

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)

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NASHVILLE PUBLIC LIBRARY FOUNDATION		D Employer identification number 62-1681766
	Doing Business As		E Telephone number 615-880-2610
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,221,087.
	615 CHURCH STREET		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 NASHVILLE, TN 37219		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: TARI HUGHES 615 CHURCH STREET, NASHVILLE, TN 37219			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NPLF.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1997 M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE NASHVILLE PUBLIC LIBRARY FOUNDATION IS TO SEEK FUNDING FROM PRIVATE SOURCES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 885,554.	Current Year 3,162,254.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	225,751.	283,935.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,450.	-11,277.
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,116,755.	3,434,912.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	564,318.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		396,016.	399,173.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		47,277.	63,328.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 370,890.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		113,672.	330,656.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,121,283.	1,888,580.	
19 Revenue less expenses. Subtract line 18 from line 12	-4,528.	1,546,332.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,247,565.	End of Year 10,564,185.
	21 Total liabilities (Part X, line 26)	1,980.	31,471.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,245,585.	10,532,714.

Part III 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 Here	Signature of officer <i>Tari P. Hughes</i>	Date 3/20/2012			
	TARI HUGHES, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JILL HUDSON	Preparer's signature <i>Jill Hudson</i>	Date 2/16/12	Check if not employed <input type="checkbox"/>	PTIN
	Firm's name ▶ LATTIMORE BLACK MORGAN & CAIN, P.C.	Firm's EIN ▶	Phone no. (615) 377-4600		
	Firm's address ▶ P.O. BOX 1869 BRENTWOOD, TN 37024-1869				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED APR 18 2012

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Part III 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 THE NASHVILLE PUBLIC LIBRARY FOUNDATION IS TO SEEK FUNDING FROM PRIVATE SOURCES FOR THE PURPOSE OF ENHANCING THE PROGRAMS, FACILITIES AND COLLECTIONS OF THE NASHVILLE PUBLIC LIBRARY. SINCE ITS INCEPTION IN 1997, THE FOUNDATION HAS RAISED MORE THAN \$19

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 198,015. including grants of \$ 58,415.) (Revenue \$) PROGRAM SERVICE A: BRINGING BOOKS TO LIFE! IS A FREE PRESCHOOL LITERACY PROGRAM THAT TRAINS TEACHERS, MODELS INSTRUCTIONAL TECHNIQUES, CONDUCTS FAMILY LITERACY WORKSHOPS, PROVIDES STORY TIMES, CURRICULUM SUPPLEMENTS AND VISITS FROM THE PUPPET TRUCK. SINCE 2005, BRINGING BOOKS TO LIFE! STAFF HAS CULTIVATED RELATIONSHIPS WITH LOCAL TEACHERS AND STUDENTS IN PRESCHOOLS. IN AN EFFORT TO CREATE A CONTINUAL RELATIONSHIP WITH THE FAMILIES OF CHILDREN WHO PARTICIPATE IN THE PROGRAM, BBTL OFFERS WORKSHOPS FOR PARENTS CALLED LOVING & LEARNING. THESE WORKSHOPS TEACH PARENTS TO IDENTIFY AND ENCOURAGE EARLY LITERACY SKILLS IN THE HOME. WINNER OF THE 2009 MARSHALL CAVENDISH AWARD FROM THE AMERICAN LIBRARY ASSOCIATION, MOST RECENTLY BBTL WAS RECOGNIZED AS ONE OF THE PROGRAMS WHICH LED TO THE NASHVILLE PUBLIC LIBRARY BEING AWARDED THE 2010

4b (Code:) (Expenses \$ 99,641. including grants of \$ 99,641.) (Revenue \$) PROGRAM SERVICE B: T.O.T.A.L. (TOTALLY OUTSTANDING TEEN ADVOCATES FOR THE LIBRARY) THIS STAFF OF HIGH SCHOOL STUDENTS ADVOCATES FOR THE LIBRARY AMONG THEIR PEERS AND THE COMMUNITY AT LARGE; PLANS AND IMPLEMENT PROGRAMS FOR TEENS; ASSISTS IN RECRUITING TEEN VOLUNTEERS; AND REPRESENTS THE LIBRARY AT COMMUNITY EVENTS, MEETINGS AND INSTITUTIONS. WORKING ON THE PREMISE THAT NO ONE COMMUNICATES WITH TEENS BETTER THAN OTHER TEENS, THE T.O.T.A.L. PROGRAM'S PRIMARY GOAL IS TO ATTRACT THIS HARD-TO-REACH AUDIENCE TO THE LIBRARY BY EMPLOYING HIGH SCHOOL STUDENTS TO PLAN TEEN PROGRAMS. JUST LAST YEAR, T.O.T.A.L. CONDUCTED 120 PROGRAMS (INCLUDING ONLINE SAFETY, COLLEGE READINESS, BULLYING, RACISM, AND TRUTH BEHIND THE MUSIC) ATTENDED BY MORE THAN 2,000 TEENS IN SITES

