

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No 1545-1878

For calendar year 2008, or fiscal year beginning 07/01, 2008, and ending 06/30, 2009

▶ Do not send to the IRS. Keep for your records.

▶ See Instructions.

**2008**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**NASHVILLE PUBLIC TELEVISION, INC.**

Name and title of officer

**BETH CURLEY, PRESIDENT AND CEO**

Employer identification number

**62-1740928****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b <u>5,944,029.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **CROSSLIN & ASSOCIATES, P.** to enter my PIN **2 8 7 4 9** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Beth Curley*Date ▶ 2/12/10**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	2	3	8	9	3	6	8	5	2	4
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Anthony C. Brown*Date ▶ 02/11/10

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

Form **990****Return of Organization Exempt From Income Tax****2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2008 calendar year, or tax year beginning** **07/01, 2008, and ending** **06/30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NASHVILLE PUBLIC TELEVISION, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>161 RAINS AVENUE</b> City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37203-5330</b>	<b>D</b> Employer identification number <b>62-1740928</b>
	<b>F</b> Name and address of principal officer: <b>BETH CURLEY-PRESIDENT &amp; CEO</b> <b>161 RAINS AVENUE NASHVILLE, TN 37203-5330</b>	<b>E</b> Telephone number <b>(615) 259-9325</b>
	<b>G</b> Gross receipts \$ <b>5,949,409.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (See instructions)	
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.WNPT.NET</b>		
<b>K</b> Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THROUGH ELECTRONIC MEDIA, WE ENGAGE OUR AUDIENCES OF ALL AGES WITH STIMULATING CULTURAL, CIVIC, AND ENTERTAINMENT EXPERIENCES THAT EDUCATE THE PUBLIC.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21
	5	Total number of employees (Part V, line 2a)	37
	6	Total number of volunteers (estimate if necessary)	450
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year: 6,186,393. Current Year: 5,507,215.
	9	Program service revenue (Part VIII, line 2g)	633,586. 132,147.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,792. 32,911.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,597. 271,756.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,007,368. 5,944,029.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,448,029. 2,469,959.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	306,033. 252,135.
	16b	Total fundraising expenses, Part IX, column (D), line 25) ▶	992,939.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,038,995. 2,728,189.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,793,057. 5,450,283.
	19	Revenue less expenses. Subtract line 18 from line 12	1,214,311. 493,746.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	1,121,254. 602,870.
22		Net assets or fund balances. Subtract line 21 from line 20.	9,236,940. 9,708,255.

**Part II Signature Block**

Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Type or print name and title			
	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.	
2525 WEST END, SUITE 1100 NASHVILLE, TN 37203		615-320-5500		
May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 ☒ 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 ☒ 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 \$ 2,697,857. including grants of \$ ) (Revenue \$ 216,146. )

SEE STATEMENT 2

4b (Code: ) (Expenses \$ 794,176. including grants of \$ ) (Revenue \$ NONE )

BROADCASTING -

ENGINEERING AND NEW MEDIA SUPPORT PROGRAMMING, PRODUCTION,  
EDUCATIONAL SERVICES AND DEVELOPMENT THROUGH TECHNICAL SUPPORT FOR  
BROADCAST AND PRODUCTION EQUIPMENT, COMPUTER SUPPORT FOR ALL  
STATION OPERATIONS REGARDLESS OF DEPARTMENT AND ONLINE SUPPORT  
THROUGH WEB CONTENT DEVELOPMENT, VIEWER COMMUNICATIONS, PROGRAM  
INFORMATION AND FUNDRAISING.

4c (Code: ) (Expenses \$ 290,753. including grants of \$ ) (Revenue \$ 16,000. )

PROGRAM INFORMATION -

RESPONSIBLE FOR ALL PR AND PROMOTION OF PROGRAMMING AND SERVICES  
PROVIDED TO THE COMMUNITY BY NPT THROUGH THE USE OF OUR AIRTIME  
AND OTHER MEDIA. THIS AREA IS ALSO RESPONSIBLE FOR PUBLISHING AND  
DISTRIBUTION OF NPT PREVIEW, A MAGAZINE FOR MEMBERS THAT CONTAINS  
PROGRAM LISTINGS AND INFORMATION.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 3,782,786. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>28a</b>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>28b</b>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	X	
<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
<b>34</b>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>35</b>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	X	
<b>36</b>	X	
<b>37</b> 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 . . . . .		X
<b>37</b>		X

Form **990** (2008)

