Form **990**

Check if applicable:

Address change

Name change

Initial return

Termination

Amended return

Organization type

(check only one) .

Application pending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service(77) For the 2007 calendar year, or tax year beginning Jul 1

Return of Organization Exempt From Income Tax 2007 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) **Open to Public** Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. , 2007, and ending Jun 30 D Employer Identification Number C Name of organization Nashville Public Television, Inc. 62-1740928 or print or type. Number and street (or P.O. box if mail is not delivered to street addr) E Telephone number (615) 259-9325 specific Instruc-161 Rains Avenue City, town or country State ZIP code + 4 Accounting method: Cash X Accrual Nashville 37203-5330 Other (specify) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? . . . Yes (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates ► G Web site: ► http://www.wnpt.net H (c) Are all affiliates included? (If 'No.' attach a list. See instructions.) ► X 501(c) 3 ◀ (insert no.) **H (d)** Is this a separate return filed by an organization covered by a group ruling? Check here if the organization is not a 509(a)(3) supporting organization and its Yes gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption Number . . . organization chooses to file a return, be sure to file a complete return. Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 7,009,994. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds..... **b** Direct public support (not included on line 1a)..... 1 b 3,621,887. c Indirect public support (not included on line 1a)..... 1 c 1,033,968. 1,530,538. Total (add lines 1a through 1d) (cash \$ 5,864,942. noncash \$ 321,451.)..... 1 e 6,186,393. 2 Program service revenue including government fees and contracts (from Part VII, line 93)..... 633,586. 3 Membership dues and assessments. Interest on savings and temporary cash investments..... 68,163. Dividends and interest from securities..... 6a Gross rents 6a b Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a..... 6с 116,104. 7 Other investment income (describe...... ► See Other Investment Income Statement 7 -4,371. (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory **b** Less: cost or other basis and sales expenses...... 8ь c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B)..... 8d 9 Special events and activities (attach schedule). If any amount is from **gaming**, check here.... ▶ a Gross revenue (not including \$ _____ of contributions 9a 7,825. 2,626. 90 5,199. 10 c Other revenue (from Part VII, line 103)..... 11 2,294. 12 7,007,368. Program services (from line 44, column (B))..... 13 3,964,741. Management and general (from line 44, column (C))..... 682,754. 15 1,145,562. Payments to affiliates (attach schedule)..... 16 Total expenses. Add lines 16 and 44, column (A)..... 17 5,793,057. Excess or (deficit) for the year. Subtract line 17 from line 12..... 18 1,214,311. Net assets or fund balances at beginning of year (from line 73, column (A)) 19 7,975,006.

15

17

18

19

20

Other changes in net assets or fund balances (attach explanation)......See.L-2.0. Stmt......

20

47,623.

9,236,940.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.) Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (B) Program (C) Management (A) Total services and general 22a Grants paid from donor advised funds (attach sch) (cash non-cash If this amount includes foreign grants, check here ... 22 a 22 b Other grants and allocations (att sch) (cash \$ non-cash \$ If this amount includes foreign grants, check here ... 22b ٥. Specific assistance to individuals 23 (attach schedule) Benefits paid to or for members (attach schedule) 24 25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt 25 a 306,766. 0. 306,766. ο. **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B 25 b 0. Ο. 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 25 c 4958(c)(3)(B) Salaries and wages of employees not included on lines 25a, b, and c . . . 26 1,723,832. 1,262,058. 128,910. 332,864. Pension plan contributions not included on lines 25a, b, and c 27 73,833. 53,128. 8,274. 12,431. Employee benefits not included on 28 lines 25a - 27 203,083. 21,096. 141,912. 40,075. 29 29 140,515. Payroll taxes 91,179. 24,830. 24,506. 30 30 Professional fundraising fees 306,033. 0. 0. 306,033. Accounting fees 23,200. Ο. 23,200. Ο. 32 22,991. ٥. 22,991. Ο. 33 Supplies 33 349. 50,339. 39,689. 10,301. 34 1,973. Telephone 31,986. 6,387. 23,626. 35 35 Postage and shipping 54,557. 26,335. 26,157. 2,065. 36 36 244,758. Ο. 244,758. Ο. 37 Equipment rental and maintenance 162,704. 126,732. 35,864. 108. Printing and publications 57,589. 43,187. 1,880. 12,522. 39 39 20,491. 7,208. 12,736. 547. Conferences, conventions, and meetings 40 3,622. 317. 3,305. 0. 41 41 42 Depreciation, depletion, etc (attach schedule) 456,615. 429,477. 19,303. 7,835. 43 Other expenses not covered above (itemize): a Allocate Shared Costs 326,737. -357,948. 31,211. b Books for Schools 43b 4,802. 4,802. 0. 0. c Premiums_____ 7,497. 43 c 222,862. 215,365. 0. d Purchased Programs 43 d 972,288. 972,288. 0. Ο. 43e 4,796. e Intellectual Property 4,796. 0. 0. f Talent 43 f 122,838. 122,838. ٥. Ο. 43 g g See Other Expenses Stmt_ 582,557. 298,174. 126,705. 157,678. Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) 5,793,057. 3,964,741. 682,754. 1,145,562. Joint Costs. Check . ► if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 🕨 Yes 🕱 No

Form 990 (2007) Nashville Public Television, Inc.