4c (Code:) (Expenses \$ 26,169. including grants of \$ 26,169.) (Revenue \$) PROGRAM SERVICE C: AFTER SCHOOL PROGRAMS FOR TEENS THROUGH THE GENEROSITY OF THE SIGNIFICANT PRIVATE FUNDERS, THE NASHVILLE PUBLIC LIBRARY FOUNDATION HAS FACILITATED THE REVITALIZATION OF TEEN AREAS AND PROGRAMMING AT THE MAIN, EAST, INGLEWOOD AND MADISON BRANCHES OF THE LIBRARY. WITH THESE FUNDS NPLF PROVIDES HOMEWORK TUTORS, MORE COMPUTERS, RENOVATED SPACES AND INTERESTING PROGRAMMING WHICH ARE ENJOYED BY HUNDREDS OF TEENS EACH WEEK.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 936,784. including grants of \$ 936,784.) (Revenue \$)

4e Total program service expenses 1,260,609.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part IV Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with corresponding input fields and Yes/No columns.

Part VII 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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	25			
b Enter the number of voting members included in line 1a, above, who are independent		25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Does the organization have members or stockholders?	6			X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	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?		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?		

Section 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 for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 records of the organization: **CLAUDIA SCHENCK - 615-880-2613**
615 CHURCH STREET, NASHVILLE, TN 37219

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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MAYOR KARL DEAN BOARD MEMBER	3.00	X						0.	0.	0.
JANETTA FLEMING BOARD MEMBER	3.00	X						0.	0.	0.
BARBARA RICHARDS HAUGEN BOARD MEMBER	3.00	X						0.	0.	0.
JENNIFER PAISLEY BOARD MEMBER	3.00	X						0.	0.	0.
ANN PATCHETT BOARD MEMBER	3.00	X						0.	0.	0.
RUSTY MILLER BOARD MEMBER	3.00	X						0.	0.	0.
KEITH B. SIMMONS BOARD MEMBER	3.00	X						0.	0.	0.
BYRON R. TRAUGER BOARD MEMBER	3.00	X						0.	0.	0.
JEAN ANN BANKER BOARD MEMBER	3.00	X						0.	0.	0.
BETH STEIN BOARD MEMBER	3.00	X						0.	0.	0.
ALAN R. YUSPEH BOARD MEMBER	3.00	X						0.	0.	0.
BRENDA WYNN BOARD MEMBER	3.00	X						0.	0.	0.
MARY DORRIAN BETTIS BOARD MEMBER	3.00	X						0.	0.	0.
TOWNES DUNCAN BOARD MEMBER	3.00	X						0.	0.	0.
LUCY HAYNES BOARD MEMBER	3.00	X						0.	0.	0.
BILL KING BOARD MEMBER	3.00	X						0.	0.	0.
LAURENCE M. PAPEL BOARD MEMBER	3.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CLINT SMITH BOARD MEMBER	3.00	X					0.	0.	0.	
CATHY JACKSON BOARD MEMBER	3.00	X					0.	0.	0.	
MARK MANGNUSON BOARD MEMBER	3.00	X					0.	0.	0.	
BETH C. ALEXANDER PRESIDENT	3.00			X			0.	0.	0.	
JIM GAITTENS PAST PRESIDENT	3.00			X			0.	0.	0.	
ANDREW L. MAY TREASURER	3.00			X			0.	0.	0.	
DONNA D. NICELY EX-OFFICIO	3.00			X			0.	0.	0.	
MARGARET ANN ROBINSON SECRETARY	3.00			X			0.	0.	0.	
TARI HUGHES EXECUTIVE DIRECTOR	50.00			X			77,923.	0.	12,027.	
1b Sub-total							77,923.	0.	12,027.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							77,923.	0.	12,027.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VII Statement of Revenue