**Part 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 . . . . .	1a	48
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	37
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . . . .	1a	22
b	Enter the number of voting members that are independent . . . . .	1b	21
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 organizational documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a material 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 organizations 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
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	9a	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? . . . . .	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	X
11	Is there any officer, director or 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 . . . . .	11	X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	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 . . . . .	12c	X
13	Does the organization have a written whistleblower policy? . . . . .	13	X
14	Does the organization have a written document retention and destruction policy? . . . . .	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
b	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**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: ► KATHY MCELROY 161 RAINS AVENUE NASHVILLE, TN 37203-5330  
615-259-9325





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

[illegible]

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	2
---	---	---

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 4		

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	2
---	---	---

**Part VIII Statement of Revenue**

62-1740928

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e	1,180,165.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,327,050.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f . . . . .		5,507,215.			
<b>Program Service Revenue</b>	Business Code						
	2a	PROGRAMMING, PRODUCTION, AND EDUCATION		116,147.	116,147.		
	b	PROGRAM INFORMATION		16,000.	16,000.		
	c	BROADCASTING		NONE	NONE		
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		132,147.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT. 5 . . .	32,911.			32,911.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties . . . . .		4,060.	4,060.		
			(i) Real (ii) Personal				
	6a	Gross Rents . . . . .	103,781.				
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .	103,781.				
	d	Net rental income or (loss) . . . . .		103,781.			103,781.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses . . . . .					
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .		NONE			
	8a	Gross income from fundraising events (not including \$ 2,101. of contributions reported on line 1c). See Part IV, line 18. . . . .	STMT 6 a 19,830. b 5,380.				
	c	Net income or (loss) from fundraising events . . . . .	STMT. 7 . . .	14,450.			14,450.
	9a	Gross income from gaming activities. See Part IV, line 19. . . . .	a				
	b	Less: direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .		NONE			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b	Less: cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory. . . . .		NONE				
Miscellaneous Revenue			Business Code				
11a	FOUNDATION OPERATING SUPPORT		149,465.	149,465.			
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		149,465.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		5,944,029.	285,672.		151,142.	

**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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	291,932.		198,902.	93,030.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	1,704,738.	1,185,772.	244,428.	274,538.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . .	109,920.	67,358.	23,424.	19,138.
9 Other employee benefits . . . . .	239,958.	166,676.	32,448.	40,834.
10 Payroll taxes . . . . .	123,411.	77,797.	22,661.	22,953.
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	11,252.		11,252.	
c Accounting . . . . .	24,300.		24,300.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	252,135.			252,135.
f Investment management fees . . . . .	NONE			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	28,455.	28,455.		
13 Office expenses . . . . .	NONE			
14 Information technology . . . . .	59,003.	21,659.	3,462.	33,882.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	297,136.		297,136.	
17 Travel . . . . .	10,157.	7,070.	3,070.	17.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	16,954.	9,544.	3,271.	4,139.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	494,275.	456,466.	30,408.	7,401.
23 Insurance . . . . .	39,835.	4,815.	35,020.	
24 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.)				
a PURCHASED PROGRAMS . . . . .	940,006.	940,006.		
b PREMIUMS/GIFTS . . . . .	141,900.	2,955.		138,945.
c EQUIPMENT RENTAL AND MAINTEN . . . . .	90,671.	55,743.	34,928.	
d MGT. & GEN. ALLOCATIONS . . . . .		395,214.	-431,308.	36,094.
e PHONE/INTERNET . . . . .	42,074.	13,696.	26,333.	2,045.
f All other expenses . . . . .	532,171.	349,560.	114,823.	67,788.
25 Total functional expenses. Add lines 1 through 24f	5,450,283.	3,782,786.	674,558.	992,939.
26 Joint Costs. Check here <input type="checkbox"/> 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 . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	250.	1	250.
	2 Savings and temporary cash investments . . . . .	2,611,483.	2	3,480,027.
	3 Pledges and grants receivable, net . . . . .	2,449,420.	3	2,058,936.
	4 Accounts receivable, net . . . . .	772,341.	4	407,546.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	42,279.	9	6,996.
	10a Land, buildings, and equipment: cost basis . . . . .	10a 9,914,977.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 5,748,198.	3,936,415.	10c 4,166,779.
	11 Investments - publicly traded securities. . . . .	STMT 8 352,720.	11	NONE
	12 Investments - other securities. See Part IV, line 11 . . . . .	111,659.	12	110,247.
	13 Investments - program-related. See Part IV, line 11 . . . . .	69,465.	13	60,695.
	14 Intangible assets . . . . .	12,162.	14	19,649.
	15 Other assets. See Part IV, line 11 . . . . .		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		10,358,194.	16	10,311,125.
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	527,091.	17	433,046.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	594,163.	19	169,824.
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow 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. . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	1,121,254.	26	602,870.
<b>Net Assets or Fund Balances</b>	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 . . . . .	6,690,208.	27	7,380,668.
	28 Temporarily restricted net assets . . . . .	2,494,420.	28	2,283,936.
	29 Permanently restricted net assets . . . . .	52,312.	29	43,651.
	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 <b>Total net assets or fund balances</b> . . . . .	9,236,940.	33	9,708,255.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	10,358,194.	34	10,311,125.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