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

the territory
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.

,	
What is the organization's primary exempt purpose? Public Television	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of	(Required for 501(c)(3) and (4) organizations and
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Acquisition & Programming - Selects, acquires, schedules programs	
for 24/7/365 broadcast on channels 8 analog and 46 digital over	
70 mile radius.	
(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶	1,447,323.
b Production - Produces television programs for broadcast weekly,	
plus short series, specials, promos, instructional series, etc.	
Material produced is used locally, statewide and internationally.	
(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶	1,125,125.
c Educational Services - Guides station activities targeted toward formal	
classroom instruction with emphasis on K-12, and associated	
teacher training and parent/teacher outreach efforts.	
(Grants and allocations \$ 0 ⋅) If this amount includes foreign grants, check here ►	227,203.
d New Media - Supports programming, production, educational services,	
and program information through computer and internet efforts,	
including anciliary materials for K-12 use, broadcast schedules, etc.	
(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶	283,679.
e Other program services Engineering & Promotion	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	881,411.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,964,741.

BAA

Form 990 (2007)

		0 (2007) Nashville Public Television	, Inc	C.	62-	174092	8 Page
		Balance Sheets (See the instructions.)			/A\		/B\
Not	e: V	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	n the de	escription	(A) Beginning of year		(B) End of year
		Cash - non-interest-bearing		-	250.	 	250.
	46	Savings and temporary cash investments			1,582,134.	46	2,611,483.
	47 a	Accounts receivable	47a	782,341.			
		Less: allowance for doubtful accounts		10,000.	177,800.	47 c	772,341.
	~	, 2000. Gilottarioo for Godottar Goodanio.					
	48 a	Pledges receivable	48a	2,449,420.			
	ь	Less: allowance for doubtful accounts	48b	· · · · · · · · · · · · · · · · · · ·	2,660,143.	48 c	2,449,420.
	ì	Grants receivable				49	
	50 a	Receivables from current and former officers, directo employees (attach schedule)	rs, trust	ees, and key	0.	50 a	
	b	Receivables from other disqualified persons (as definant persons described in section 4958(c)(3)(B) (attack)	ed und	er section 4958(f)(1)) dule)	0.	50 b	12444
A S S E T S		Other notes and loans receivable (attach schedule)				25	
\$	b	Less: allowance for doubtful accounts	51 b			51 c	
		Inventories for sale or use		F		52	
		Prepaid expenses and deferred charges			20,469.	53	42,279.
		Investments - publicly-traded securities L-54a \$			842,477.		352,720.
		Investments - other securities (attach sch)	1 1	Cost FMV		54 b	
	55 a	Investments - land, buildings, & equipment: basis	55 a				
		Less: accumulated depreciation (attach schedule)				55 c	
		Investments — other (attach schedule)			179,994.	56	181,124.
	57 a	Land, buildings, and equipment: basis	57a	9,192,075.			
	b	Less: accumulated depreciation		5 255 662	2 014 404	F7 -	2 026 415
	F0	(attach schedule)L-5.7Stmt	5/D	5,255,660.	3,014,494.	57 c	3,936,415.
	58	c more accord, more and programmer and according to		,	12 000	58	12,162.
	59)	13,899. 8,491,660.	59	10,358,194.
_	60	Accounts payable and accrued expenses			516,654.	60	527,091.
	61	Grants payable				61	32,7032.
L		Deferred revenue				62	594,163.
Ä		Loans from officers, directors, trustees, and key					•
A B I	03	employees (attach schedule)				63	
L T E S	64 a	Tax-exempt bond liabilities (attach schedule)				64 a	
į	b	Mortgages and other notes payable (attach schedule)				64 b	
Š	65	Other liabilities (describe)		65	
_	66	Total liabilities. Add lines 60 through 65	<i></i> .		516,654.	66	1,121,254.
N	Orga	anizations that follow SFAS 117, check here 🕨 🗓 a	nd com	plete lines 67			
N E T		through 69 and lines 73 and 74.					
	67	Unrestricted				67	6,690,208.
AWWEITW	68	Temporarily restricted			2,660,143.	68	2,494,420.
	69	Permanently restricted	_	<u>-</u>	52,312.	69	52,312.
R	Orga	anizations that do not follow SFAS 117, check here					
E	70	70 through 74.				70	
FUZD	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equi				71	
B	72	Retained earnings, endowment, accumulated income		F		72	. 3.749
Ą				Ī			
BALANCES	73	Total net assets or fund balances. Add lines 67 through 72. (Column (A) must equal line 19 and column (B)	or lines 70 through lual line 21)	7,975,006.	73	9,236,940.	
5	74	Total liabilities and net assets/fund balances. Add li		· · · · · · · · · · · · · · · · · · ·	8,491,660.	74	10,358,194.

