SCANNED DEC 2 7 2007

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047 Open to Public Inspection

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

A	or the 20	06 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2	007					
_	heck if	C Name of organization	loyer ic	dentification number				
	pplicable	plicable Friedse Use IRS						
	Address change	label or NASHVILLE PUBLIC LIBRARY FOUNDATION 6	2-16	81766				
	Name change	type Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele		number				
	Initial return	Specific 615 CHURCH STREET 6	<u> 15-8</u>	380-2610				
	Final	tions Only of town, state of country, and in .	unting meth					
	Amended return		Other specify)					
	Application pending	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Hand lare not applicable Hand lare not applicable	to seci	tion 527 organizations				
		rita) is this a group roturn to						
		► WWW . NPLF . ORG H(b) If "Yes," enter number of						
		on type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates includer (If "No," attach a list)	a, t	N/A Yes No				
		if the organization is not a $509(a)(3)$ supporting organization and its gross $ H(d) $ is this a separate return	filed by	y an or- ruling? Yes X No				
		e normally not more than \$25,000. A return is not required, but if the organization ganization covered by a		N/A				
	chooses to	offile a return, be sure to file a complete return.						
	_			tion is not required to attach				
		Revenue, Expenses, and Changes in Net Assets or Fund Balances	LZ, Or C					
P		Contributions, gifts, grants, and similar amounts received:		 _				
	1	Contributions, girls, grants, and similar amounts received. Contributions to donor advised funds	.					
		Direct public support (not included on line 1a) 1b 829,786.						
	1	Indirect public support (not included on line 1a)						
		Government contributions (grants) (not included on line 1a) 1d 40,000.						
		Total (add lines 1a through 1d) (cash \$ 860, 047. noncash \$ 9,739.)	1e	869,786.				
		Program service revenue including government fees and contracts (from Part VII, line 93)	2	<u> </u>				
	3	Membership dues and assessments	3	400 000				
	4	Interest on savings and temporary cash investments	4	127,720.				
	5	Dividends and interest from securities	5	296,180.				
	6 a	Gross rents SEE STATEMENT 1 6a 88,847.						
	1	Less: rental expenses SEE STATEMENT 2 6b 88,259.	6-	588.				
e	1	Net rental income or (loss). Subtract line 6b from line 6a	6c 7					
Revenue	1	Other investment income (describe ►) Gross amount from sales of assets other (A) Securities (B) Other	'	· · · ·				
Ř	1	1 1 27 070						
	,	than inventory Less: cost or other basis and sales expenses 967, 889 88						
	G	Gain or (loss) (attach schedule CEIVED 169,189. 8c						
	اً	Net gain or (loss) Combine line 8c, columns (A) and (B) STMT 3	8d	169,189.				
	9	Special events and Scivitias (attack schedule). If any account is from gaming, check here						
	a	Special events and Scivit As (attack) schedule). If any account is from gaming, check here Gross revenue (not including s 291,4942. Organizations reported on line 1b) 9a 30,945.						
	b	Less: direct expenses other than fundraising expenses 9b /1,351.		40.406				
	С	Net income or (loss) from to dia (well 4 Subtrate line 9) from line 9a SEE STATEMENT 4	9с	<40,406.>				
		Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold	40.					
	ľ	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	50.				
	1	Other revenue (from Part VII, line 103)	12	1,423,107.				
_		Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	13	1,508,831.				
S		Program services (from line 44, column (B)) Management and general (from line 44, column (C))	14	136,778.				
Expenses	1	Management and general (from line 44, column (C)) Fundraising (from line 44, column (D))	15	79,087.				
ğ	1	Payments to affiliates (attach schedule)	16					
Ш	,	Total expenses. Add lines 16 and 44, column (A)	17	1,724,696.				
_		Excess or (deficit) for the year. Subtract line 17 from line 12	18	<301,589.>				
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	9,853,031.				
ŠŠ		Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	203,803.				
7		Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	9,755,245.				
623 01-	001 18-07 L	_HA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions		Form 990 (2006)				

62-1681766 Page 2 NASHVILLE PUBLIC LIBRARY FOUNDATION Form 990 (2006) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II Statement of and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. **Functional Expenses** (B) Program (C) Management Do not include amounts reported on line (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I services 22a Grants paid from donor advised funds (attach schedule) If this amount includes foreign grants, check here 22a STATEMENT 8 22b Other grants and allocations (attach schedule (cash \$1395373 • noncash \$ 1,395,373. 1,395,373. If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 23 schedule) 24 Benefits paid to or for members (attach 24 schedule) 25a Compensation of current officers, directors, key 35,815. 50,779. 0. 86,594 employees, etc. listed in Part V-A STMT 7 25a b Compensation of former officers, directors, key 0 0. 0. 0. 25b employees, etc. listed in Part V-B c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in 25c section 4958(c)(3)(B) 26 Salaries and wages of employees not 104,040. 29,315 14,520. 147,875. 26 included on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 594. 1,387 1,981 28 25a · 27 4.674. 9.418 4,915 19,007. 29 29 Payroll taxes 30 30 Professional fundraising fees 31 31 Accounting fees 32 32 Legal fees 2,962. 2,962. 33 Supplies 33 190. 190. 34 34 Telephone 778. 778. 35 35 Postage and shipping 36 36 Occupancy 37 37 Equipment rental and maintenance 38 38 Printing and publications 39 39 Travel 40 40 Conferences, conventions, and meetings 41 41 Interest 1,798 1,798. 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize) 43a 43b 43c 43d 43e 431 8,520. 59,618. 68,138. SEE STATEMENT 6 **43**g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), 1,508,831. 136,778 79,087. 1,724,696. carry these totals to lines 13-15)

Joint Costs. Check 🕨 📖 if you are following S0				
Are any joint costs from a combined educational campaign	and fundraising solici	tation reported in (B) Program services?	Yes X No	
If "Yes," enter (i) the aggregate amount of these joint costs		, (ii) the amount allocated to Program services \$_	N/A;	;
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$	N/A	

