/	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	7	
4a	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		✓
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and 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		✓
b		5b		√
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	and services provided to the payor?	7a	1	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year		1	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	are dispersional desired and year, pay promisino, directly of moneculy, off a personal deficil contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h	1	
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			
0	organization, have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	0-	•	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	- J		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128 b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		i

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.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		10 10	
b	Enter the number of voting members that are independent			
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	1	1
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	'	1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6	7	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	🗸	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	V	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a		8a	 ✓ 	
b	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	emal		
Hev	enue Code.)		_	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
	form?	11	/	
11A	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	\	_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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?			
	The organization's CEO, Executive Director, or top management official	15a		✓_
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	S		•
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	i'		
	with a taxable entity during the year?	16a		<u> </u>
þ	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	3.0		
200	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed None			•••••
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request	_		
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or solicy, and financial extrements available to the problem.	of inte	erest	
.	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization; ► George Anderjack, 808 Broadway, Nashville, TN 37203 615-736-5000	rds of	the	

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not c	ompensate	any e	curr			cer, c	lirec	tor, or trustee.		
(A) Name and Title	(B)	 		•	C)			(D)	(E)	(F)
	Average hours per week	Individual trustee	institutional trustee	Officer	a Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
George M. Anderjack, Executive Director	40					1		47,000	0	0
Terri Jordan, President	2.5	1		/				0	0	0
Jean Gauld-Jaeger, Vice President	2.5	\		1				0	0	0
Barbara Shannon Cox, Secretary	1	√		<u> </u>				0	0	0
Jennie Sims, Treasurer	2.5	/		, ,				0	0	0
Lou Cundiff, Corresponding Secretary	1	<i>y</i>		<u>,</u>				0	0	0
Ted Kromer, Past President	1	<i>,</i>						0	0	0
Joseph W. Gibbs, Esq. , Parliamentarian	1			_				0	0	0
Linda Hall Anderson, Director	1	,						0	0	0
John Ashworth, Director	1		1					0	0	0
Jim Hoobler, Director	1	,	1					0	0	0
Ross Jordan, Director	1	7	ヿ	_				0	0	0
Edie Maney, Director	1	/	7					0	0	0
Laura Anne Turner, Director	1	*	\dagger		7		7	0	0	0
			7				1			
			\dashv	1			\exists			

Р	Section A. Officers, Directors, Tru	stees Ke	/ Fmr	lov	000	- 05	d His	hae	t Component	d Emple	(Page
_	(A)	(B)		,,,,,		C)	u nig	1100	(D)	a employ		
	Name and title	Average hours per week		_	chec	k all	that or		Reportable compensation from	Repor	table sation	(F) Estimated amount of
_			Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employoe	Former	the organization (W-2/1099-MISC)	from re organiz (W-2/1099	ations	compensation from the organization and related organizations
												-
	:											
										-		·
		· · · · · · · · · · · · · · · · · · ·										
						_[
	Total	<u></u>		<u></u>			, 1	► 47,000 0 (
2	Total number of individuals (including but no reportable compensation from the organizat	ot limited t ion ► 0	o tho	se I	iste	d a	bove)	wh	o received mo	re than \$	100,00	0 in
3	Did the organization list any former officer	director o	or trus	stee). ke	ev e	molo	vee	or highest or	mnenesi	- I	Yes No
4	employee on line 1a? If "Yes," complete Sci For any individual listed on line 1a, is the su	neaule J ta	or suc	:h li	ıdiv	idu	₩.					3 1
	individual	reater than	\$150	0,00	07 /	if "Y	'es," (com	plete Schedul	e J for su	ch	4 /
5	Did any person listed on line 1a receive of services rendered to the organization? If "Yes	r accrue c s," compl	ompe	ensa che	ation dule	n fr	om a for su	ny i ich j	unrelated orga	nization	for	5 /
	ction B. Independent Contractors											
1	Complete this table for your five highest corcompensation from the organization.	npensated 	inde	pen	den	t co	ontrac	tors	that received	more tha	an \$100	0,000 of
	(A) Name and business addre	59							(B) Description of se	vices	C	(C) compensation
No	16		******								<u> </u>	**************************************
							+					
2	Total number of independent contractors (incomore than \$100,000 in compensation from t	luding but he organiz	not li	mite ▶ 0	ed to	o th	ose li	stec	d above) who r	eceived		