	m 990 (2007) Nashville Public				740928 Pag
Pa	art IV-A Reconciliation of Revenu	ue per Audited Financ	al Statements wi	ith Revenue per Ret	urn (See the
	instructions.)				
	Total revenue, gains, and other suppor	t per audited financial states	nonta		7 521 65
a ·b	Amounts included on line a but not on		nents		a 7,531,657
U	1Net unrealized gains on investments		b1	1	
	2Donated services and use of facilities.			+	
	3 Recoveries of prior year grants			<u> </u>	
	400				
	Release of Temporary Res		b4	532,174.	
	Add lines b1 through b4			·	b 843,11!
_	Subtract line b from line a				c 6,688,542
c d	Amounts included on Part I, line 12, bu				0,000,542
u	1 Investment expenses not included on F		d1		
	20ther (specify): Capital Campa:				
				318,826.	
	& exp. for Spec. Event R				d 318,826
_	Add lines d1 and d2				
Б	art IV-B Reconciliation of Expens	ses nor Audited Finan	ial Statements w	with Evponess per P	-, -, -, -, -, -, -, -, -, -, -, -, -, -
r	IT IV-B Reconcination of Expens	ses per Auditeu Filiali	lai Statements W	vitii Expelises per h	Clurii
	Takal annual and takan and takan	Caracial statements			6 104 001
a	Total expenses and losses per audited				a 6,104,001
b	Amounts included on line a but not on 1 Donated services and use of facilities .		64	310 041	
			····	 	
	2Prior year adjustments reported on Par				
	3Losses reported on Part I, line 20				
	4 Other (specify):				
				·	
	Add lines b1 through b4				b 310,943
С	Subtract line b from line a				c 5,793,060
d	Amounts included on Part I, line 17, bu		1		
	1 Investment expenses not included on F				
	2Other (specify): Rounding				
				<u> </u>	
	Add lines d1 and d2			To the second	<u>d</u> -:
е	Total expenses (Part I, line 17). Add lin				
P	Current Officers, Directo				
	or key employee at any time di				
	(A) Name and address	(B) Title and average hou per week devoted	s (C) Compensation (if not paid,	employee benefit	o (E) Expense account and othe
	(A) Name and address	to position	enter -0-)	plans and deferre	
_				compensation plan	15
	n R. Rechter	_			
	.00 West End Avenue	-			
		Dir Emeritus 0.0	0	0.	0.
	chard F. Warren	-			
	00 Division Street				
		Secretary 1.0	0	0.).
	Scott Fillebrown, Jr	_			
	.5 Belle Meade Blvd.	_			
		Dir Emeritus 0.0	0	0.	0. (
	thleen E. Harkey	_			
	Craighead Avenue				
	shville TN 37205	Dir 0.0	0	0. (). (
Cl	arles W. Cook, Jr				
36	08 Richland Avenue				
Na	shville TN 37205	Dir & Chair 20.0	0	0.).
See	List of Officers, Directors, Trustees, & Key Employees Stateme	<u>nt</u>			
BA	Α	TEEA0105	08/02/07		Form 990 (20

Form 990 (2007) Nashville Public Telev			62-1740	928	P	age
Part V-A Current Officers, Directors, Tru	stees, and Key En	n <mark>ployees</mark> (continue	d)		Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizat	ion business at board meeting	s - 22			
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relai	nsated professional and igh family or business i	d other independent cor relationships? If 'Yes,' a	ntractors listed in Schedi	rees ule 75 b		х
c Do any officers, directors, trustees, or key emisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the compensation.	nsated professional and	d other independent cor	ntractors listed in Sched	ule		х
If 'Yes,' attach a statement that includes the in						
d Does the organization have a written conflict of	of interest policy?			75 d	x	
Part V-B Former Officers, Directors, Tru- Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emp	lovee received compens	sation or other benefits ((described l	below)) e
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa	and ot	ther
None						
NE	0.	0.	0.			0.
Part VI Other Information (See the instr	ructions.)		<u></u>		Yes	No
76 Did the organization make a change in its activity if 'Yes,' attach a detailed statement of each ch	vities or methods of co			76		x
77 Were any changes made in the organizing or g	overning documents b	ut not reported to the IF	RS?	77		Х
If 'Yes,' attach a conformed copy of the change	es.					
78a Did the organization have unrelated business of			•			x
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b		Χ
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement				79		X
80 a Is the organization related (other than by asso membership, governing bodies, trustees, office b If 'Yes,' enter the name of the organization ►	ciation with a statewide ers, etc, to any other ex	e or nationwide organiza cempt or nonexempt org	ation) through common ganization?	80 a		X
81 a Enter direct and indirect political expenditures.	. (See line 81 instructio	ns.)	81 a			
b Did the organization file Form 1120-POL for th	is year?					X
ВАА				Form	990 (2007