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

2008

**Open to Public Inspection**

Name of the organization

Employer identification number

62-1740928

NASHVILLE PUBLIC TELEVISION, INC.

**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: (Please check only one organization.)

- 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).** (Attach Schedule H.)

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).** (see instructions)

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?

(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? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h. Provide the following information about the organizations the organization supports.

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,235,241.	4,822,085.	8,237,523.	6,186,393.	5,507,215.	28,988,457.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .	4,235,241.	4,822,085.	8,237,523.	6,186,393.	5,507,215.	28,988,457.
<b>5</b> 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) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						28,988,457.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	4,235,241.	4,822,085.	8,237,523.	6,186,393.	5,507,215.	28,988,457.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	64,741.	150,254.	167,254.	179,896.	140,752.	702,897.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	8,749.	2,130.	7,206.	10,119.	19,830.	48,034.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						29,739,388.
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	2,395,452.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.48 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	NONE %
<b>16a</b> <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</b> 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 "fact-and-circumstances" test, check this box and <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5 . . . . .						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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. . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. . . . .	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 . . . . . ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
SPECIAL/FUNDRAISING EVENTS	NONE	1,053.	5,387.	7,825.	19,830.	34,095.
MISCELLANEOUS	8,749.	1,077.	1,819.	2,294.		13,939.
TOTALS	8,749.	2,130.	7,206.	10,119.	19,830.	48,034.



**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>NASHVILLE PUBLIC TELEVISION, INC.</b>	Employer identification number <b>62-1740928</b>
--	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ▶ \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.A Check ☐ if the filing organization belongs to an affiliated group.B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
d	Other exempt purpose expenditures . . . . .														
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV	X		25,391.
j Total lines 1c through 1i			25,391.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C PART II-B

LINE 1I DESCRIPTION

OUR STATE LOBBY ORGANIZATION IS TENNESSEE PUBLIC TELEVISION COUNCIL IT IS  
A 501(C)(6) ORGANIZATION. DUES IN THE AMOUNT OF \$15,835 WERE PAID TO THE  
ORGANIZATION, WHICH ARE USED TO SUPPORT LOBBYING ACTIVITIES TO BENEFIT  
ALL PUBLIC TELEVISION STATIONS IN TENNESSEE AND TO COVER THE OTHER  
EXPENSES AND ACTIVITIES OF THE ORGANIZATION SUCH AS PRODUCTION.

SCHEDULE C PART II-B

LINE 1I DESCRIPTION

THE NATIONAL LOBBY ORGANIZATION SUPPORTED BY NPT IS APTS ACTION  
(ASSOCIATION OF PUBLIC TELEVISION STATIONS). APTS ACTION IS NASHVILLE  
PUBLIC TELEVISION'S ADVOCATE ON BEHALF OF PUBLIC TELEVISION STATIONS  
AT THE FEDERAL LEVEL. DUES OF \$9,556.44 WERE PAID TO THE ORGANIZATION.  
THEY ORGANIZE A "CAPITOL HILL" DAY IN FEBRUARY EVERY YEAR WHERE THOSE IN  
PUBLIC TELEVISION CAN MEET WITH THEIR REPRESENTATIVES OR THEIR AIDES IN  
WASHINGTON. NASHVILLE PUBLIC TELEVISION DID NOT ATTEND IN FY 2009.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

NASHVILLE PUBLIC TELEVISION, INC.

Employer identification number

62-1740928

**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
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements.** Complete if 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 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 . . . . .	121,777.				
b Contributions . . . . .	5,000.				
c Investment earnings or losses . . . . .	-20,056.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	2,375.				
f Administrative expenses . . . . .					
g End of year balance . . . . .	104,346.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 58.1671 %

b Permanent endowment ▶ 41.8329 %

c Term endowment ▶ NONE %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - 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) Depreciation	(d) Book value
1a Land . . . . .		120,000.		120,000.
b Buildings . . . . .		2,311,253.	1,516,747.	794,506.
c Leasehold improvements . . . . .		10,000.	5,750.	4,250.
d Equipment . . . . .		7,257,475.	4,034,531.	3,222,944.
e Other . . . . .		216,249.	191,170.	25,079.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				4,166,779.