	980 (· · · · · · · · · · · · · · · · · · ·		Page 8
	rt V		evenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants	10	a Federated campaigns	}	1a					
5	[b Membership dues		1b		-	Parties of		La transita
gifts,		Fundraising events .	}	1c					
8 E		Related organizations		1d	29,900			ka k	
돌		Government grants (cont	' 1	10	29,900		100		
<u> </u>	<u>ا</u> ا	 All other contributions, gifts, and similar amounts not inch 		1f	14,884				
Contributions,	ي ايُ	Noncash contributions includ	ed in lines 1a-16		,			ed services	
<u> </u>	1	Total. Add lines 1a-1f	<u> </u>		<u></u> >	44,784			
93	1				sinesa Code				
946	28		·•••••••••••••••••••••••••••••••••••••	***	300099	18,465	18,465		
8 E	t	Classes & workshop		⋯ ⊨	311600	6,836	6,836		
훋	9	Sale of consignment Gallery fees	artwork		152000	2,325		2,325	
S,	0	Studio rental fees	•••••	•••	111130	12,945	12,945		
Program Service Revenue	1 6	All other program servi	ice revenue		531120 531120	24,366		24,366	
Ē	و ا	Total. Add lines 2a-2f		• 🖳	>	1,631		1,631	and the contract of the contra
	3	Investment income (Income other similar amounts)			erest, and	315			315
	5	Income from investment of Royalties			▶				
		.	(i) Real	(0)	Personal				
	6a					2 3 4 3			
	þ	Less: rental expenses Rental income or (loss)			··				
	d		L					Manage Washing	
	70	Gross amount from sales of	(i) Securities		(ii) Other	Several Party Co.			
	l	assets other than inventory Less: cost or other basis			(1) 01121				
	ן "	and sales expenses .				(A. 10. 10)		rice, so the	
	C	Gain or (loss)				77774	15 (19)		
	d	Net gain or (loss)		٠	🕨			S. C. M. M. S. M. S.	#CTORUS BARRES
Revenue	8a	Gross income from events (not including \$ of contributions reported	fundraising d on line 1c)	.					
4	١.	See Part IV, line 18		а	11,783				
ğ	b	Less: direct expenses Net income or (loss) fro	 ım fundraisir	b	15,013	(2.220)			
		Gross income from gam See Part IV, line 19	ing activities.		• • •	(3,230)	(3,230)		
	b	Less: direct expenses. Net income or (loss) fro		ы	•				
	10a	Gross sales of inveretums and allowances	entory, less	a					
	c	Net Income or (loss) from	n sales of inv		▶				
	11a				tess Code				
	b	***************************************	••••••	:: <u> </u>					
	С	***************************************	•••••	\square					
	đ	All other revenue		. \square					
		Total. Add lines 11a-11	ld		•	0			
	12	Total revenue. See inst	tructions.	<u> </u>	▶	108,437	35,016	28,322	315

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete column.

	All other organizations must complete co o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,000	38,540	4,700	3,760
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		19,538	10,698	3,285	5,555
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	5,298	3,920	636	742
11	Fees for services (non-employees):				
	Management				
0	Legal	11,559	6.404	4.00	
d	Accounting	11,559	6,181	1,685	3,693
_					
f	Professional fundraising services. See Part IV, line 17				
-	Investment management fees Other	9,782	5,305	2 004	
12	Advertising and promotion	1,821		2,984	1,493
13	Office expenses		1,021		
14	Information technology				
15	Royalties				
16	Occupancy	54,950	49,335	2,808	2,807
17	Travel				2,007
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
	Interest	53,767	48,390	2,689	2,688
21	Payments to affiliates				2,000
22	Depreciation, depletion, and amortization.	25,394	22,855	1,269	1,270
23	Insurance	5,243	1,083	4,100	60
	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Classes & workshops	5,371	£ 994		
b	Exhibits	13,527	5,371 13,527		
C	Miscellaneous	5,425	4,628	508	200
ď		5,725	4,020	308	289
e		700-7		· · · · · · · · · · · · · · · · · · ·	
	All other expenses	····			· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24f	258,675	211,654	24,664	22,537
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			87,5007	22,337

Par	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,583	1	103,094
	2	Savings and temporary cash investments	196,019	+	60,195
l	3	Pledges and grants receivable, net	220,524		125,690
ļ	4	Accounts receivable, net	1,969	4	
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ফ্র	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges		9	
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a 1,102,681 other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 112,392	1,013,680	10c	990,289
ŀ	11	Investments—publicly traded securities		11	
- 1	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		15	
-+	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,435,775	16	1,279,268
- 1	17	Accounts payable and accrued expenses	10,259	17	12,150
- 1	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
١,	20		200.045	22	
	23 24	Secured mortgages and notes payable to unrelated third parties	736,845		728,685
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		24	
	26	Total liabilities. Add lines 17 through 25	747 404	25	710.000
Salances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	747,104	26	740,835
5	27	Unrestricted net assets	297,560	27	264,200
B :	28	Temporarily restricted net assets	391,111	28	274,233
	29	Permanently restricted net assets		29	217,200
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
題 3	30	Capital stock or trust principal, or current funds		30	
8 8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	****
\$ \$	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	688,671	33	538,433
8	34	Total liabilities and net assets/fund balances	1,435,775		1,279,268
					Form 990 (2009)