Form	990 (2007)	Nashville	Public Tel	levision, I	inc.			62-174092	8	F	age :
Pa	rt VI Othe	er Information	(continued)							Yes	No
82 a	Did the orga substantially	nization receive o	donated services	or the use of m	aterials, equi	pment, or facilitie	es at no charg	ge or at	82 a	x	
t	If 'Yes,' you revenue in F	may indicate the Part I or as an ex	value of these i	tems here. Do no	ot include this s in Part III.).	amount as	82 Ы	310,941.			
83 a	Did the orga	nization comply	with the public ir	spection require	ments for ret	urns and exempti	ion applicatio	ns?	83 a	х	
	-	nization comply							83b	х	
84 a	Did the orga	inization solicit ar	ny contributions	or gifts that were	not tax dedu	ıctible?			84a		X
	not tax dedu	the organization in the contraction in the contraction is the contraction of the contraction in the contraction in the contraction is the contraction of the contraction of the contraction is the contraction of the contract							84b		
		5), or (6). Were su	-		-				85 a	N/Z	
ь	_	nization make on							85 b	N/J	7
	waiver for pr	answered to eith roxy tax owed for	the prior year.	o not complete t	soc through &	on below unless	tne organizati	ion received a			
c	Dues, asses	sments, and simi	lar amounts fror	n members			85 c	N/A			
d	Section 162	(e) lobbying and p	oolitical expendi	tures			85 d	N/A			
		ondeductible amo						N/A			227
		ount of lobbying a						N/A			
_		ganization elect to							85 g	N/2	<u> </u>
h	If section 6033(e)(1)(A) dues notices to nondeductible lobby	were sent, does the	organization agree to	add the amount	on line85f to its reaso	nable estimate of	f	95 h	И/3	(
86		<i>ganizations</i> . Ente							6511	N/A	7
				•			86 a	N/A			
b	Gross receip	ts, included on li	ne 12, for public	use of club facil	lities		86 b	N/A			
87	501(c)(12) o	rganizations. Ent	er: a Gross inc	ome from memb	ers or shareh	olders	87 a	N/A			
b	Gross incom against amo	ne from other sou unts due or recei	rces. (Do not ne ved from them.)	t amounts due or	r paid to othe	r sources	87b	N/A			
88 a	or an entity	during the year, od disregarded as se aplete Part IX	eparate from the	organization und	der Regulatio	ns sections 301.7	7701-2 and 30	or partnership, 01.7701-3?	88 a		x
b	At any time section 512(during the year, ob)(13)? If 'Yes,' o	did the organizat	ion, directly or in	ndirectly, own	a controlled enti	ty within the	meaning of	88b		Х
89 a		ganizations. Ente									
	section 4911	-	0 . ; sect	ion 4912►		0_ ; section 4	4955 -	0.			
b	501(c)(3) and during the year explaining exp	nd 501(c)(4) organ ear or did it becon ach transaction	nizations. Did the me aware of an	e organization en excess benefit tr	gage in any s ansaction fro	section 4958 exce m a prior year? I	ess benefit tra f 'Yes,' attach	ansaction a statement	89Ь		X
_											•
		int of tax imposed sections 4912, 495						0.		201	
		ınt of tax on line		-	•			0.			
	•	tions. At any time							89e		X
t	All organizat	tions. Did the org	anization acquire	e a direct or indir	ect interest in	n any applicable i	insurance cor	ntract?	89 f		X
g	For supporting	ng organizations , or a fund mainta	and sponsoring ained by a spons	<i>organizations ma</i> soring organization	aintaining dor on, have exce	nor advised funds ess business hold	. Did the supplings at any ti	porting me during	89g		
90 a		es with which a co									_ X
b	Number of e	mployees employ	ed in the pay pe	eriod that include	es March 12, 2	2007		ı			
Q1 ~		tions.)							90b		38
31 d		161 Rains A						(615) 259-9 P+4 ► 37203		30	
b	At any time	during the calend count in a foreign	ar vear, did the	organization hav	e an interest	in or a signature	or other auth	nority over a		Yes	No
		er the name of the	= :	_		-			91 Ь		X
		ructions for excep									
BAA			······································						Form	990 (2007