**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
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Total. (Column (b) should 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
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX** Other Assets. See Form 990, Part X, line 15.[illegible]**Part X** Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.)	

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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,944,029.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,450,283.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	493,746.
4	Net unrealized gains (losses) on investments	4	-22,430.
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 4-8	9	-22,430.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	471,316.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	6,516,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-13,770.
b	Donated services and use of facilities	2b	370,839.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	827,041.
e	Add lines 2a through 2d	2e	1,184,110.
3	Subtract line 2e from line 1	3	5,332,852.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	611,177.
c	Add lines 4a and 4b	4c	611,177.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,944,029.

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

1	Total expenses and losses per audited financial statements	1	5,826,502.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	370,839.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	5,380.
e	Add lines 2a through 2d	2e	376,219.
3	Subtract line 2e from line 1	3	5,450,283.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,450,283.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5



**Part XIV** Supplemental Information (continued)

SCHEDULE D PART XII

LINE 2D

NET ASSETS RELEASED FROM RESTRICTION \$827,041

SCHEDULE D PART XII

LINE 4B

\$616,557 OF CONTRIBUTIONS RELEASED FROM TEMPORARILY RESTRICTED NET ASSETS

FUNDRAISING EVENT EXPENSES OF \$5,380 WHICH ARE NETTED AGAINST GROSS

INCOME FROM FUNDRAISING EVENTS ON THE FORM 990 PAGE 9

\$616,557 LESS \$5,380 = \$611,177

SCHEDULE D PART XIII

LINE 2D

FUNDRAISING EVENT EXPENSES OF \$5,380 WHICH ARE NETTED AGAINST GROSS

INCOME FROM FUNDRAISING EVENTS ON THE FORM 990 PAGE 9

SCHEDULE D PART V

LINE 4

THE STATION'S PERMANENTLY RESTRICTED ENDOWMENT CONSISTS OF A BENEFICIAL

TRUST HELD BY A TRUSTEE IN ACCORDANCE WITH THE DONOR'S STIPULATIONS. THE

TRUSTEES IS RESPONSIBLE FOR DISTRIBUTING TO THE STATION THE REALIZED

INVESTMENT EARNINGS ANNUALLY. THE STATION IS NOT RESPONSIBLE TO

REPLENISH EXCESS LOSSES CAUSED BY MARKET FLUCTUATIONS BECAUSE OF THE

BENEFICIAL NATURE OF THE TRUST.

**Part XIV** Supplemental Information (continued)

ADDITIONALLY, THE STATION'S BOARD OF DIRECTORS HAVE ESTABLISHED A  
DESIGNATED ENDOWMENT CONSISTING OF UNRESTRICTED GIFTS. CURRENTLY, THE  
RETURN ON DESIGNATED ENDOWMENT IS BEING ACCUMULATED UNTIL THE BOARD  
DECIDES EARNINGS ARE SUFFICIENT TO SUPPLEMENT THE STATION'S OPERATIONS.

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public  
Inspection**

Name of the organization

NASHVILLE PUBLIC TELEVISION, INC.

Employer identification number

62-1740928

**Part I** Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- |   |                                     |                         |   |                          |                                       |
|---|-------------------------------------|-------------------------|---|--------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations      | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/>            | Email solicitations     | f | <input type="checkbox"/> | Solicitation of government grants     |
| c | <input checked="" type="checkbox"/> | Phone solicitations     | g | <input type="checkbox"/> | Special fundraising events            |
| d | <input type="checkbox"/>            | In-person solicitations |   |                          |                                       |

2a 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 activities? ☒ 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
CARL BLOOM ASSOCIATES	DIRECT MAIL PROCESSING		X	321,455.	115,231.	206,224.
MAIL ENTERPRISES LLC	RENEWAL MAIL & POST		X	330,044.	48,858.	281,186.
RUFFALO CODY	TELEMARKETING		X	66,224.	40,002.	26,222.
Total .....				717,723.	204,091.	513,632.

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

TN,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
	MISC EVENTS (event type)	(event type)	NONE (total number)	
<b>Revenue</b>				
1 Gross receipts . . . . .	21,933.			21,933.
2 Less: Charitable contributions . . . . .	2,103.			2,103.
3 Gross revenue (line 1 minus line 2) . . . . .	19,830.			19,830.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Non-cash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Other direct expenses . . . . .	5,380.			5,380.
8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 5,380. )
9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				14,450.