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	. (€)		£ .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	, ,, ,,	1
	Were the organization's financial statements audited by an Independent accountant?	2b	✓	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			l
	the Single Audit Act and OMB Circular A-133?	3a		1
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		l

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		see Art Lea							62		1068612
Pa	rt I	Reaso	n for Public C	harity Status (All o	rganizati	ions mu:	st compl	lete this	part.) S	ee instru	ctions.
The	org			ndation because it is:							
1		A church, c	onvention of chi	urches, or association	of churc	ches desc	cribed in	section [*]	170(b)(1)(A)(i).	
2		A school de	escribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	nedule E.))				
3				hospital service organ				on 170(b)	(1)(A)(III).		
4		A medical r	esearch organization organizati	ation operated in con	junction	with a ho	ospital de	scribed	in sectio	n 170(b)(1	i)(A)(iii). Enter the
5		An organiza	tion operated fo	r the benefit of a colle	ege or un	iversity o	wned or	operated	by a gov	ernmenta/	l unit described in
6				vernment or governme	ental unit	describe	ed in sect	tion 170/	b)(1)(A)(v	۸.	
7		An organiza	tion that normall	y receives a substanti (1)(A)(vi). (Complete I	ial part of	its supp	ort from a	governn	nental un	it or from	the general public
8	П			d in section 170(b)(1		Complete	Dart I()				
9	$\overline{\Omega}$	An organiza	tion that normall	y receives: (1) more th	//~//*'/- /\ an 33¼ 9	6 of its e	innort fro	m contrib	udione n	namhamh	in food and arres
	_	receipts from	m activities relat	ed to its exempt func	tions—si	ubject to	certain e	rcention:	and (2)	no more	than 334 94 of its
		support from	m gross investm	nent income and unre	elated bu	isiness ta	exable inc	come (les	s section	1.511 tax	from businesses
		acquired by	the organization	n after June 30, 1975	. See sec	tion 509	(a)(2). (C	omplete	Part III.)	. с. т.	, 5455555
10				and operated exclusive						(a)(4)	
11		An organiza	tion organized a	and operated exclusive	vely for t	he benef	fit of, to i	perform 1	the functi	ions of o	r to carry out the
		purposes of	one or more pu	blicly supported orga	nizations	describe	d in secti	ion 509(a)(1) or se	ction 509	a)(2). See section
				at describes the type	of suppo	orting org	anization	and con	nplete lind	es 11e thi	ough 11h.
	_	a 🗆 Type		Type II o	: 🗆 Туг	oe III-Fur	nctionally	integrate	d	d□	Type III-Other
θ		By checking	g this box, I cer	tify that the organiza	tion is no	ot contro	lled direc	tly or inc	directly b	у опе ог	more disqualified
		persons oth	er than foundation	on managers and othe	r than on	e or more	e publicly	supporte	ed organi:	zations de	scribed in section
			section 509(a)(2)								
f		If the organ	ization received	a written determinat	ion from	the IRS	that it is	a Type	l, Type il	, or Type	III supporting
		_	, check this box								🗖
9				the organization acco	epted any	y gift or c	contribution	on from a	any of the	•	
		following pe		- 1		_					[Ver]
		(i) A persoi	i who directly o	r indirectly controls, or ming body of the sup	enther alo	ne or top	gether wil	th persor	ns descri	bed in (ii)	Yes No
					=	_		• • •			11g()
				erson described in (i) a of a person described		(ii) above			• • •		11g(ii)
h		Provide the	following inform	ation about the support	orted om	anization); (e)		• • •	• • •	[118fmt]
	Varne	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	64	s the	(vii) Amount of
•••		anization	.,	(described on lines 1-9	in col. (1) (1	sted in your	the organ	nization in	organizat	tion in col.	support
			}	above or IRC section (see instructions))	governing	document?		of your port?		zed in the S.?	
			1		Yes	No	Yes	No	Yes	No	
			ļ						<u> </u>	İ	
							1				
						<u> </u>					
]					
			<u> </u>		<u> </u>		 			igsquare	
						1]		
					100 CONTRACTOR		250			(3)(3)(3)(3)(3)(3)	
Tota	ı										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants.*) Tax revenues levied for the organization's benefit and either pald to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 , Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 33%% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	rt III Support Schedule for Orga (Complete only if you check	inizations De ed the box of	escribed in S n line 9 of Pa	Section 509(a art 1.)	a)(2)		
Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,809	296,026	107,458	81,939	44,784	619,016
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	32,630	59,689	35,048	46,424	50,029	223,820
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	121,439	355,715	142,506	128,363	94,813	842,836
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)		ing and a second	de la propieta	mula stance		842,836
	tion B. Total Support					<u> </u>	5-12,500
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	121,439	355,715	142,506	128,363	94.813	842.836
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,473	3.844	6,935	3,714	315	16,281
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0,000	0,714	313	10,201
c	Add lines 10a and 10b	1,473	3,844	6.935	3,714	315	16,281
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-	4,625	-586	-3,874	-1,459	-1,294
12	1						0
		j					