	990 (2007) Nashville Public :		n, II	nc.		62-1740	928		Page 8
	VI Other Information (continu							Yes	s No
c A	At any time during the calendar year, di	id the organiza	ition m	aintain an office	outside of the l	United States?		91 c	<u> </u>
11	f 'Yes,' enter the name of the foreign c	ountry►							
	Section 4947(a)(1) nonexempt charitabl	_				•			. ▶ 🗌
	and enter the amount of tax-exempt int					▶ 92			
Part	VII Analysis of Income-Produ	cing Activit	ies (S	See the instru	ctions.)				
		Unrelate	d busin	ess income	Excluded by se	ection 512, 513, or 514		(E)	
	Enter gross amounts unless vise indicated.	(A) Business code		(B) Amount	(C) Exclusion code	(D) Amount		(E) lated or ex inction inco	
93	Program service revenue:								
а	Royalties on ITV Programs							30,	411.
b	Royalties video streaming							43,	161.
c	Presentation Fees							41,	060.
d	Tape Dubs							5,	247.
е	See Program Service Revenue Stmt							513,	707.
f	Medicare/Medicaid payments								
g	Fees & contracts from government agencies								
94	Membership dues and assessments								
95	Interest on savings & temporary cash invmnts .				14	68,163.			
96	Dividends & interest from securities								
97	Net rental income or (loss) from real estate:								
а	debt-financed property								
b	not debt-financed property				16	116,104.			
98	Net rental income or (loss) from pers prop				17				
99	Other investment income				14	-4,371.			
100	Gain or (loss) from sales of assets other than inventory				18	0.			
101	Net income or (loss) from special events				1	5,199.	T	_	
	Gross profit or (loss) from sales of inventory	ļ				3/2//			
	Other revenue: a								
	URL listing				1	1,400.			
	Sale of premiums				3	894.			
	Rounding				1				
е									
104	Subtotal (add columns (B), (D), and (E))					187,389.		633,	586.
	Total (add line 104, columns (B), (D),							820,	
	Line 105 plus line 1e, Part I, should eq								
Part					empt Purpos	es (See the instruc	ctions	s.)	
Line		ch income is re	eported	in column (E) o	of Part VII contri	buted importantly to th			nt
	93 Distribution of local			<u>*</u>					
	to other public stati								
	the station's mission				unity base				
	See Relationship of Activities to t								
Part	IX Information Regarding Tax					s (See the instruc	tions	.)	N/A
	(A)	(B)		(C		(D)		(E)	
Na	ame, address, and EIN of corporation,	Percentage ownership in		Nature of	•	Total		End-of-yea	ar
	partnership, or disregarded entity	ownership in	%			income		assets	
	AL DELL'ARRIVER CONTRACTOR OF THE CONTRACTOR OF		8 98 1				<u> </u>		
	MANAGEMENT OF THE PROPERTY OF		<u>क</u> %						
		<u> </u>	- 5						
Dark	X Information Regarding Tra	nefere Acc		d with Parec	nal Renefit (Contracts (See the	inet	ructions	<u>, </u>
-	Did the organization, during the year, receive any fi						11131		No
	Did the organization, during the year, receive any r						H		No

		00/) Nashville Public Television,			62-1/40			age s
Par	t XI	Information Regarding Transfers To an	nd From Controlled	Entities. Comp	lete only if the			
		organization is a controlling organization	n as defined in sect	1011 512(0)(13).			N/A Yes	N1-
106	Did 1	the reporting organization make any transfers to a complete the schedule below for each controlled	a controlled entity as defi	ined in section 512	(b)(13) of the Co	de? If	res	No
		(A) Name, address, of each controlled entity	(B) Employer Identificatio Number	n Descri	C) ption of isfer	(I Amount d	O) of tran	sfer
а	 							
b								
с					į			
		Totals	The state of the s					
107	Did 'Yes	the reporting organization receive any transfers f i ,' complete the schedule below for each controlle	rom a controlled entity as	s defined in section	n 512(b)(13) of th	e Code? If	Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identificatio Number	on Descri trai	C) ption of isfer	Amount	D) of tran	sfer
а								
b								
с								
		Totals	enter de		1 a 1 a 1 a 1			
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	n effect on August 17, 20	006, covering the in	nterest, rents, roy	alties, and	Yes	No
Plea Sigr	1	Under penalties of perjury, I declare that I have examined this ret true, correct, and complete. Declaration of preparer (other than o	urn, including accompanying sch fficer) is based on all information		-	owledge and b		s
Here		Beth Curley, President & CEO Type or print name and little.						
Paid Pre-	signature Sell.				Preparer's SSN General Instruct	or PTIN ion X)	(See	
pare Use	parer's Firm's name (or yours if self-employed), EIN EIN							
Only		ZIP + 4			Phone no.		000	'000
BAA						Forr	n 990	(2007