623011 01-23-07

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

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

Wha	What is the organization's primary exempt purpose? ► SEE STATEMENT 10								
cliei	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)								
а	SEE STATEMENT 9								
		1 500 021							
	(Grants and allocations \$ 1,395,373.) If this amount includes foreign grants, check here	1,508,831.							
D									
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □								
c	(Charits and anocacions • ,								
	(Grants and allocations \$) If this amount includes foreign grants, check here								
d									
	(Grants and allocations \$) If this amount includes foreign grants, check here								
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here								
-	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,508,831.							
<u> </u>	Total of Flogram out those Expenses (created expenses of the Control of the Contr	Form 990 (2006)							

		Balance Sheets (See the instructions)				
Note		re required, attached schedules and amounts wi uld be for end-of-year amounts only	thin the description column	(A) Beginning of year		(B) End of year
				133,950.	46	405,941.
	45	Cash - non-interest-bearing	-	3,881,518.	45 46	2,558,982.
	46	Savings and temporary cash investments	-	3,001,510.	40	2,330,302.
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
			214 205			
		Pledges receivable	48a 214,395.	481,378.	48c	214,395.
		Less: allowance for doubtful accounts	401,570.	49	214,3336	
	49	Grants receivable Receivables from current and former officers, d	uroctors trustees and		73	
	50 a	key employees	mectors, trustees, and		50a	
	h	Receivables from other disqualified persons (as	s defined under section	· · · · · · · · · · · · · · · · · · ·		
s		4958(f)(1)) and persons described in section 49			50b	
Assets	51 a	Other notes and loans receivable	51a			· · · · · · · · · · · · · · · · · · ·
As		Less; allowance for doubtful accounts	51b		51c	·
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		E 24E 201	53	6 300 600
	54 a	Investments - publicly-traded securities STM		5,347,381.	54a	6,399,608.
	Ь	Investments - other securities	Cost FMV		54b	
	55 a	Investments - land, buildings, and STM	1 1			
	1	equipment basis	55a			
	١.	Less accumulated depreciation STMT 13	55b		55c	
	56	Investments - other	500	0.	56	0.
	l	Land, buildings, and equipment basis	57a 218,737.			
		Less accumulated depreciation STMT 14	57b 41,382.	<u>4,365.</u>	57c	177,355 <u>.</u>
	58	Other assets, including program-related investments				•
		(describe ► RENT RECEIVABLE)	4,439.	58	0.
	59	Total assets (must equal line 74) Add lines 45	through 58	9,853,031.	59	9,756,281.
	60	Accounts payable and accrued expenses			60 61	<u> </u>
	61	Grants payable	-		62	
S	62	Deferred revenue Loans from officers, directors, trustees, and ke	v employees		63	
₫	63	a Tax-exempt bond liabilities	y employees		64a	
Liabilities		b Mortgages and other notes payable	<u> </u>		64b	
_	65		EE STATEMENT 15)		65	1,036.
		· · · · · · · · · · · · · · · · · · ·				
	66	Total liabilities. Add lines 60 through 65		<u> </u>	66	1,036.
	Orga	anizations that follow SFAS 117, check here	▶ X and complete lines			
Ø		67 through 69 and lines 73 and 74		980,226.	67	1,650,140.
nce	67	Unrestricted	-	6,297,871.		5,482,071.
ala	68	Temporarily restricted	F	2,574,934.		2,623,034.
<u> </u>	69	Permanently restricted anizations that do not follow SFAS 117, check	here and	2/3/2/3320		
Ŧ	Orga	complete lines 70 through 74	incre p and			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	
sets	71	Paid-in or capital surplus, or land, building, and	l equipment fund		71	
Asŧ	72	Retained earnings, endowment, accumulated in			72	
Net	73	Total net assets or fund balances. Add lines 67 thro	ugh 69 or lines 70 through 72.			
_		(Column (A) must equal line 19 and column (B) mus		9,853,031.		9,755,245.
	74	Total liabilities and net assets/fund balance	s. Add lines 66 and 73	9,853,031.	74	9,756,281.

	art IV-A Reconciliation of Revenue per Audited Finar	iciai Statements v	Vith	Revenue pe	er Re	eturn (Se	e tne
	instructions)	<u> </u>				a 1,	739,554.
a	Total revenue, gains, and other support per audited financial statemen	its				a - /	733,3314
D	Amounts included on line a but not on Part I, line 12	ı	b1	203,8	03.		
1	Net unrealized gains on investments		b2		-		
2	Donated services and use of facilities		b3				
3	Recoveries of prior year grants Other (specify) SEE STATEMENT 16		b4	159,6	10.		
4	Other (specify) SEE STATEMENT 10 Add lines b1 through b4					ь	363,413.
C	Subtract line b from line a					c 1,	376,141.
d	Amounts included on Part I, line 12, but not on line a:						
1	to the total and Double have Cha		d1				
	Other (specify): SEE STATEMENT 18		d2	46,9	66.		
_	Add lines d1 and d2			<u> </u>		d	46,966.
е	Total revenue (Part I, line 12) Add lines c and d				<u> </u>		423,107.
	art IV-B Reconciliation of Expenses per Audited Fina	ncial Statements	Wit	h Expenses	per	Return	
a	Total expenses and losses per audited financial statements					a 1,	837,340.
b	Amounts included on line a but not on Part I, line 17	1				1	
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Part I, line 20		b2				
3			b3	150 6	1 ^		
4	Other (specify) SEE STATEMENT 17		b4	159,6	<u> 10.</u>	 	150 610
	Add lines b1 through b4					b 1	$\frac{159,610}{677,730}$
C	Subtract line b from line a					c 1,	011,130.
d	Amounts included on Part I, line 17, but not on line a:		ا دد ا				
1	COD COLUMN 10		d1 d2	46,9	66.	1 1	
2	Other (specify): SEE STATEMENT 19		uz	40,5	•••	d	46,966.
	Add lines d1 and d2						724,696.
e D	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke	v Employees (List e	ach	person who was	an o		
٠٠.	or key employee at any time during the year even if they we	re not compensated) (S	ee t	he instructions) C) Compensation			
					/ D \c_	etributions to	/E) Eynence
	(A) Name and address	(B) Title and average hour per week devoted to position		If not paid, enter -0)	(D)Co empl plans compe	intributions to oyee benefit s & deferred ensation plans	(E) Expense account and other allowances
_	(A) Name and address	per week devoted to		If not paid, enter	(D)Co empl plans compe	intributions to oyee benefit s & deferred ensation plans	(E) Expense account and other allowances
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
 SE		per week devoted to		If not paid, enter	compe	ontributions to oyee benefit s & deferred ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
<u>s</u> E		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
SE		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
SE		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe	ensation plans	outer anovarious
		per week devoted to		If not paid, enter -0)	compe),509.	outer anovarious

b If "Yes," enter the name of the organization

b Did the organization file Form 1120-POL for this year?