**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))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Non-cash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				

	Yes	No
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? . . . . .	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

**13** Indicate the percentage of gaming activity operated in:

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

- 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:

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? . . . . . **17a**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

NASHVILLE PUBLIC TELEVISION, INC.

Employer identification number

62-1740928

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☐ Compensation committee  
☐ Independent compensation consultant  
☐ Form 990 of other organizations

- ☐ Written employment contract  
☐ Compensation survey or study  
☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a Receive a severance payment or change of control payment? . . . . .  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? . . . . .  
b Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? . . . . .  
b Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

[illegible]

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.



**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

NASHVILLE PUBLIC TELEVISION, INC.

62-1740928

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(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			
KEN BISSELL	1.	X						NONE	NONE	NONE
TODD BOTTORFF	1.	X						NONE	NONE	NONE
ALAN BUDDENDECK	1.	X						NONE	NONE	NONE
JEFFREY BUNTIN SR	1.	X						NONE	NONE	NONE
BARBARA CHAZEN	1.	X						NONE	NONE	NONE
THOMAS CIGARRAN	1.	X						NONE	NONE	NONE
DAMIEN CREAVIN	1.	X						NONE	NONE	NONE
ANNE DAVIS	1.	X						NONE	NONE	NONE
V H DIXON JR	1.	X						NONE	NONE	NONE
HOWARD GENTRY	1.	X						NONE	NONE	NONE
FRANK E GORDON	1.	X						NONE	NONE	NONE
CHERYL W MASON	1.	X						NONE	NONE	NONE
DEBBY DALE MASON	1.	X						NONE	NONE	NONE
ARTHUR J REBROVICK JR	1.	X						NONE	NONE	NONE
SUSANNAH BROWN SCOTT-BARNES	1.	X						NONE	NONE	NONE
BYRON TRAUGER	1.	X						NONE	NONE	NONE
JUDY TURNER	1.	X						NONE	NONE	NONE
PEGGY WARNER	1.	X						NONE	NONE	NONE
T SCOTT FILLEBROWN JR	1.	X						NONE	NONE	NONE
BEN R RECHTER	1.	X						NONE	NONE	NONE
CHARLES W COOK JR	1.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1.000

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Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008

**Open to Public Inspection**

Employer Identification number

62-1740928

[illegible]

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

NASHVILLE PUBLIC TELEVISION, INC.

Employer identification number

62-1740928

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
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>STMT 9</u> ) . . . . .		1.	NONE	
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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, line 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

JSA

8E1298 1.000

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**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M

PART I LINE 25

IN-KIND CONTRIBUTIONS FOR DONATED TRANSMITTER AND TOWER SPACE WERE

RECORDED AS REVENUE AND EXPENSES ON THE FINANCIAL STATEMENTS. THESE

CONTRIBUTIONS WERE RECORDED AT THE ESTIMATED FAIR MARKET VALUE, AS

DETERMINED BY THE PROVIDER, AT THE DATE OF GIFT. REVENUE FROM

UNDERWRITING AND RELATED BROADCASTING EXPENSES TOTALED \$370,839.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Employer identification number

62-1740928

NASHVILLE PUBLIC TELEVISION, INC.

FORM 990 PART VI

SECTION B LINE 15A

COMPENSATION FOR THE CEO IS DETERMINED BY THE COMPENSATION COMMITTEE AND

THE FINANCE COMMITTEE. A WRITTEN REVIEW AND MEMO OF THE DECISION MADE IS

KEPT ON FILE WITH THE HR DEPARTMENT. THE CEO IS NOT PART OF THE DECISION

MAKING PROCESS.

Name of the organization

Employer identification number

NASHVILLE PUBLIC TELEVISION, INC.

62-1740928

FORM 990 PART VI

SECTION B LINE 15B

COMPENSATION FOR KEY EMPLOYEES IS HANDLED BY THE CEO. NPT HAS COMPILED A  
COMPENSATION GUIDE LINE FOR ALL POSITIONS AND MAKES USE OF SURVEY DATA  
PROVIDED BY CPB OF SALARY INFORMATION THAT IS UPDATED ANNUALLY BY ALL  
PUBLIC TELEVISION STATIONS. A WRITTEN REVIEW IS KEPT ON FILE ALONG WITH  
ANY MEMO APPROVING COMPENSATION OR OTHER CHANGES.