Form	990 (2007) Nashville Public Television	, Inc.		62-174	0928	Р	age S
Par	t XI	Information Regarding Transfers To ar organization is a controlling organizatio	nd From Controlled on as defined in sect	Entities. Comp ion 512(b)(13).	olete only if t		N/A	
106	Did	the reporting organization make any transfers to a	a controlled entity as defi	ned in section 51	2(b)(13) of the (Yes	No
	Ye:	s,' complete the schedule below for each controlled (A) Name, address, of each controlled entity	(B) Employer Identification Number	n Descr	(C) iption of nsfer	Amount o	O) of tran	sfer
а								
b								
С	 							
		Totals		Signal Si				
107	Did 'Ye:	the reporting organization receive any transfers fr s,' complete the schedule below for each controlled	r om a controlled entity as	defined in sectio	n 512(b)(13) of	the Code? If	Yes	No
		(A) Name, address, of each controlled entity	(B) Employer identification Number	n Descr	(C) iption of nsfer	(I Amount o	O) of tran	sfer
а								
b	 							
С	 							
		Totals						
108	Did ann	the organization have a binding written contract in nuities described in question 107 above?	n effect on August 17, 20	06, covering the in	nterest, rents, re	oyalties, and	Yes	No
Plea Sign Here	se	Under penalties of perjury, I declare that I have examined this returner, correct, and complete. Declaration of preparer (other than off Signature of officer Beth Curley, President & CEO Type or print name and title.		dules and statements, a of which preparer has a			lief, it is	
Paid Pre- pare		Preparer's signature ► Firm's name (or Non-Paid Pr	reparer	ate	Check if self-employed	Preparer's SSN c General Instruction	or PTIN ((See
Use Only		yours if self- employed), address, and ZIP + 4			EIN ► Phone no. ►			
DAA						Form	agn /	2007

SCHEDULE A (Form 990 or 990-EZ)

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.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer identification number Name of the organization 62-1740928 Nashville Public Television, Inc. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions, List each one, If there are none, enter 'None,') (d) Contributions to employee benefit plans and deferred (b) Title and average (c) Compensation (e) Expense (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation Daniel Tidwell _ _ _ <u>N</u> 37203 Dir Development 40.00 96,258. 6,956. 0. ashville Gary Shipley Dir Corp Mktng 40.00 76,322. 6,063. 0. ashville TN 37203 **Kevin Crane** N Ο. Dir Technology 40.00 93,658. 7,419. TN 37203 Jo Ann Scalf ο. Dir Educ Serv 40.00 71,588. 9,528. TN 37203 Brian O'Neill _N Dir Brand Mgt 40.00 73,572 5,713 0. TN 37203 Total number of other employees paid over \$50.000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions, List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Carl Bloom Associates 81 Main Street White Plains NY 10601 Direct Mail Processing 125,033. Mail Enterprises 3810 5th Court North Birmingham AL35222 Renewal Mailing & Postage 92,126. Ruffalo Cody Cedar Rapids IA Telemarketing 56,526. P.O. Box 3018 52406 Total number of others receiving over \$50,000 for professional services . none Part II - B | Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

Sch	nedule A (Form 990 or 990-EZ) 2007 Nashville Public Television, Inc. 62-174092	8	F	ag
Pa	ort III Statements About Activities (See instructions.)		Yes	N
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities > \$ 1,000. 21,026.			İ
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.).	1	Х	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	· ·		
2	Puring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		Х
	b Lending of money or other extension of credit?	2b		x
	c Furnishing of goods, services, or facilities?	2c		x
	See Part V, Form 990			
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	x	
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)			
	explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	х	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		x
	roo, attaon a actalica statement	30		
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines			
	4f and 4g	4a		X

b Did the organization make any taxable distributions under section 4966?.....

d Enter the total number of donor advised funds owned at the end of the tax year......▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year.....

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts......

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year...