81 a Enter direct or indirect political expenditures (See line 81 instructions)

and check whether it is

exempt or

81a

X

Form **990** (2006)

80a

nonexempt

0

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common

membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

Pa	other information (continued)		res	INO			
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	000	x				
	less than fair rental value?	82a					
U	If "Yes," you may indicate the value of these items here. Do not include this	ŀ					
	amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 1,000			i I			
83 9	Did the organization comply with the public inspection requirements for returns and exemption applications?	- 83a	x				
b		83b	X				
84 a		84a		Х			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not						
_	tax deductible?						
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a					
b	37/7	85b					
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a						
	waiver for proxy tax owed for the prior year						
C		╛					
d		╛					
е		_		:			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	_					
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g					
h		i					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the						
	following tax year? N/A	85h					
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on Inne 12 86a N/A						
	27/2	┥					
07		\dashv					
87 h	(F)	┨					
b	against amounts due or received from them) 87b N/A						
98 2	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	┪					
00 a	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?						
	If "Yes," complete Part IX	88a		х			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of						
	section 512(b)(13)? If "Yes," complete Part XI	► 88b		Х			
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under						
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •						
b	· · · · · · · · · · · · · · · · · · ·						
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?						
	If "Yes," attach a statement explaining each transaction	89b		X			
C		-					
	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization	1					
d				.			
e		89e		X			
1	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	 	Λ			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	89g		X			
00 -	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? List the states with which a copy of this return is filed $ ightharpoonup TN$	009					
_	100			8			
01 a	The books are in care of ► BARBARA SAMMONS Telephone no. ► 615-8	80-2	610	<u>_</u>			
J I d	Located at > 615 CHURCH STREET, NASHVILLE, TN						
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х			
	If "Yes," enter the name of the foreign country \box\ N/A						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
	and Financial Accounts						
		Form	990	(2006)			

Form 990 (2006) NASHVILI	E PUBLIC	LIBRARY FOUN	DATION	62-1	681766 Page 8
Part VI Other Information (continue					Yes No
c At any time during the calendar year, did			of the United	States?	91c X
If "Yes," enter the name of the foreign cou	untry 🕨	N/A			 . —
92 Section 4947(a)(1) nonexempt charitable t				1 1	▶ ∟
and enter the amount of tax-exempt interest	est received or acci	rued during the tax year	r	▶ 92	N/A
Part VII Analysis of Income-Produ					
Note: Enter gross amounts unless otherwise		lated business income	(C)	y section 512, 513, or 514	(E)
ındıcated	(A) Business	(B) Amount	Exclu-	(D) Amount	Related or exempt
93 Program service revenue	code	Amount	sion	Allount	function income
a					
b					
C					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government ager	ncies				
94 Membership dues and assessments					
95 Interest on savings and temporary cash investm	ents		14	127,720.	
96 Dividends and interest from securities			14	296,180.	
97 Net rental income or (loss) from real estate	•				
a debt-financed property					
b not debt-financed property			16	588.	
98 Net rental income or (loss) from personal p	property				
99 Other investment income	' '				
100 Gain or (loss) from sales of assets					
other than inventory			18	169,189.	
101 Net income or (loss) from special events			01	<40,406.	>
102 Gross profit or (loss) from sales of inventor	rv -				
103 Other revenue:					
a MISCELLANEOUS INCOME	_				
b SALE OF POSTERS			01	50.	
DAME OF TOBIERS					
			<u> </u>		
d					
104 Subtotal (add columns (B), (D), and (E))	-		 	553,321.	0.
105 Total (add line 104, columns (B), (D), and (E)	/E\\		- ·	•	553,321.
Note: Line 105 plus line 1e, Part I, should equa	ו∟ו) I the amount on line	e 12. Part I			
The state of the state of A attributes	to the Accom	plishment of Exer	not Purpo	ses (See the instruction	ons)
	mo is reported in coli	imn (E) of Part VII contrib	ited importantly	v to the accomplishment of	f the organization's
Explain how each activity for which income exempt purposes (other than by provided in the content of the conten	ing funds for such but	rnoses).	atou importanti	y to the decompnent	,,
103A THESE AMOUNTS HELP		SUPPORT AND	PROMOT	E THE NASHV	ILLE PUBLIC
LIBRARY.	DENEL II,	DOLLOKI 1212			
LIBRARI.		_			
					
Part IX Information Regarding T	axable Subsidi	aries and Disrega	rded Entit	ies (See the instruction	ns)
		(C)		(U)	(E)
Name, address, and EIN of corporation, Perc	(B) centage of ship interest	Nature of activities		Total income	End-of-year assets
partnership, or disregarded entity owner	%				
N/A	%	 			
N/A	%				
	%				
Part X Information Regarding T	ransfers Assoc	iated with Person	nal Benefit	Contracts (See the	instructions.)
					Yes X No
(a) Did the organization, during the year, receive a	iny runas, airectly or i	nuirecuy, to pay premiums	it controcto	שקווקוונ טטוונו מטני	Yes X No
(b) Did the organization, during the year, pay pren			it contract?		163 NO
Note: If "Yes" to (b), file Form 8870 and Form	1 4/20 (see instruct	ions)			Form 990 (2006)
					1 01111 330 (2000)