Name of the organization

Employer identification number

NASHVILLE PUBLIC TELEVISION, INC.

62-1740928

FORM 990 PART VI

SECTION C LINE 19

OUR 990 AND FINANCIALS ARE POSTED ON SEVERAL WEB SITES - THE STATE OF TN

CHARITABLE SOLICITATION SITE, GIVINGMATTERS.COM, GUIDESTAR.ORG AND ARE ALSO

AVAILABLE ON REQUEST. OUR CONFLICT OF INTEREST POLICY IS INCLUDED THE

BY-LAWS OF THE CORPORATION AND IN OUR EMPLOYEE HANDBOOK. ALSO ALL BOARD

AND CAB MEETINGS ARE OPEN TO THE PUBLIC.

Name of the organization

Employer identification number

NASHVILLE PUBLIC TELEVISION, INC.

62-1740928

FORM 990 PART VI

SECTION B LINE 12C

EMPLOYEES HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT

PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THIS POLICY

ESTABLISHES ONLY THE FRAMEWORK WITHIN WHICH NPT WISHES THE BUSINESS TO

OPERATE. TRANSACTIONS WITH OUTSIDE FIRMS MUST BE CONDUCTED WITHIN A

FRAMEWORK ESTABLISHED AND CONTROLLED BY THE EXECUTIVE LEVEL OF NPT.

BUSINESS DEALINGS WITH OUTSIDE FIRMS SHOULD NOT RESULT IN UNUSUAL GAINS

FOR THOSE FIRMS. UNUSUAL GAIN REFERS TO BRIBES, PRODUCT BONUSES, SPECIAL

FRINGE BENEFITS, UNUSUAL PRICE BREAKS, AND OTHER WINDFALLS DESIGNED TO

ULTIMATELY BENEFIT EITHER THE EMPLOYER, THE EMPLOYEE, OR BOTH. EMPLOYEES

AND SUPERVISORS DEVELOP CONTRACTS WITH FREELANCERS/BUSINESSES WITHIN

THEIR RESPECTIVE AREAS. ALL CONTRACTS ARE THOROUGHLY REVIEWED BY

MANAGERIAL LEVEL EMPLOYEES PRIOR TO BEING SUBMITTED TO THE PRESIDENT AND

CEO FOR APPROVAL. ALL MAJOR CONTRACTS ARE REVIEWED AND SIGNED BY THE

PRESIDENT AND CEO OR HER DESIGNEE, WHICH ALLOWS CONTROL AT THE HIGHEST

COMPANY LEVEL. THE MULTI-LAYER CONTRACT DEVELOPMENT ALLOWS EMPLOYEES ON

ALL LEVELS WITHIN A RESPECTIVE AREA TO BE A PART OF THE PROCESS, WITH THE

ULTIMATE APPROVAL AT THE EXECUTIVE LEVEL.



Name of the organization

Employer identification number

NASHVILLE PUBLIC TELEVISION, INC.

62-1740928

FORM 990 PART VI

SECTION A LINE 10

A DETAILED REVIEW OF THE 2008 FORM 990 AND SUPPORTING SCHEDULES WAS

CONDUCTED ON FEBRUARY 8, 2010 BY THE FINANCE COMMITTEE. ALL MEMBERS OF

THE FINANCE COMMITTEE ARE ALSO BOARD MEMBERS.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

NASHVILLE PUBLIC TELEVISION, INC.

Employer identification number

62-1740928

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
TENNESSEE PUBLIC TELEVISION COUNCIL 58-1609806 161 RAINS AVENUE NASHVILLE, TN 37203-5330	PUBLIC TV	TN	501 ( C ) ( 6 )	N/A	N/A

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

Schedule R (Form 990) 2008

**Part III** Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to other organization(s) . . . . .
- c** Gift, grant, or capital contribution from other organization(s) . . . . .
- d** Loans or loan guarantees to or for other organization(s) . . . . .
- e** Loans or loan guarantees by other organization(s) . . . . .
- f** Sale of assets to other organization(s) . . . . .
- g** Purchase of assets from other organization(s) . . . . .
- h** Exchange of assets . . . . .
- i** Lease of facilities, equipment, or other assets to other organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets from other organization(s) . . . . .
- k** Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations by other organization(s) . . . . .
- m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n** Sharing of paid employees . . . . .
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
- q** Other transfer of cash or property to other organization(s) . . . . .
- r** Other transfer of cash or property from other organization(s) . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>	X	
<b>1r</b>		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

[illegible]

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

NPT PROVIDES A NON-COMMERCIAL TELEVISION BROADCAST OF PROGRAMS THAT  
EDUCATE, INFORM, AND ENTERTAIN VIEWERS. COMMUNITY OUTREACH AND  
EDUCATIONAL SERVICES AND PROGRAMS ARE ALSO AN IMPORTANT PART OF OUR  
MISSION. NPT ALSO PRODUCES ORIGINAL PROGRAMMING THAT ASSISTS IN THESE  
GOALS.