Sche	edule A (Form 990 or 990-EZ) 2007 Na	shville Public T	elevision, Inc.		62-1740	928 Page				
Par	t IV Reason for Non-Private F	oundation Status (S	See instructions.)							
l cer	tify that the organization is not a private t	foundation because it is:	(Please check only ONE ap	plicable box	(.)					
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).							
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	A federal, state, or local governmen	t or governmental unit. So	ection 170(b)(1)(A)(v).							
9	9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state >									
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or unive le in Part IV-A.)	rsity owned or operated by	a governm	ental unit. Sec	tion 170(b)(1)(A)(iv				
11 a	A An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	es a substantial part of it lete the Support Schedu	s support from a governme le in Part IV-A.)	ntal unit or	from the gene	eral public.				
11 t	11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
12	An organization that normally received from activities related to its charitabe from gross investment income and user organization after June 30, 1975. See	le, etc, functions — subjed Inrelated business taxable	ct to certain exceptions, an e income (less section 511	d (2) no mo tax) from b	ore than 33-1/3 usinesses acq	% of its support				
13	An organization that is not controlled requirements of section 509(a)(3). C	d by any disqualified pers heck the box that describ	ons (other than foundation les the type of supporting o	managers) organization	and otherwise	e meets the				
	Type I Type II		nally Integrated bout the supported organia	Type III		<u> </u>				
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the si organizati the sup organi gove	d) upported on listed in opporting zation's erning nents?	(e) Amount of support				
				Yes	No					
		<u></u>								
	W. W									
Tota	l				▶					
	An organization organized and opera	ated to test for public coff	aty Section 500(a)(A) (Sec	netruction	ie)					
HAA		ated to test for public sale	ory, occurri 503(a)(4). (56)			990 or 990-EZ) 200				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note	: You may use the worksheet in the	ne instructions for con	verting from the acci	rual to the cash meth	od of accounting.	,
begi	ndar year (or fiscal year nning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,534,033.	3,012,754.	2,650,957.	2,780,542.	14,978,286
16	Membership fees received					
	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	530,726.	606,269.	636,952.	609,780.	2,383,727
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	23,573.	19,710.	12,823.	15,372.	71,478
19	Net income from unrelated business activities not included in line 18					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	1,703,490.	1,809,331.	1,584,284.	2,644,694.	7,741,799.
	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 See L-22. Stmt	12,232.	2,592.	7,426.	33,785.	56,035
23	Total of lines 15 through 22	8,804,054.	5,450,656.	4,892,442.	6,084,173.	25,231,325.
24	Line 23 minus line 17	8,273,328.	4,844,387.	4,255,490.	5,474,393.	22,847,598
25	Enter 1% of line 23	88,041.	54,507.	48,924.	60,842.	
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in c	olumn (e), line 24	▶ 26a	456,952
b	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	ar 2003 through 2006 exceed	ded the amount shown in li	ine 26a Do not file this lis	with your	
c	: Total support for section 509(a)(1) test: Enter line 24,	column (e)		▶ 26c	22,847,598
	Add: Amounts from column (e) fo	r lines: 18	71,478. 56,035.	19 26b	► 26d	
	Public support (line 26c minus lin			• • • • • • • • • • • • • • • • • • • •		22,720,085.
	Public support percentage (line 2		ed by line 26c (deno	minator))	► 26f	99.44 %
	Organizations described on line For amounts included in lines 15, name of, and total amounts recei such amounts for each year:	16, and 17 that were ved in each year from	n, each 'disqualified p	person.' Do not file th	is list with your retur	n. Enter the sum of
	(2006)	(2005)	(2004)		_ (2003)	
	For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organized After computing the difference be differences (the excess amounts)	t received for each ye zations described in li tween the amount rec	ar, that was more the nes 5 through 11b, a ceived and the larger	an the larger of (1) the second of the s	e amount on line 25 Do not file this list (1) or (2), enter the s	for the year or (2) with your return. sum of these
	(2006)	(2005)	(2004)		_ (2003)	·
c	: Add: Amounts from column (e) fo	r lines: 15		16		
	(2006) : Add: Amounts from column (e) for 17 I Add: Line 27a total	20		21	► 27 c	
d	Add: Line 27a total	an an	d line 27b total	,	27d	
•	T abile support (into 2) o total milit	as into Era totaly				
f	Total support for section 509(a)(2	test: Enter amount	rrom line 23, column	(e) ► <u>27f</u>	<u> </u>	-
_	Public support percentage (line 2		_	• • • • • • • • • • • • • • • • • • • •		% %
	Investment income percentage (I			· · · · · · · · · · · · · · · · · · ·		
40	Unusual Grants: For an organiza list for your records to show, for enature of the grant. Do not file the	each vear, the name of	of the contributor, the	date and amount of	the grant, and a brie	f description of the

ar	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	. 31		+
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
		100000000000000000000000000000000000000		
		. 44		
20	Does the organization maintain the following:	-		
	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 =		
	b Records indicating the racial composition of the student body, faculty, and administrative starts	- Ja- a		
t	nondiscriminatory basis?	. 32b		
c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?			
•	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	a Students' rights or privileges?	. 33a		
t	b Admissions policies?	. 33b		
c	c Employment of faculty or administrative staff?	. 33c		
c	d Scholarships or other financial assistance?	. 33d		
€	e Educational policies?	33e		
f	f Use of facilities?	. 33f		
ç	g Athletic programs?	. 33g		
ŀ	h Other extracurricular activities?	. 33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
		-		
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		
t	b Has the organization's right to such aid ever been revoked or suspended?	. 34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35 	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	. 35		