Pa	Information Regarding Transfers To and From C controlling organization as defined in section 512(b)(13)	Controlled Entitie N/A	S. Complete only if the organia	zation is a
	controlling organization as defined in Section 312(b)(10)	N/A		Yes No
106	Did the reporting organization make any transfers to a controlled entity a	as defined in section 5	12(b)(13) of the Code? If "Yes	, ,
	complete the schedule below for each controlled entity.			
	(A)	(B)	(C)	(D)
	Name, address, of each	Employer Identification	Description of transfer	Amount of transfer
	controlled entity	Number	u ansier	u ansier
а				
-		-	 	_
ь				
ا "				
\dashv				
С				
			·	
_	Totals			Yes No
107	Did the reporting organization receive any transfers from a controlled er	ntity as defined in sect	ion 512(b)(13) of the Code? If	
107	complete the schedule below for each controlled entity	,		
\neg	(A)	_ (B)	(C)	(D)
	Name, address, of each	Employer Identification	Description of	Amount of transfer
	controlled entity	Number	transfer	u ansiei
а				
			<u> </u>	
b				
U				
С				
				_
	Totals			Yes No
400	Did the organization have a binding written contract in effect on August	17 2006 covering the	e interest, rents, rovalties, and	
108	applitude described in question 107 above?			
_	Under penalties of perjury, I declare that I have examined this return, including accompan and complete Declaration of pregarer (other than officer) is based on all information of wh	ying schedules and statemen	ts, and to the best of my knowledge and	belief, it is true, correct,
		ion proparer rigo arry rimerries	v 11/13/0	7
Plea	17 miles seem		V 11 1310	
Sigi		1. 1 . 1 B	oary	
ПСІ		CAT OF L	10019	-
	Type or print name and title			SN or PTIN (See Gen Inst X)
Paid	Preparer's signature		self- employed ▶ □	
Pre	parer's Firm's name (or / ILATTYTIMORE BLACK MORGAN &	CAIN, P.C.	EIN ►	
Use	only yours if self-employed), \$250 VIRGINIA WAY, P.O. E			
	address and ZIP+4 BRENTWOOD, TN 37024-1869		Phone no. ► (615	
				Form 990 (2006)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number

OMB No 1545-0047

2006

	NASHVILLE PUBLIC LIBRAR	Y FOU	NDAT.TON_		<u>0⊿ 1001</u>	/00
Part I	Compensation of the Five Highest Paid E (See page 2 of the instructions. List each one. If there are none	e, enter "No	ne.")	Officers, Direc		
(6	a) Name and address of each employee paid more than \$50,000	(b) 11	tle and average hours er week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE						
		-				
Total number of over \$50,000	other employees paid	•	0			
Part II-A	Compensation of the Five Highest Paid Ir (See page 2 of the instructions List each one (whether individ	ndepend luals or firm	dent Contractons). If there are none, o	enter "None ")	onal Servic	es
	(a) Name and address of each independent contractor paid mor	e than \$50	,000	(b) Type of s	ervice	(c) Compensation
NONE						
				<u> </u>		
\$50,000 for prof	others receiving over ressional services	<u> </u>	0			
Part II-B	Compensation of the Five Highest Paid II (List each contractor who performed services other than profe firms. If there are none, enter "None" See page 2 of the instruc	essional sei	dent Contractorvices, whether individ	ors for Other Soluals or	ervices 	
	(a) Name and address of each independent contractor paid mor	re than \$50	,000	(b) Type of s	service	(c) Compensation
NONE _						
			~			
Total number of \$50,000 for other	other contractors receiving over er services		0			<u></u>

P	Part III Statements About Activities (See page 2 of the instructions.)							Yes	No
$\frac{-}{1}$	During the year, has the organization attempt	ed to influence national, state, or li	ocal legislation, including any	attemp	t to influence				
	public opinion on a legislative matter or refer	endum? If "Yes," enter the total exp	penses paid or incurred in coi	nnection	n with the				
	lobbying activities > \$		(Must equ	ıal amoı	unts on line 38	, Part VI-A, or		1	
	line i of Part VI-B.)						1	 	X
	Organizations that made an election under se	ction 501(h) by filing Form 5768 r	must complete Part VI-A Othe	er orgar	nizations			1	
	checking "Yes" must complete Part VI-B AND	attach a statement giving a detaile	ed description of the lobbying	activitie	es.			1	
2	During the year, has the organization, either trustees, directors, officers, creators, key emperson is affiliated as an officer, director, trus attach a detailed statement explaining to	ployees, or members of their famili stee, majority owner, or principal b	iles, or with any taxable utual	nzalivii	WILL WINGE ALLY	Jouch			
	a Sale, exchange, or leasing of property?						2a	igspace	X
	b Lending of money or other extension of cred	ıt?					2b	 	Х
	c Furnishing of goods, services, or facilities?		i	SEE	STATEM	ENT 21		X	<u> </u>
	d Payment of compensation (or payment or re	imbursement of expenses if more	than \$1,000)?				2d	X	l
	e Transfer of any part of its income or assets?						2e	↓	X
3	a Did the organization make grants for scholar	ships, fellowships, student loans, i	etc ? (If "Yes," attach an expla	nation o	of how				
	the organization determines that recipients q						3a	1_	X
	b Dd the organization have a section 403(b) ar						3b	—	Х
	c Did the organization receive or hold an easer	nent for conservation purposes, in	ncluding easements to preserv	ve open	space,				\
	the environment, historic land areas or histo	rıc structures? If "Yes," attach a de	tailed statement				3c	┷	X
	d Did the organization provide credit counseling	ig, debt management, credit repair	, or debt negotiation services	?			3d	┿	X
4	a Did the organization maintain any donor adv	ised funds? If "Yes," complete lines	s 4b through 4g. If "No," com;	olete line	es 4f				X
	and 4g					BT / 3	4a	+	+≏
	b Did the organization make any taxable distrib	outions under section 4966?				N/A	4b	┼	├
	c Did the organization make a distribution to a	donor, donor advisor, or related p	erson?			N/A	4c	N/	
	d Enter the total number of donor advised fund	ds owned at the end of the tax year	r				` —		
	e Enter the aggregate value of assets held in a	ll donor advised funds owned at th	ne end of the tax year				` —	<u>N</u> /	A
	f Enter the total number of separate funds or a	accounts owned at the end of the y	year (excluding donor advised	funds	included on	_			0
	line 4d) where donors have the right to prov	ide advice on the distribution or in	vestment of amounts in such	funds o	or accounts				0.
	g Enter the aggregate value of assets in all fun	ds or accounts included on line 4f	at the end of the tax year			•			