	and 12.)	122,912	364,184	148,855		203		93,669	857	7,823
14	First five years. If the Form 990 is for to organization, check this box and stop to the first first five years.	here							n 501(c)	(3) ▶ [
Sec	ction C. Computation of Public Su	port Percen	tage							
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by line	13, column	(1)	. T	15		98.3	%
16 Sec	Public support percentage from 2008 Stion D. Computation of Investment	Schedule A, Par	t III, line 15	· · · · ·	• • • •	<u>. </u>	16		98.0	%
17	Investment income percentage for 2009			by line 13, co	olumn (f))	. L	17		1.9	%
18	Investment income percentage from 20	08 Schedule A,	Part III, line 1	7		. L	18			%
19a	331/4 % support tests - 2009. If the orga	anization did no	t check the bo	x on line 14. a	ind line 15	is mo	re th	an 33% 9	% and li	na

17 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization >

b 33%% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and line 18 is not more than 33%%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

	omi 990 or 990-62) 2009				Page 4
Part IV	Supplemental Information. C Part II, line 17a or 17b; and Pa	omplete this pa	art to provide the	explanations required	by Part II, line 10;
	Taren, mio 17a or 17o, and 12	it iii, iii 12. F	TOVICE any Other a	dudona momation.	See instructions.
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SCHEDULE D (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Tennessee Art League, Inc. 62 : 1068612 Part I 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 Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 」Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ 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. Held at the End of the Tax Year a Total number of conservation easements **2**a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c C Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: \$

Sche	odule D (Form 990) 2009									Page
Pa	ri III Organizations Maintair	ning (Collections	of Art, F	listori	cal Treasur	es, or	Other Similar	Assets (co	ntinued
3	Using the organization's acquisition collection items (check all that app	n, acc								
а	——————————————————————————————————————	••		d		Loan or exc	:hanne	nrngrame		
b	Scholarly research			9	П			programs		
c	Preservation for future genera	ations		_		• • • • • • • • • • • • • • • • • • • •	•••••		************	•••••
4	Provide a description of the organi Part XIV.	ization	n's collection	s and ex	plain h	ow they furth	er the d	organization's e	exempt purp	ose in
5	During the year, did the organization assets to be sold to raise funds rath	solicit er thar	t or receive d	onations o	of art, I part of	nistorical treas the organizati	sures, or on's col	other similar lection?	. Tyes	. □ No
Pa	IT IV Escrow and Custodial IV, line 9, or reported an	Arran amoi	gements. (unt on Form	Complete n 990, Pa	if the rt X, li	organization ne 21.	answe	ered "Yes" to I	Form 990, P	art
	Is the organization an agent, truste included on Form 990, Part X?						utions o	r other assets		□ No
b	If "Yes," explain the arrangement in	n Part	XIV and cor	nplete th	e follov	ving table:	-			
									Amount	
C							. 10	:		
d	· · · · · · · · · · · · · · · · · · ·						. 10	-		
е							. 16			
f	Ending balance						. [_11			
	If "Yes," explain the arrangement is	n Part	XIV.						. LYes	No
Pa	rt V Endowment Funds. Co	mple	ete if the or	ganizatio	n ans	wered "Yes	" to Fo	rm 990, Part	IV, line 10.	
		(a)	Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four y	ears back
	Beginning of year balance	<u></u>								
þ	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
0	Other expenditures for facilities and programs									
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage of	of the	vear end ba	lance hel	d as:					
a	Board designated or quasi-endown	nent I	>	%						
b	Permanent endowment ▶									
c	Term endowment ▶9	6								
За	Are there endowment funds not in the	ne pos	session of th	ne organiz	ation t	hat are held a	and adm	ninistered for the	6	
	organization by:	•	-· •	J						es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	III 165 (U Sa(II), are the related ord	anızaı	lions listed a	s require	ป กก S	chedule R7			. 3b	
4	Describe in Part XIV the intended u	ses o	f the organiz	ation's er	ndown	ent funds.				
Pai	1 VI Investments—Land, Bu	<u>niblit</u>	gs, and Eq	uipmen	t. See	Form 990, I	Part X,	line 10.		
	Description of investment		(a) Cost or of (investm			Cost or other usis (other)	(c) d	Accumulated epreciation	(d) Book v	ralue
1a	Land					225,000				225,000
b	Buildings	!				650.000		73,611		576,389
C	Leasehold improvements					204.018		23,651		180,367
	Equipment									
	Other					23,663		15,130		8,533
Tota	I. Add lines 1a through 1e. (Column (d)	must e	equal Form 9:	90, Part X,	colum	n (B), line 10(d	:).)	▶	-	990,289

	investillents Outer Secur	ities. See Form 990, Part	X, line 12.
(a) C	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial de	rivatives		
Closely-held	equity interests		