		(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 and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	423,253.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2739001.			
	g Noncash contributions included in lines 1a-1f \$		36,478.			
	h Total. Add lines 1a-1f		3162254.			
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		200,936.		200,936.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	70,270.			
		(ii) Personal				
		b Less: rental expenses	25,883.			
	c Rental income or (loss)	44,387.				
	d Net rental income or (loss)		44,387.		44,387.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	680752.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	597753.			
		c Gain or (loss)	82,999.			
	d Net gain or (loss)		82,999.		82,999.	
	8 a Gross income from fundraising events (not including \$ 423,253. of contributions reported on line 1c). See Part IV, line 18	a	106086.			
		b Less: direct expenses	162539.			
c Net income or (loss) from fundraising events			-56,453.		-56,453.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER		900099	789.	789.		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			789.			
12 Total revenue. See instructions.			3434912.	789.	0.	
					271,869.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	1,095,423.	1,095,423.		
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	89,950.		26,985.	62,965.
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	263,351.	134,182.	35,895.	93,274.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,150.		2,150.	
10 Payroll taxes	43,722.	28,936.	4,812.	9,974.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,921.		18,921.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	63,328.			63,328.
f Investment management fees	23,657.		23,657.	
g Other				
12 Advertising and promotion				
13 Office expenses	23,163.		23,163.	
14 Information technology	4,125.		4,125.	
15 Royalties				
16 Occupancy				
17 Travel	1,617.		1,617.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,249.		4,249.	
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.)				
a CAMPAIGN EXPENSES	137,755.		167.	137,588.
b ADVERTISING	50,316.		50,316.	
c BAD DEBT EXPENSE	50,000.		50,000.	
d DONOR STEWARDSHIP	4,866.			4,866.
e PROFESSIONAL DEVELOPMEN	3,965.		3,965.	
f All other expenses	8,022.	2,068.	7,059.	-1,105.
25 Total functional expenses. Add lines 1 through 24f	1,888,580.	1,260,609.	257,081.	370,890.
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,066,570.	1	1,045,332.
	2	Savings and temporary cash investments	1,424,299.	2	1,720,563.
	3	Pledges and grants receivable, net	31,630.	3	1,244,951.
	4	Accounts receivable, net		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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,555.	9	2,572.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	240,778.		
	10b	Less: accumulated depreciation	238,281.	10c	2,497.
	11	Investments - publicly traded securities	5,428,386.	11	6,255,353.
	12	Investments - other securities. See Part IV, line 11	277,854.	12	292,917.
	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)	8,247,565.	16	10,564,185.	
Liabilities	17	Accounts payable and accrued expenses	1,980.	17	31,471.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,980.	26	31,471.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,266,706.	27	2,360,338.
	28	Temporarily restricted net assets	3,305,571.	28	5,478,952.
	29	Permanently restricted net assets	2,673,308.	29	2,693,424.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	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	8,245,585.	33	10,532,714.	
34	Total liabilities and net assets/fund balances	8,247,565.	34	10,564,185.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,434,912.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,888,580.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,546,332.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,245,585.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	740,797.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,532,714.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b 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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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.



Name of the organization: **NASHVILLE PUBLIC LIBRARY FOUNDATION** Employer identification number: **62-1681766**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
NASHVILLE PUBLIC LIBRARY	62-06947436		X		X		X		1,095,423.
Total									1,095,423.

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

Schedule A (Form 990 or 990-EZ) 2010

Part III 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.)

Section A. Public Support

Calendar 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization'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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

2010

Open to Public Inspection

Name of the organization

NASHVILLE PUBLIC LIBRARY FOUNDATION

Employer identification number 62-1681766

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question (1-6), (a) Donor advised funds, (b) Funds and other accounts. Includes questions about total number of funds, aggregate contributions, grants, and value at end of year, and questions about donor notification and grant fund usage.

Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Conservation Easements. Includes questions about purpose(s) of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art collections and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,673,309.	3,034,782.	3,091,984.		
b Contributions		550,000.	31,325.		
c Net investment earnings, gains, and losses	20,115.	88,527.	-88,527.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,693,424.	3,673,309.	3,034,782.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 27.00 %
 - b Permanent endowment 73.00 %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		231,787.	229,290.	2,497.
d Equipment		8,991.	8,991.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,497.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,434,912.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,888,580.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,546,332.
4	Net unrealized gains (losses) on investments	4	740,797.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	740,797.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,287,129.

Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,437,614.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	740,796.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	309,947.
e	Add lines 2a through 2d	2e	1,050,743.
3	Subtract line 2e from line 1	3	3,386,871.
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	23,657.
b	Other (Describe in Part XIV.)	4b	24,384.
c	Add lines 4a and 4b	4c	48,041.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,434,912.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,150,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	309,947.
e	Add lines 2a through 2d	2e	309,947.
3	Subtract line 2e from line 1	3	1,840,539.
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	23,657.
b	Other (Describe in Part XIV.)	4b	24,384.
c	Add lines 4a and 4b	4c	48,041.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,888,580.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ALL ENDOWMENT FUNDS ARE TO BE USED TO ENHANCE AND

SUPPORT THE PROGRAMS AND FACILITIES OF THE NASHVILLE PUBLIC LIBRARY.

PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), AND,

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL

STATEMENTS.

AS OF JUNE 30, 2011, THE FOUNDATION HAS ACCRUED NO INTEREST AND NO

Part XIV Supplemental Information (continued)

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE FOUNDATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

THE FOUNDATION FILES A U.S. FEDERAL INFORMATION TAX RETURN. THE FOUNDATION IS CURRENTLY OPEN TO AUDIT UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE FOR THE YEARS ENDING AFTER JUNE 30, 2007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES RECLASSIFIED TO PAGE 1 OF 990	126,061.
RENTAL EXPENSES RECLASSIFIED TO PAGE 1 OF 990	25,882.
MISC ADJUSTMENT	1.
NON-CASH CONTRIBUTIONS INCLUDED WITH EXPENSES	158,003.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	309,947.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME NETTED WITH EXPENSES	24,384.
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PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES RECLASSIFIED TO PAGE 1 OF 990	126,061.
RENTAL EXPENSES RECLASSIFIED TO PAGE 1 OF 990	25,882.
MISC ADJUSTMENT	1.
NON-CASH CONTRIBUTIONS INCLUDED WITH EXPENSES	158,003.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	309,947.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME NETTED WITH EXPENSES	24,384.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization

NASHVILLE PUBLIC LIBRARY FOUNDATION

Employer identification number

62-1681766

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE BENEFACITOR GROUP - 1488 GRANDVIEW AVENUE, COLUMBUS,	CONSULTING ON A LARGE CAPITAL CAMPAIGN		X	1,530,600.	63,328.	1,467,272.
Total				1,530,600.	63,328.	1,467,272.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	529,339.		529,339.
	2	Less: Charitable contributions	423,253.		423,253.
	3	Gross income (line 1 minus line 2)	106,086.		106,086.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	13,501.		13,501.
	7	Food and beverages	19,628.		19,628.
	8	Entertainment			
	9	Other direct expenses	129,410.		129,410.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(162,539)
	11	Net income summary. Combine line 3, column (d), and line 10			-56,453.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE BENEFACTOR GROUP

(I) ADDRESS OF FUNDRAISER: 1488 GRANDVIEW AVENUE, COLUMBUS, OH 48212

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010



Name of the organization
NASHVILLE PUBLIC LIBRARY FOUNDATION
Employer identification number
62-1681766

Part I - General Information on Grants and Assistance

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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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

Part II - Grants and Other Assistance to Governments and Organizations in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE PUBLIC LIBRARY 615 CHURCH STREET NASHVILLE, TN 37219			1,095,423.	0.			TO ENHANCE AND SUPPORT THE PROGRAMS & FACILITIES OF THE LIBRARY

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

NASHVILLE PUBLIC LIBRARY FOUNDATION

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: NPFL REQUIRES REPORTS TO BE SUBMITTED AFTER FOUNDATION FUNDED EVENTS AND PROGRAMS. THESE REPORTS INCLUDE NUMBER OF ATTENDEES, IMPACT OF THE PROGRAMMING OR EVENT, AND AN ACCOUNTING OF HOW THE FUNDS WERE UTILIZED.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMES GAITTENS	SERVES ON THE BOARD	23,571.	THE ORGANIZ		X
BETH C. ALEXANDER	SERVES ON THE BOARD	86.	THE ORGANIZ		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JAMES GAITTENS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SERVES ON THE BOARD

(C) AMOUNT OF TRANSACTION \$ 23,571.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION HAD VARIOUS ACCOUNTS WITH FINANCIAL INSTITUTIONS AND THEIR AFFILIATES OF WHICH CERTAIN BOARD MEMBERS ARE SENIOR OFFICERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BETH C. ALEXANDER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SERVES ON THE BOARD

(C) AMOUNT OF TRANSACTION \$ 86.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION HAD VARIOUS ACCOUNTS WITH FINANCIAL INSTITUTIONS AND THEIR AFFILIATES OF WHICH CERTAIN BOARD MEMBERS ARE SENIOR OFFICERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **NASHVILLE PUBLIC LIBRARY FOUNDATION** Employer identification number **62-1681766**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3	12,300.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		4,500.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FOOD</u>)	X	4	9,150.	FMV
26 Other ▶ (<u>HOTEL ROOMS</u>)	X	2	8,295.	FMV
27 Other ▶ (<u>GIFT CERTIFIC</u>)	X	7	1,801.	FMV
28 Other ▶ (<u>DECORATIONS</u>)	X	2	432.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

NASHVILLE PUBLIC LIBRARY FOUNDATION

Employer identification number
62-1681766

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

FOR THE PURPOSE OF ENHANCING THE PROGRAMS, FACILITIES AND COLLECTIONS
OF THE NASHVILLE PUBLIC LIBRARY.