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV	Reason for Non-Private Foundation S	tatus (See pages 4 th	nrough 7 of the instruction	ns.)			
1 certif	y that th	ne organization is not a private foundation because it is: (F	Please check only ONE a	pplicable box)				
5		A church, convention of churches, or association of chi						
6	A school Section 170(b)(1)(A)(II). (Also complete Part V.)							
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)							
8		A federal, state, or local government or governmental u	nit. Section 170(b)(1)(A))(v).				
9		A medical research organization operated in conjunctio	n with a hospital. Section	170(b)(1)(A)(III) Enter t	he hospital's	name, city,		
		and state 🕨						
10		An organization operated for the benefit of a college or	university owned or opei	rated by a governmental ι	init Section 1	170(b)(1)(A)(ıv)	•	
		(Also complete the Support Schedule in Part IV-A.)						
11a	X	An organization that normally receives a substantial pa	rt of its support from a g	overnmental unit or from	the general p	oublic		
		Section 170(b)(1)(A)(vi). (Also complete the Support						
11b		A community trust. Section 170(b)(1)(A)(vi). (Also con	aplete the Support Sche	dule in Part IV-A.)				
12		An organization that normally receives: (1) more than 3	33 1/3% of its support from	om contributions, membe	rship fees, ar	nd gross		
		receipts from activities related to its charitable, etc., fun	ctions - subject to certai	n exceptions, and (2) no	more than 33 from busines	1/3% 01		
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 50	o pusiness taxable ilicol 19/2/2) (Also complete	the Support Schedule in	ı Part IV-A)	ses acquireu		
							1	
13		An organization that is not controlled by any disqualifie		undation managers) and (otherwise me	ets the requiren	nents of section	
		509(a)(3). Check the box that describes the type of sup			1	T 0		
		Type I Type II	L Type III-Fu	nctionally Integrated		Type III-0	tner	
	_	Provide the following information at	out the supported orga	nizations. (See page 7 of	the instruction	ons.)		
		(a)	(b)	(c)	(d)		(e)	
		Name(s) of supported organization(s)	Employer	Type of organization		ipported	Amount of	
			identification	(described in lines	organization the sup	on listed in	support	
			number (EIN)	5 through 12 above or IRC section)	organi	zation's		
				,	governing	documents?		
					Yes	No		
					 -			
					<u> </u>	 		
						 		
					ļ			
				<u> </u>		 	····	
Total								
rotal								
14		An organization organized and operated to test for pub	lic safety Section 509(a)(4). (See page 7 of the in	structions.)			
			<u> </u>		Sc	hedule A (Forn	n 990 or 990-EZ) 200	

Par	Note: You may use the	complete only it you che e worksheet in the instr	ructions for converting	from the accrual to the	e cash method of acc	ounting
	dar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,034,137.	1,267,438.	948,395.	1,328,186.	5,578,156.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose			104.	375.	479.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	422,013.	503,431.	119,161.	181,110	1,225,715.
19	Net income from unrelated business	,				
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					-
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					5 004 050
23	Total of lines 15 through 22	2,456,150.	1,770,869.	1,067,660.	1,509,671	6,804,350.
24	Line 23 minus line 17		1,770,869.	1,067,556.	1,509,296	6,803,871.
25	Enter 1% of line 23	24,562.			15,097	
26	Organizations described on lines 1	1 0 or 11: a Enter 2% of	amount in column (e), lin	e 24	▶ 26a	136,077.
b	Prepare a list for your records to sh	ow the name of and amou	nt contributed by each pe	erson (other than a gover	nmental	
	unit or publicly supported organizat			ded the amount shown in		2,338,761.
	Do not file this list with your return				26b	6,803,871.
	Total support for section 509(a)(1)				▶ <u>26c</u>	0,003,071.
d	Add Amounts from column (e) for		25,715. 19 26b	2,338,76	<u>1.</u> ▶ 26d	3,564,476.
		22		2,330,70	26e	3,239,395.
е.	Public support (line 26c minus line		· line Ofe (denominator)		≥ 261	47.6111%
<u> </u>	Public support percentage (line 26 Organizations described on line 12	2: a For amounts included	in lines 15, 16, and 17 th	at were received from a "o		
27	records to show the name of, and to	otal amounts received in e	ach vear from, each "diso	ualified person." Do not fi	le this list with your ref	urn. Enter the sum of
	such amounts for each year	N/A				
	(2005)	(2004)	(2	003)	(2002)	
ь	For any amount included in line 17 to	that was received from ear	ch person (other than "dis	qualified persons"), prepa	are a list for your record	s to show the name of,
	and amount received for each year,	that was more than the la	rger of (1) the amount o	in line 25 for the year or (2) \$5,000. (Include in th	ne list organizations
	described in lines 5 through 11b, as	s well as individuals.) Do r	ot file this list with your	return. After computing t	he difference between th	ne amount received and
	the larger amount described in (1) (2005)	or (2) , enter the sum of the (2004)		es amounts) for each year 1003)	- N/A (2002)	
C	Add. Amounts from column (e) for					1 37/3
	17	20			27c	
d			nd line 27b total		27d	
е	Public support (line 27c total minus			► a=r	N / 3	N/A
f	Total support for section 509(a)(2)			·	N/A ▶ 27q	N/A %
9	Public support percentage (lii				<u>~_~</u>	== /=
<u>h</u>	Investment income percentag					