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Total (Column II	must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	
Part VIII	Investments—Program Rel		
(a)	Description of investment type	(b) Book value	(e) Method of valuation: Cost or end-of-year market value
·			
			
			
			
			
			-
Total (Column (b	must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets. See Form 990,	Part X line 15	
		(a) Description	(b) Book value
			(b) book value
			
· · · · · · · · · · · · · · · · · · ·		<u></u>	
			
			
Total. (Colum	n (b) must equal Form 990, Part X, c	ol. (B) line 15.)	
	n (b) must equal Form 990, Part X, c Other Liabilities. See Form 99	ol. (B) line 15.)	
Part X	n (b) must equal Form 990, Part X, c Other Liabilities. See Form 99 (a) Description of liability	col. (B) line 15.)	
Part X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
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Part X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
Part X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
Fotal. (Colum Part X I. Federal inco	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
Part X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
Part X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
Part X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
Part X Federal inco	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25. (b) Amount	

	Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Pa
	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 258,675	Total expenses (Form 990, Part IX, column (A), line 25)	2
3 (150,238)	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4 0	Net unrealized gains (losses) on investments	4
5 0	Donated services and use of facilities	5
	Investment expenses	6
7 0	Prior period adjustments	7
8 0	Other (Describe in Part XIV.)	8
9 0	Total adjustments (net). Add lines 4 through 8	9
s 3 and 9 10 (150,238)	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Reven	
1 108,437	Total revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2
	- · · · · · · · · · · · · · · · · · · ·	a
	The state of the s	b
	The second of prior your grants	c d
		e
	A 1	3
108,437	Subtract line 2e from line 1	4
		a
		b
· · · · · · 4c	Add lines 4a and 4b	C
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
nts With Expenses per Return	Reconciliation of Expenses per Audited Financial Statements With Exper	Pai
1 258,675	Total expenses and losses per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2
		a
	The first adjustments in the first in the fi	þ
		C
		d
		e
3 258,675	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4
	The state of the s	a
		b
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
<u>3.) 5 258,675 </u>	Total expenses. Add lines 3 and 4c. (This must equal rorm 990, Part I, line 18.)	Par

Schedule D (Fon			Page \$
Part XIV	Supplemental	Information (continued)	
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **Employer identification number** Tennessee Art League, Inc. 62 1068612 Part VI, Line 11A - The Board Treasurer and the Executive Director review the annual Forms #990, 990-T and related schedules with the tax preparer and then subsequently the Treasurer and the Executive Director present the annual Form#990 with the full Board of Directors. The form is then approved and signed by the Executive Director prior to filing with the IRS. Part VI, Lines 5, 7a & 7b - The Organization is comprised of a membership who has their annual membership meeting in June of each year. During this meeting, the membership elects the members of the Board of Directors. The list of candidates for the Board of Directors are supplied from the Nominating Committee and nominations made from the floor by any member in good standing. Note that the Nominating Committee is appointed by the Board of Directors. Part VI, Line 12c - The Organization has a written conflict of interest policy approved by the Board of Directors. This policy was approved byt the Board in the fall of 2008. This policy is included in their current bylaws of the Organization. The Executive Director and President of the Board will monitor adherence to this policy via its board meetings and daily business dealings with vendors and third parties. Part VI, Line 19 - The Organization makes its governing documents and its financial statements available to the public on Middle Tenneessee's Community Foundation's website called www.givingmatters.com. In addition, the Organization has these documents and its conflict of interest policy in its office and available during the normal business hours for public inspection upon request.