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

MILLION FOR SUCH PURPOSES AS ENHANCING THE EXQUISITE GRAND READING
ROOM, THE BRIDGESTONE/FIRESTONE CONFERENCE CENTER, THE BEAUTIFUL
ROBINSON COURTYARD, THE CIVIL RIGHTS ROOM, UPDATED TEEN CENTERS AT THE
MAIN LIBRARY, MADISON AND EAST BRANCHES, ADDED OVER 60,000 ITEMS TO THE
LIBRARY'S COLLECTIONS, AND THE MARTIN-TURNER ORAL HISTORY AND SPECIAL
COLLECTIONS CENTER. THE NASHVILLE PUBLIC LIBRARY FOUNDATION FUNDS
EDUCATIONAL EXPERIENCES COMMUNITY WIDE THROUGH BRANCHES AND LIBRARY
OUTREACH PROGRAMS, SUCH AS THE AWARD WINNING PRESCHOOL LITERACY
INITIATIVE, BRINGING BOOKS TO LIFE. TEEN PROGRAMS, LIKE TOTAL AND
HOMEWORK TUTORS, CREATE SAFE AND PRODUCTIVE WAYS FOR YOUNG PEOPLE ALL
ACROSS THE CITY TO SPEND OUT OF SCHOOL TIME.

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

NATIONAL MEDAL FOR MUSEUM AND LIBRARY SERVICE.

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

THROUGHOUT DAVIDSON COUNTY. T.O.T.A.L. WAS AWARDED THE COVETED
NATIONAL HIGHSMITH AWARD IN 2007 FOR ITS EXCELLENCE IN POSITIVE YOUTH
PROGRAMS. T.O.T.A.L. IS 100% FUNDED BY THE NASHVILLE PUBLIC LIBRARY
FOUNDATION.

Name of the organization

NASHVILLE PUBLIC LIBRARY FOUNDATION

Employer identification number

62-1681766

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAM SERVICE D: COLLECTION ENHANCEMENTS TO ENHANCE THE LIBRARY'S
COLLECTION, NPLF PROVIDES FUNDS TO BUY AN AVERAGE OF 20,000 LIBRARY
BOOKS EACH YEAR.

EXPENSES \$ 318,255. INCLUDING GRANTS OF \$ 318,255. REVENUE \$ 0.

THE NASHVILLE PUBLIC LIBRARY FOUNDATION BETTER ENABLES THE LIBRARY TO
CONNECT WITH THE PUBLIC IN ITS MISSION TO PROMOTE LITERACY, LEARNING
AND COMMUNITY PARTICIPATION.

EXPENSES \$ 618,529. INCLUDING GRANTS OF \$ 618,529. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: FOUNDATION BOARD MEMBERS ARE GIVEN
COPIES OF THE 990 ELECTRONICALLY AND PROMPTED FOR COMMENTS, CHANGES AND
APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE FIRST BOARD MEETING OF
EACH YEAR EACH MEMBER IS ASKED TO SIGN A NEW CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR THE FINANCE COMMITTEE
REVIEWS PERFORMANCE, DISCUSSES COMPENSATION, AND MAKES
A RECOMMENDATION TO THE FULL BOARD FOR A VOTE.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 740,797.

FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS & REPORTING

Name of the organization

NASHVILLE PUBLIC LIBRARY FOUNDATION

Employer identification number

62-1681766

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing your return See instructions	Name of exempt organization NASHVILLE PUBLIC LIBRARY FOUNDATION	Employer identification number 62-1681766
	Number, street, and room or suite no. If a P.O. box, see instructions. 615 CHURCH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37219	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
CLAUDIA SCHENCK

- The books are in the care of **615 CHURCH STREET - NASHVILLE, TN 37219**
 Telephone No. **615-880-2613** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until MAY 15, 2012.
- 5 For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO OBTAIN ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **EXECUTIVE DIRECTOR** Date