13

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50,

Schedule A (Form 990 or 990-EZ) 2006

Scr		SHATTITE LOBRITC PIPKWEI				
P	art VI-A Lobbying Expendi	tures by Electing Public Charities an eligible organization that filed Form 5768)	(See pag	ge 10 o	f the instructions)	N/A
Ohi			l lify	ou che	cked "a" and "limited contro	ol" provisions apply.
UIIE	Limits on	Lobbying Expenditures ures" means amounts paid or incurred.)	<u> </u>	0.00	(a) Affiliated group totals	(b) To be completed for all electing organizations
_	(The term expension	dies medicalite para transport			N/A	
36	Total lobbying expenditures to influence	nublic opinion (grassroots lobbying)	i	36	•	
37	Total lobbying expenditures to influence			37		
				38		
38		Jana 07)		39		
39		ines 38 and 30\		40		
40			ļ			
41	Lobbying nontaxable amount. Enter the					
	If the amount on line 40 is -	The lobbying nontaxable amount is -	_			
	Not over \$500,000	20% of the amount on line 40)			
	Over \$500,000 but not over \$1,000 000	\$100,000 plus 15% of the excess over \$500,000		١		
	Over \$1 000,000 but not over \$1,500,000	\$175 000 plus 10% of the excess over \$1,000,000	•	41		
	Over \$1,500,000 but not over \$17 000 000	\$225,000 plus 5% of the excess over \$1 500,000	i			
	Over \$17,000,000	\$1,000,000	J			
42	Grassroots nontaxable amount (enter 25	% of line 41)		42		
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36		43		

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 45 through 50 on page 13 of the instructions.)

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))		<u>.</u>			0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B	Lobbying Activity by Nonelecting Public Charities
	(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- ${f b}$ Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h}$)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines \boldsymbol{c} through \boldsymbol{h})

	otion of the lobbying activities.

Yes	No	Amount
		0.
L		

Page 7 Schedule A (Form 990 or 990-EZ) 2006 NASHVILLE PUBLIC LIBRARY FOUNDATION Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? No a Transfers from the reporting organization to a noncharitable exempt organization of 51a(i (i) Cash a(ii) (ii) Other assets **b** Other transactions **b**(i) (i) Sales or exchanges of assets with a noncharitable exempt organization b(ii) (ii) Purchases of assets from a noncharitable exempt organization b(iii) (iii) Rental of facilities, equipment, or other assets b(iv) X (iv) Reimbursement arrangements X b(v) (v) Loans or loan guarantees X b(vi) (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any N/A transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) (b) Description of transfers, transactions, and sharing arrangements Line no. Amount involved Name of noncharitable exempt organization 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the X No Yes Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule: N/A (c) (b) (a) Description of relationship Type of organization Name of organization

623152 01-18-07

2006 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

		e e
Current Year Deduction	1,414.	Jeduction, GO Zoi
Current Sec 179	0	vitalization [
Accumulated Depreciation	4,242.384.	s, Commercial Re
Basis For Depreciation	7,071.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
Reduction in Basis	•	ITC, Section 17
Bus % Excl		*
Unadjusted Cost Or Basis	7,071.	(D) - Asset disposed
No	16	Asse
Life	5.00	
Method		
Date Acquired	070103SL 070105SL	-
Description	1COMPUTER EQUIPMENT 2PRINTER AND FEEDER * TOTAL 990 PAGE 2 DEPR	
Asset	7 7	628 102 07-28-06

FORM 990	RENTAL	INCOME			STATEMENT	
KIND AND LOCATION OF PROPI	ERTY		_	VITY IBER	GROSS RENTAL INC)ME
RETAIL SPACE - 615 CHURCE 37219	H STREET, NAS	HVILLE, TN		1	88,8	17.
TOTAL TO FORM 990, PART I	, LINE 6A			=	88,8	17.
FORM 990	RENTAL	EXPENSES			STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	PUOMA	i	TOTAL	
DEPRECIATION RENTAL EXPENSES	~	1		958. 301.	88,2	5 Q
	- SUBTOTAL -	Τ.			•	
TOTAL TO FORM 990, PART I		1			88,2	
			SECURITIES	5		
	, LINE 6B	CLY TRADED	ST OR EX	G KPENSE F SALE	88,2	3
FORM 990 GAIN (LOS	, LINE 6B S) FROM PUBLI GROS	CLY TRADED SS COS PRICE OTHER	ST OR EX	KPENSE	STATEMENT NET GAI OR (LOS	3
FORM 990 GAIN (LOS: DESCRIPTION	, LINE 6B S) FROM PUBLI GROS SALES P 1,137,	CLY TRADED SS COS PRICE OTHER 078. 96	ST OR EX	KPENSE F SALE	STATEMENT NET GAI OR (LOS	3 N S)
FORM 990 GAIN (LOS: DESCRIPTION VARIOUS SECURITIES TO FORM 990, PART I, LINE	, LINE 6B S) FROM PUBLI GROS SALES P 1,137,	CLY TRADED SS COS PRICE OTHER 078. 96	ST OR EXR BASIS OF 67,889.	KPENSE F SALE	STATEMENT NET GAI OR (LOS	3 N S)
FORM 990 GAIN (LOS: DESCRIPTION VARIOUS SECURITIES TO FORM 990, PART I, LINE	, LINE 6B S) FROM PUBLI GROS SALES P 1,137, 8 1,137, SPECIAL EVENT	CLY TRADED SS COS PRICE OTHER 078. 96	ST OR EXR BASIS OF 67,889.	KPENSE F SALE	STATEMENT NET GAI OR (LOS . 169,1 . 169,1 STATEMENT CT NET	3 NS) 89.
FORM 990 GAIN (LOS: DESCRIPTION VARIOUS SECURITIES TO FORM 990, PART I, LINE FORM 990	, LINE 6B S) FROM PUBLI GROS SALES P 1,137, 8 1,137, SPECIAL EVENT	CCLY TRADED SS COS PRICE OTHER 078. 96 078. 96 CS AND ACTIVE	ST OR EXR BASIS OF 67,889.	CPENSE F SALE 0 0	STATEMENT NET GAI OR (LOS . 169,1 . 169,1 STATEMENT CT NET SES INCOM	3 NS) 89. 89.