	990-T	Ex	empt Orga	anization Busii	ness	Income	Tax	Return	<u> </u>	OMB No. 1	
Form	330 I		(and	proxy tax under	sec	tion 6033(e))		1	20	
	tment of the Treasury	F	or calendar year	2009 or other tax year	begin	ning	, 2	009, and	One	en to Pub I	
Interno	theck box if		ending	, 20 . tion (Check box if name		See separate			for 50	1(c)(3) O(g) -	
	address changed	1	Tennessee Ar		cnange	ed and see instruct	tions.}			ror identifica s' trust, see line.	
	smpt under section 501(C) (3)	Print		nd room or suite no. If a P.O	. box. s	see page 8 of instr	uctions		on page 9	": 1 •	
H	408(e) 220(e)	or	808 Broadway					ŀ	Unrelat	ed business	
H	408A 530(a)	Туре	City or town, state	, and ZIP code							
ō	529(a)	Nashville, TN					4520	000 :			
C Bos	ok value of all assets	F Gr	oup exemption	number (See instructi	ons fo	r Block F on p	oage 9	.) ▶			
	and of year 1,279,268	G C	neck organizatio	on type ▶ 🔲 501(c) o	corpor	ration 🔲 50	1(c) tr				***
<u>H E</u>	escribe the orga	nizatio		lated business activity							
1 [During the tax year,	was the	corporation a su	bsidiary in an affiliated g	roup o	or a parent-subs	idiary c	ontrolled grou	. ?qu	▶ □	
				ber of the parent corpora	ation.					 	
Pa	he books are in		de or Busines					ne number l	_ `	15)	
			40.44		1	(A) Income	' 	(B) Expens	1	C	
18	Gross receipts of		· ——		1c	10,404					
b	Less returns and a			c Balance ▶	2	8,079	\vdash		+		
2 3	Cost of goods s Gross profit. Su			•	3	2,325	\vdash		+	 	<u> </u>
4a	Capital gain net				4a		\vdash		+		
b	_		•	17) (attach Form 4797)	4b					 	-
C	Capital loss ded	luction	for trusts	· · · · · · · · · · · ·	4c						**
5				ations (attach statement)	5						
6	Rent income (So		-		6	25,997		29,78	1		
7	Unrelated debt-	finance		edule E) , , ,	7						
8	Interest, annuiti	ies, ro chedul		ents from controlled	8						
9		ome o	f a section 5	01(c)(7), (9), or (17)	9						
10				edule I)	10						
11	Advertising inco	me (Sc	hedule J) .		11						
12	Other income (Sec	e page	10 of the instruct	ions; attach schedule.)	12			7.5			
13	Total. Combine	lines 3	through 12 .		13	28,322	بليسيا		1	<u> </u>	
Par	(Except f	Or COR	tributions ded	where (See page 11 outlions must be dire	of the	Instructions 1	for lim	itations on	deduc	tions.)	
						onnected with	ı ıne t	inrelated bt	1	s incorr	
14				nd trustees (Schedule	K) .				14	<u> </u>	
15	Salaries and was								15	 	
16 17	Repairs and mai	ıntenan	ice					• • • •	16		
18	· •	 ochodu		• • • • • • • •		• • • •			18		
19	Taxes and licens	20115UU	i o)	· · · · · · · · ·	• •				19		- 1
20	Charitable contri	ibution:	s (See page 13	of the instructions for	imita	tion rules)		• • • •	20		
21											
22	Less depreciation	n clain	ned on Schedul	e A and elsewhere on	retur	22a			22b		
23									23		
24	Depletion										
25	Employee benefit programs										
26	Excess exempt	expens	es (Schedule I)						26		
27	Excess readersh	ip cost	ts (Schedule J)						27		
28	Other deduction	s (attac	ch schedule)						28	ļ	
29				gh 28					29		
30	unrelated busine	ss taxa	ible income befo	ore net operating loss of	teduci	tion. Subtract l	ine 29	from line 13			
31 32	tiprolated business	88 G6Q	uction (limited t	to the amount on line	3U) .		· · ·		31	 	· · · · · · · · · · · · · · · · · · ·
33				fore specific deduction					33	 	
34	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)										