## FORM 990, PART III - PROGRAM SERVICES

## 4A PROGRAM SERVICE

PROGRAMMING, PRODUCTION, AND EDUCATION OUTREACH -  
PROGRAMMING AND PRODUCTION:

NPT SERVES MORE THAN 2 MILLION PEOPLE IN MIDDLE TENNESSEE AND SOUTHERN KENTUCKY WITH COMPELLING EDUCATIONAL EXPERIENCES THAT ENCOMPASS THE COMMUNITY'S EDUCATIONAL, CULTURAL, ARTISTIC AND CIVIC LIFE. THROUGH EDUCATIONAL PROGRAMMING FOR CHILDREN AND ADULTS, OUTREACH TO AT-RISK CHILDREN, PRODUCTIONS THAT HIGHLIGHT LOCAL HISTORY, CULTURE AND PUBLIC AFFAIRS, NPT IS COMMITTED TO HELPING ALL CITIZENS REACH THEIR FULLEST POTENTIAL. NPT IS ONE OF THE MOST WATCHED PUBLIC TELEVISION STATIONS IN THE NATION WITH A WEEKLY AUDIENCE OF OVER 660,000 INDIVIDUALS. NPT PROVIDES THE FULL PBS SCHEDULE OF PROGRAMMING, AS WELL AS LOCAL DOCUMENTARIES AND PROGRAMS INCLUDING "TENNESSEE CROSSROADS", VOLUNTEER GARDENER, A WORD ON WORDS, THE "NEXT DOOR NEIGHBORS" SERIES, "MEMORIES OF OPRYLAND", "HANK WILLIAMS", "THE CARTER FAMILY" AND "CHRISTMAS AT BELMONT 2009". MANY OF NPT'S ORIGINAL PRODUCTIONS HAVE AIRED NATIONALLY ON PBS, SHARING MIDDLE TENNESSEE'S CULTURE AND HERITAGE WITH THE ENTIRE NATION. NPT'S NEXT DOOR NEIGHBORS PROJECT SEEKS TO HIGHLIGHT NASHVILLE'S STATUS AS A DESTINATION CITY FOR A VARIETY OF IMMIGRANT AND REFUGEE GROUPS WHO HAVE MADE THE CITY THEIR HOME OVER THE LAST TEN YEARS. THROUGH A SERIES OF FOUR DOCUMENTARIES, A PROJECT WEBSITE, COMMUNITY FORUMS AND LITERACY OUTREACH NPT SEEKS TO PROVIDE ALL RESIDENTS OF MIDDLE TENNESSEE WITH A WIDE-RANGING VIEW OF THE REGION'S NEW, RAPIDLY GROWING FOREIGN-BORN COMMUNITIES INCLUDING KURDISH, SOMALI, SUDANESE AND HISPANIC IMMIGRANTS. IN FEBRUARY 2010 NPT WILL LAUNCH A MAJOR THREE YEAR DOCUMENTARY PROJECT "NPT REPORTS: CHILDREN'S HEALTH CRISIS" THAT WILL FOCUS ON THE MAJOR HEALTH ISSUES FACING CHILDREN FROM BIRTH THROUGH ADOLESCENCE IN TENNESSEE.

NPT CONTINUES TO BE ONE OF THE MOST-WATCHED CHANNELS FOR CHILDREN, WITH MORE THAN 75% OF HOMES WITH CHILDREN AGED 2-5 TUNING IN WEEKLY. EACH WEEK NPT BROADCASTS 69 HOURS OF CHILDREN'S PROGRAMMING DESIGNED TO ENSURE THAT THE YOUNGEST VIEWERS ARRIVE AT KINDERGARTEN READY TO LEARN WITH A STRONG FOUNDATION OF EARLY MATH AND READING SKILLS. IN ADDITION, NPT IS PERHAPS THE ONLY SOURCE OF PRESCHOOL EDUCATIONAL PROGRAMS FOR THE MORE THAN 20,000 PRESCHOOLERS IN NASHVILLE WHO DO NOT ATTEND LICENSED DAYCARE OR PRESCHOOL.