FORM 990 OTHER CH	ANGES IN NET	ASSETS OR	FUND BALANCES	STATEMENT	5
DESCRIPTION				AMOUNT	
UNREALIZED GAIN ON MARKE	TABLE SECURIT	IES		203,80)3.
TOTAL TO FORM 990, PART	I, LINE 20			203,80)3.
FORM 990	ОТНЕ	R EXPENSES		STATEMENT	6
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICE	S AND GENERA	AL FUNDRAISIN	1G
INSURANCE	1,068.		1,06	58. 15.	
TAXES	345. 2,461.		2,46		
MISCELLANEOUS	21,326.		21,32		
INVESTMENT FEES LEGAL AND	21,320.		21,32	•	
PROFESSIONAL	8,124.		8,12	24.	
BANK FEES	<5.>		•	<5.>	
BOARD MEETING	1000				
EXPENSE	922.		92	22.	
PROFESSIONAL					
DEVELOPMENT	2,124.		2,12	24.	
GRANT WRITER EXPENSE	7,500.		7,50		
PLAQUE RESTORATION	11,770.		11,77		
ANNUAL CAMPAIGN	4,490.			4,49	
DONOR STEWARDSHIP	4,030.			4,03	30.
BAD DEBT EXPENSE	3,983.		3,98	33. 	
TOTAL TO FM 990, LN 43	68,138.		59,61	L8. 8,52	20.

FORM 990 OFFIC	STATEMENT 7			
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TARI HUGHES	74,825.	10,509.	1,260.	86,594.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	29,930.	5,255.	630.	35,815.
C. FUNDRAISING	44,895.	5,254.	630.	50,779.
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERA	AL			35,815.
TOTAL FUNDRAISING				50,779.
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PART II	, LINE 25A	86,594.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 8
CLASS OF ACTIVIT	Y/DONEE'S NAME AND ADDRESS	AMOUNT
MAINTENANCE AND NASHVILLE PUBLIC 615 CHURCH STREE NASHVILLE, TN 37	LIBRARY T	1,395,373.
TOTAL INCLUDED O	N FORM 990, PART II, LINE 22B	1,395,373.

9

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

DESCRIPTION OF PROGRAM SERVICE ONE

THE NASHVILLE PUBLIC LIBRARY FOUNDATION SUPPORTS PROGRAMMING FOR CHILDREN WITH BRINGING BOOKS TO LIFE AND THE PUPPET TRUCK. OVER 650 TEACHERS IN 320 CLASSROOMS HAVE RECEIVED LITERACY TRAINING AND CURRICULUM CREATED BY BRINGING BOOKS TO LIFE! THE PUPPET TRUCK HAS SERVED AN ADDITIONAL 3000-4000 CHILDREN IN PAST YEARS AND CONTINUES TO BRING THE NASHVILLE PUBLIC LIBRARY MARIONETTE PRODUCTIONS TO THE MIDDLE TENNESSE COMMUNITY. THE ORGANIZATION SUPPORTS PROGRAMMING FOR TEENS THROUGH T.O.T.A.L., A GROUP OF HIGH SCHOOL STUDENTS THAT ADVOCATES FOR THE LIBRARY AMONG PEERS AND THE COMMUNITY, PLANS AND IMPLEMENTS PROGRAMS FOR TEENS, AND REPRESENTS THE LIBRARY AT MIDDLE TENNESSEE EVENTS. THE ORGANIZATION ALSO SUPPORTS PROGRAMMING FOR ALL COMMUNITY MEMBERS THROUGH PROGRAMS SUCH AS THE COURTYARD CONCERT SERIES, THE NASHVILLE LITERARY AWARD PUBLIC LECTURE, ARTS @ MAIN AND MARIONETTE THEATRE. ALMOST 900,000 PEOPLE VISITED THE DOWNTOWN BRANCH OF THE LIBRARY DURING THE 2006-2007 FISCAL YEAR, AND ALL THE THESE PATRONS HAD ACCESS TO THE PROGRAMMING FUNDED BY THE ORGANIZATION. THE ORGANIZATION ALSO PROVIDED FUNDING FOR BOOKS FOR THE NASHVILLE PUBLIC LIBRARY AND PROVIDED FUNDING FOR CONSTRUCTION OF THE GRAND READING ROOM AND SPECIAL COLLECTIONS CENTER OF THE NASHVILLE PUBLIC LIBRARY.

			GRANTS	EXPENSES	
TO FORM 990	90, PART III, LINE A 1,395,373.		1,508,833		
FORM 990	STATEMENT C	OF ORGANIZATION'S PR PART III	IMARY EXEMPT PURPOSE	STATEMENT	10

EXPLANATION

THE NASHVILLE PUBLIC LIBRARY FOUNDATION SEEKS AND STEWARDS PRIVATE FUNDS FOR THE ENHANCEMENT OF THE NASHVILLE PUBLIC LIBRARY SYSTEM. THE ORGANIZATION SUPPORTS CREATIVE PROGRAMMING, BUILING ENHANCEMENTS, AND COLLECTION ENHANCEMENTS FOR THE LIBRARY SYSTEM.

FORM 990 NON-G	OVERNMENT S	ECURITIES		STATEMENT	11 —
SECURITY DESCRIPTION COST/FMV	CORPORATE STOCKS	CORPORATI BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITII	
CORPORATE BONDS FMV CORPORATE STOCK FMV	2,470,496.	2,138,69	3.	2,138,69 2,470,49	
TO FORM 990, LINE 54A, COL B	2,470,496.	2,138,69	3.	4,609,18	89.
FORM 990 GOVE	RNMENT SECU	RITIES		STATEMENT	12
DESCRIPTION	COST/FMV	U.S. GOVERNMEN	STATE AND I LOCAL GOV'T	TOTAL GOV SECURITI	
U.S. GOVERNMENT SECURITIES	FMV	1,790,419	•	1,790,4	19.
TOTAL TO FORM 990, LINE 54A, C	OL B =	1,790,419	•	1,790,4	19.
FORM 990 DEPRECIATION O	F ASSETS HE	LD FOR INV	ESTMENT	STATEMENT	13
DESCRIPTION	COST OTHER		CCUMULATED EPRECIATION	BOOK VALU	E
LEASEHOLD IMPROVEMENTS	2	09,746.	34,958.	174,7	
DEWDELOUD IMEKOAEMENID		•			88.
TOTAL TO FORM 990, PART IV, LN	55 2	109,746.	34,958.	174,7	
		209,746.		174,7	
TOTAL TO FORM 990, PART IV, LN		HELD FOR I			14
TOTAL TO FORM 990, PART IV, LN FORM 990 DEPRECIATION OF	ASSETS NOT	HELD FOR I	NVESTMENT CCUMULATED	STATEMENT	88. 14 E