_	990-T	Ex	empt Organization B	Busine	288	Income Ta	x Return)	OMB No.	1545-068	7		
Form	000 .		(and proxy tax u	nder s	ect	ion 6033(e)))	- 1	D(C	Ma			
Depar	tment of the Treasury	F	or calendar year 2009 or other tax					Open to Public Inspection					
Intern	Shart have it		ending , 20 .	<u> </u>		See separate ins	structions.	lor	501(c)(3) O	rganization	is Only		
<u>A</u>	Check box if address changed]	Name of organization (Check box i	if name ch	ange	d and see instructions	5.)			fication nu instructions to			
_	empt under section	Print	Tennessee Art League, Inc. Number, street, and room or suite no. I	4.50 b				60 D30	3 9.)				
N	****	or	808 Broadway	ir a P.U. bi	OX, SC	e page a or instruction	ens.	5 11		1068612			
片	408(e) 220(e) 408A 530(a)	Туре	City or town, state, and ZIP code	-						ess activity Block E on p			
H	408A		Nashville, TN 37203					45	452000 : 531120				
C Bo		F Gr	oup exemption number (See ins	struction	s fo	r Block F on pag	e 9) 🕨		-				
at	ok value of all assets and of year 1,279,268	G Ch	eck organization type ► ☐ 50					01(a) t	rust [Other	truet		
H	Describe the orga	nization	n's primary unrelated business a	ctivity.	▶ S	ale of member a	rtists' artwo			ce to art	ists		
			corporation a subsidiary in an affili] Yes [
	f "Yes," enter the n	ame and	didentifying number of the parent of	corporatio	on. D	>	, oo a once g	oop.	[ן צאו ר	<u>-1100</u>		
J			► George Anderjack			Telep	hone number	▶ (615)	736-50	00		
Pa	ttl Unrelate	ed Tra	de or Business Income			(A) Income	(B) Expe	nses		(C) Net			
1a	Gross receipts of	or sales	10,404										
ь	Less returns and	allowand	cesc Balanc	ce ▶ 🛄	1c	10,404	19.54				* 1		
2	Cost of goods s	sold (Sc	chedule A, line 7)		2	8,079							
3	Gross profit. Su	btract li	ine 2 from line 1c	· .	3	2,325				2,325			
4a			e (attach Schedule D)	· ·	4a		Mary States						
b	Net gain (loss) (F	orm 47	97, Part II, line 17) (attach Form		\$b								
C	Capital loss ded			• • •	4c								
5			hips and S corporations (attach stater		5	05.00=			<u> </u>				
6	Rent income (So		-,	· · -	<u>6</u> 7	25,997	29,7	81		-3,784			
7			d income (Schedule E)	• •⊢	4		 	+					
8	Interest, annuiti organizations (S		yalties, and rents from contr e F)		8								
9			f a section 501(c)(7), (9), or		_								
40	organization (So			· · —	9 10								
10 11			ity income (Schedule I)	—	11			+					
12	Advertising inco		nedule 3)		12		 	+	 -				
13	Total. Combine	lines 3	through 12		13	28,322		┵┝╌	+	-1.459			
Par	t II Deduction	ons No	t Taken Elsewhere (See pag				limitations or	n dedu	ections.)				
	(Except f	or cont	tributions, deductions must be	directly	у со	nnected with th	e unrelated i	ousine	ss incor	ne.)			
14			rs, directors, and trustees (Scho					14					
15	Salaries and wa		•				· • • • •	15	;				
16	Repairs and mai	intenan	ce					16	3				
17	Bad debts							17	<u>'</u>				
18	Interest (attach s	schedul	le)					18	3				
19	Taxes and licens	ses .						. 19)				
20	Charitable contri	ibutions	s (See page 13 of the instruction	ns for lin	nitat	ion rules.)		. 20	<u> </u>				
21	Depreciation (att	ach Fo	rm 4562)			21							
22			ed on Schedule A and elsewhe					22					
23	Depletion	:						. 23		-			
24	Contributions to	 deterre	ed compensation plans							\longrightarrow			
25	Employee benef	it progr	rams					. 25		\longrightarrow			
26	Excess exempt	expens	es (Schedule I)					. 26	_				
27 28	Other deduction	np cost	s (Schedule J)					. 27					
28 29			th schedule)							0			
29 30	Unrelated husing	ss tava	ble income before net operating	lose ded	 Tucti	on Subtract line	20 from line 1	3 30		-1,459			
31	Net operating los	ss dedi	uction (limited to the amount on	line 30)		on. Scottact lifts	ea nom iine 1	3 31		0			
32	Unrelated busine	ess taxa	able income before specific ded	luction.	, . Sub	tract line 31 from	line 30	32		-1,459			
33	Specific deduction	on (Ger	nerally \$1,000, but see line 33 in	nstructio	ns f	or exceptions.) .		33		0			
34	Unrelated busin	iess ta	xable income. Subtract line 33	from lir	ne 3	2. If line 33 is an	eater than lin	e i					
	32, enter the sm	aller of	zero or line 32			<u> </u>		. 34	1	-1,459			

Schedule C—Rent Inco	me (From Real	Property	and Perso	nal Prope	erty L	eased With Rea	Property)
Description of property	10/						
(1) Six individual separate	rooms (units) in t	he Organi	zation's owr	and buildin	n-2n/	I floor (used for Al	I lto avamet activities
(2) One of the gallery room	s on the first floo	r of the O	manization's	owned be	UMB.	- root of room for	Lits exempt activities)
(3) Sublease of parking lot			gameanon	- CWIIGG DO	21103171	9 - 16111 01 100111 101	tillia-party events
(4)							
[4]	2. Rent received	or account					
							