## EDUCATIONAL OUTREACH:

NPT BRINGS OUR PROGRAMMING TO THE COMMUNITY THROUGH A RICH ARRAY OF OUTREACH PROJECTS WHICH IMPACT AT-RISK CHILDREN AND THEIR PARENTS, AS WELL AS MEMBERS OF NASHVILLE'S GROWING IMMIGRANT

## FORM 990, PART III - PROGRAM SERVICES

COMMUNITIES. IN THE LAST FISCAL YEAR NPT'S EDUCATIONAL OUTREACH SERVED OVER 6,500 CHILDREN AND 10,500 PARENTS IN THE REGION. NPT IS ONE OF ONLY 20 STATIONS IN THE NATION SELECTED TO PARTICIPATE IN THE PBS RAISING READERS INITIATIVE, AN INTENSIVE, NATIONAL LITERACY CAMPAIGN FOCUSED ON BUILDING READING SKILLS AT HOME, AT SCHOOL, IN CHILD CARE, AND IN THE COMMUNITY. NPT'S FAMILY LITERACY PROJECT FOR IMMIGRANTS AND REFUGEES CONTINUES TO MAKE A MAJOR IMPACT ON NASHVILLE'S GROWING KURDISH, SOMALI, SUDANESE, VIETNAMESE AND HISPANIC COMMUNITIES THROUGH A SERIES OF LITERACY WORKSHOPS THAT INCORPORATE HEALTH AND COMPUTER LITERACY CURRICULUMS. NPT'S ONLINE LITERACY PROJECT AIMS TO INCREASE COMPUTER LITERACY AMONG AT-RISK CHILDREN AND THEIR PARENTS AND CAREGIVERS IN THE VIEWING AREA THROUGH A SERIES OF ON-AIR SPOTS CALLED COMPUTER TIPS AND A COMPANION WEBSITE, WWW.WNPT.NET/PARENTS. THE HEALTHY HABITS FOR LIFE INITIATIVE PROMOTES PROPER NUTRITION, EXERCISE AND DENTAL HEALTH THROUGH A SERIES OF ON-AIR SPOTS AND HANDS-ON WORKSHOPS FOR CHILDREN, PARENTS AND CAREGIVERS. SUPER WHY! LITERACY CAMPS HELD EACH SUMMER TARGET AT-RISK CHILDREN FOR A FIVE DAY INTENSIVE PROGRAM OF LITERACY BASED ACTIVITIES. THROUGH VARIED ACTIVITIES, CHILDREN ARE TAUGHT TO MODEL LITERACY ACTIVITIES THAT PARENTS CAN INCORPORATE INTO DAILY ACTIVITIES. NPT SUPPORTS TEACHERS THROUGHOUT THE REGION THROUGH DIVERSE PROFESSIONAL DEVELOPMENT COURSES.



990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS  
=====NAME AND ADDRESS  
-----DESCRIPTION OF SERVICES COMPENSATION  
-----CARL BLOOM ASSOCIATES, INC.  
81 MAIN STREET  
WHITE PLAINS, NY 10601

DIRECT MAIL PROCESSI 115,231.

TOTAL COMPENSATION

-----  
115,231.  
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## FORM 990, PART VIII - INVESTMENT INCOME

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DESCRIPTION -----	( A ) TOTAL REVENUE -----	( B ) RELATED OR EXEMPT REVENUE -----	( C ) UNRELATED BUSINESS REV. -----	( D ) EXCLUDED REVENUE -----
INTEREST AND DIVIDENDS	32,911.			32,911.
	-----	-----	-----	-----
TOTALS	32,911.			32,911.
	=====	=====	=====	=====

## FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION -----	AMOUNT -----
MISC EVENTS	2,101. -----
TOTAL	2,101. =====

## FORM 990, PART VIII - FUNDRAISING EVENTS

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DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
MISC EVENTS	19,830.	5,380.	14,450.
TOTALS	19,830.	5,380.	14,450.

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NASHVILLE PUBLIC TELEVISION, INC.

62-1740928

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
UNION PLANTERS CD	NONE	COST
TOTALS	NONE	

NASHVILLE PUBLIC TELEVISION, INC.

62-1740928

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

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DESCRIPTION -----	( A ) CHECK -----	( B ) NUMBER OF CONTRIBUTIONS -----	( C ) REVENUES REPORTED -----	( D ) METHOD OF DETERMINING -----
TOWER & TRANSMITTER SPACE AND OPERATION/MAINTENANC	X	1	NONE	FAIR MARKET VALUE
TOTALS		1.	NONE	

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