FORM 990	OTHER LIABILITIES	STATEMENT	15	
DESCRIPTION		AMOUNT		
DUE TO NASHVILLE PUB	LIC LIBRARY	1,0	36.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,0	36.	
FORM 990 O	THER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	16	
DESCRIPTION		AMOUNT		
SPECIAL EVENTS EXPENRENTAL EXPENSES RECL	SES RECLASSIFIED TO PAGE 1 OF 990 ASSIFIED TO PAGE 1 OF 990	71,3 88,2		
TOTAL TO FORM 990, P	ART IV-A	159,6	10.	
FORM 990 O	THER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	17	
DESCRIPTION		TRUOMA		
SPECIAL EVENTS EXPENSES RECLASSIFIED TO PAGE 1 OF 990 RENTAL EXPENSES RECLASSIFIED TO PAGE 1 OF 990		71,351. 88,259.		
TOTAL TO FORM 990, P	PART IV-B	159,6	10.	
FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	18	
DESCRIPTION		AMOUNT		
RECLASSIFY INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME RENTAL INCOME NETTED WITH EXPENSES		21,326 25,640		
TOTAL TO FORM 990, PART IV-A		46,966.		

FORM 990 OTHER	R EXPENSES	INCLUDE	D ON FOR	м 990	STATE	EMENT 19	
DESCRIPTION					AMOUNT		
RECLASSIFY INVESTMENT EX			H INVEST	MENT INCOME		21,326. 25,640.	
TOTAL TO FORM 990, PART	IV-B					46,966.	
FORM 990 PART V-A -	LIST OF C	URRENT O AND KEY	FFICERS, EMPLOYEE	DIRECTORS, S	STATI	EMENT 20	
NAME AND ADDRESS				COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
FRANK GORDON 615 CHURCH STREET NASHVILLE, TN 37219		PRESID 40.		0.	0.	0.	
WILLIAM S. COCHRAN 615 CHURCH STREET NASHVILLE, TN 37219			MEMBER 00	0.	0.	0.	
BETH C. ALEXANDER 615 CHURCH STREET NASHVILLE, TN 37219			MEMBER 00	0.	0.	0.	
JANETTA CONCEPCION 615 CHURCH STREET NASHVILLE, TN 37219			MEMBER 00	0.	0.	0.	
JUDY LIFF BARKER 615 CHURCH STREET NASHVILLE, TN 37219			MEMBER 00	0.	0.	0.	
DOUGLAS CRUICKSHANKS, J 615 CHURCH STREET NASHVILLE, TN 37219	R.		MEMBER 00	0.	0.	0.	
GOVERNOR PHILIP N. BRED 615 CHURCH STREET NASHVILLE, TN 37219	ESEN		MEMBER 00	0.	0.	0.	
ANNE DAVIS 615 CHURCH STREET NASHVILLE, TN 37219			MEMBER 00	0.	0.	0.	

NASHVILLE PUBLIC LIBRARY FOUNDATION			62-1681766	
GWENDOLYN SIMS DAVIS 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
BILL KING 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
JIM GAITTENS 615 CHURCH STREET NASHVILLE, TN 37219	TREASURER 3.00	0.	0.	0.
DONNA D. NICELY 615 CHURCH STREET NASHVILLE, TN 37219	EX-OFFICIO 3.00	0.	0.	0.
JENNIFER PAISLEY 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
KATHY HARRELL 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
MAYOR BILL PURCELL 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
MARGARET ANN ROBINSON 615 CHURCH STREET NASHVILLE, TN 37219	SECRETARY 3.00	0.	0.	0.
MICHAEL J. SCHOENFELD 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
DAVID C. TUNE 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
JUDITH P. TURNER 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.

0. 0. 0.

0. 0. 0.

BOARD MEMBER

3.00

BOARD MEMBER

3.00

KEITH B. SIMMONS

615 CHURCH STREET NASHVILLE, TN 37219

615 CHURCH STREET NASHVILLE, TN 37219

PHYLLIS BAKER VANDEWATER

NASHVILLE PUBLIC LIBRARY F	OUNDATION		62	-1681766
KATY VARNEY 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
BYRON R. TRAUGER 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
W. RIDLEY WILLS, II 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
LINDE WILSON 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
ALAN R. YUSPEH 615 CHURCH STREET NASHVILLE, TN 37219	BOARD MEMBER 3.00	0.	0.	0.
TARI HUGHES 615 CHURCH STREET NASHVILLE, TN 37219	EXECUTIVE DIREC		10,509.	1,260.
TOTALS INCLUDED ON FORM 990,	- , PART V-A	74,825.	10,509.	1,260.

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2C

STATEMENT

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APPROXIMATELY \$6.7 MILLION IN CASH AND INVESTMENTS AS OF JUNE 30, 2007 (APPROXIMATELY \$5 MILLION AT JUNE 30, 2006), IS HELD IN A BROKERAGE ACCOUNT WITH A FINANCIAL INSTITUTION, OF WHICH A BOARD MEMBER IS SENIOR VICE PRESIDENT. FOR THE PERIOD ENDED JUNE 30, 2007, THE FOUNDATION PAID \$21,326 IN INVESTMENT FEES ON THE ACCOUNT (\$20,457 IN 2006).

FOOTNOTES

STATEMENT

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CONTRIBUTIONS REPORTED ON SCHEDULE B ARE REPORTED ON THE CASH BASIS OF ACCOUNTING. THEREFORE, DONATIONS COLLECTED IN THE CURRENT YEAR FROM PRIOR YEAR PLEDGES ARE INCLUDED ON SCHEDULE B. CONTRIBUTIONS ON PAGE 1 OF FORM 990 ARE REPORTED ON THE ACCRUAL BASIS METHOD OF ACCOUNTING. THEREFORE, THE DONATIONS ON SCHEDULE B MAY EXCEED DONATIONS ON FORM 990 IN YEARS WHEN COLLECTIONS OF PRIOR YEARS' PLEDGES EXCEED THE CURRENT YEAR'S PLEDGES RECEIVABLE.