(a) From personal property (if the for personal property is more than more than 50%)	an 10% but not p	ercentage of	al and personal rent for persona rent is based or	property exc	eeds		ly connected with the income nd 2(b) (attach schedule)
(1)	24,366	***					29,781
(2)	1,411						
(3)	220					·	
(4)							
Total	25,997 To	tal					
(c) Total Income. Add totals of chere and on page 1, Part I, line	6, column (A)	. ▶			5,997	(b) Total deduce Enter here and on p Part I, line 6, column	page 1,
Schedule E-Unrelated	Debt-Financed	Income	see instructi	ons on pac	ie 19)		
	bt-financed property		2. Gross inco	ome from or		Deductions directly con debt-finance	nected with or allocable to sed property
			allocable to d		(a) S	traight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjust of or allocabl debt-financed p (attach sched	e to roperty	6. Co 4 divi by colu	ded		ross income reportable clumn 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)	Ì			%		*	
(2)				%			
(3)	<u> </u>						
(4)				%	 		
Totals	etions included in c			•	Enter Part	here and on page 1, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Schedule F—Interest, Ar	nuities. Royaltic	es. and R	ents From	Controlle	d On		Ostauctions on page 201
	The same of the years.		Controlled			Harmanoria (266 II	istructions on page 20)
Name of controlled organization	2. Employer identification number	3. Net un	related income		ecified	5. Part of column 4 tha included in the controll organization's gross inco	ing connected with income
(1)		 		 		·	
(2)							
(3)		1					- -
(4)		+		 			
Nonexempt Controlled Orga	nizations			L			
			r				
7. Taxable Income	8. Net unrelated (loss) (see instru			of specified ents made		10. Part of column 9 that included in the controll organization's gross incompanization's gross incompanization's gross incompanization's gross incompanization's gross incompanization's gross incompanization in the property of the propert	ing connected with income in
(1)							
(2)							
(3)							
(4)			L				
						Add columns 5 and 10. Enter here and on page Part I, line 8, column (A	1. Enter here and on page 1,
Totalo					_		I

Schedule G-Investment In	come of a Sec	tion 50	1(c)(7).	(9), or (17) Or	aaı	nization (se	e instru	ctions or	nage 20)
1. Description of income	2. Amount of inc		3 dire	Deductions city connected tach schedule)		4. Set-aside	ıs	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)							,		p. 100 00.1 1/
(2)									
(3)									
(4)									
Totals	Enter here and on Part I, line 9, colur								re and on page 1, se 9, column (B).
Schedule I—Exploited Exer	npt Activity Inc	ome. (Other T	han Advertisir	na l	ncome (se	instru	ctions on	nage 21)
				4. Net income	<u></u>		1	000100	page 21)
Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ unx	penses ectly cted with ction of plated is income	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fro is	Gross income im activity that not unrelated siness income	attrib	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)				<u> </u>	\vdash			-	
(2)						• •		· · · · · · · · · · · · · · · · · · ·	
(3)						· · · · · · · · · · · · · · · · · · ·			
(4)					\vdash	-			
	Enter here and on page 1, Part I, line 10, col. (A).	page 1	ro and on I, Part I, , col. (B).						Enter here and on page 1, Part II, line 26.
Totals	<u> </u>	<u> </u>					4 - 1 1 2	7.	
Schedule J-Advertising In	come (see instru	ctions o	n page :	21)					
Part I Income From Per	riodicals Repor	ted on	a Con	solidated Basi	8				
1. Name of periodical	2. Gross advertising income		Direct Ing costs	4. Advertising gain or (loss) (cel. 2 minus cel. 3). If a gain, compute cels. 5 through 7.	6	i. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								-	
(2)					-				
(3)		 			┢╾				
(4)									
	 	<u> </u>			-				
Totals (carry to Part II, line (5)) .	.)							
Part II Income From Pe columns 2 through	riodicals Repo	rted o	n a Se ısis.)	parate Basis	(Fo	each peri	odical	listed in	Part II, fill in
1. Name of periodical	2. Gross advertising income		Direct Ing costs	4. Advertising gain or (loss) (cel. 2 minus cel. 3). If a gain, compute cols. 5 through 7.	8	. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		\ 							
(2)	1		-			·			
(3)	***************************************								
(4)						******			
Totals from Part I		_			ا				
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page 1	re and on , Part I, col. (B).						Enter here and on page 1, Part II, line 27.
Schedule K—Compensation	of Officers, D	irector	s, and	Trustees (see l	nstr	uctions on p	age 21)	
1. Name				2. Title		3. Percent of time devoted to business	1 4 /	cmpensati	on attributable to d business
(1)						9/	5		
(2)						94	_		··
(3)						96	5		
(4)						94	,		
Total. Enter here and on page 1, Pa	rt II, iine 14			<u> </u>			-1		

FEDERAL STATEMENTS FOR 12/31/09- #990-T EIN: #62-1068612

<u>STATEMENT 1 – Form 990 - T, Schedule C, Line 3 – Deductions Related to Rent Income</u>

Building mortgage payments – principal (33.3% x\$12,775)	\$ 4,254
Building mortgage payments – interest (33.3% x \$49,153)	16,368
Parking lot space (33.3% x \$12,000)	3,996
Repairs and maintenance – 2 nd floor	94
Property taxes (50% x \$10,138)	<u>5,069</u>

\$29,781