	(To be complet	ed ONLY by an eligible	organization that filed	Form 5768)					N/A
Che	ck ► a if the organi	zation belongs to an af	filiated group. Check	. ► b ∏ if y	ou checke	d ' a' and	'limited	cont	rol' provisions apply.
		imits on Lobbying n 'expenditures' means	-	ed.)		Affiliati	(a) ed groυ tals	ıp	(b) To be completed for all electing organizations
36	Total lobbying expendit	ures to influence public	opinion (grassroots lol	obying)	36				
37	Total lobbying expendit	_		-					
38	Total lobbying expendit								
39	Other exempt purpose								
40	Total exempt purpose e				40				
41	Lobbying nontaxable ar		_						
	If the amount on line 4		lobbying nontaxable a						
	Not over \$500,000 Over \$500,000 but not over \$1			1					
	Over \$1,000,000 but not over \$				- 41				
	Over \$1,500,000 but not over \$				41		4		
	Over \$17,000,000								
42	Grassroots nontaxable		•		42				
43			-						12 720 300400
44	Subtract line 41 from lin	ne 38. Enter -0- if line 4	I is more than line 38		44				
	Caution: If there is an a	amount on either line 4	3 or line 44, you must t	ile Form 4720					
	(6	4 -Year	Averaging Period	Under Sect	ion 501(1)	r.		
	(Some orga	nizations that made a s	ee the instructions for li	nes 45 throug	complete h 50.)	all of the	five co	lumns	s below.
			Lobbying Expen	ditures Durin	g 4 -Year A	veraging	Period	l	
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	;		(d) 004		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount		Talah an an an						
49	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures								ı
Par	Lobbying A	ctivity by Nonelect only by organizations the	ing Public Charitie	S t VI.Δ) (See i	nstructions				
	ng the year, did the organ npt to influence public op					ng any	Yes	No	Amount
	Volunteers						X		
	Paid staff or manageme				. ,		X		
	Media advertisements.		· · · · · · · · · · · · · · · · · · ·					X	
	Mailings to members, le Publications, or publish	•						X	
	Grants to other organizations							x	
	Direct contact with legis							•	1,000
_	Rallies, demonstrations	· -		_	-			X	1,000
	Total lobbying expendit			-					1,000
	If 'Yes' to any of the ab	-					es. Se e	Pa	
BAA									m 990 or 990-F7) 20

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2007

OMB No. 1545-0047

Name of organization		Employer identification number	
Nashville Public Television, Inc. 62-174092			
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a	a private foundation	
	501(c)(3) taxable private foundation		
Check if your organization is covered by the boxes for both the General Rule and a Sp.	ne General Rule or a Special Rule . (Note: <i>Only a section 50</i> ecial Rule — see instructions.)	1(c)(7), (8), or (10) organization can che	
General Rule — For organizations filing Form 990, 990 contributor. (Complete Parts I and II.)	-EZ, or 990-PF that received, during the year, \$5,000 or mor	e (in money or property) from any one	
Special Rules –			
For a section 501(c)(3) organization fil 509(a)(1)/170(b)(1)(A)(vi) and received amount on line 1 of these forms. (Com	ing Form 990, or Form 990-EZ, that met the 33-1/3% suppord from any one contributor, during the year, a contribution of aplete Parts I and II.)	rt test of the regulations under sections f the greater of \$5,000 or 2% of the	
aggregate contributions or bequests of	ganization filing Form 990, or Form 990-EZ, that received fro f more than \$1,000 for use <i>exclusively</i> for religious, charitabl to children or animals. (Complete Parts I, II, and III.)	om any one contributor, during the year, le, scientific, literary, or educational	
For a section 501(c)(7), (8), or (10) or	ganization filing Form 990, or Form 990-EZ, that received fro	om any one contributor, during the year,	
\$1,000. (If this box is checked, enter h	for religious, charitable, etc, purposes, but these contributionere the total contributions that were received during the yeathe Parts unless the General Rule applies to this organizatio	ar for an <i>exclusively</i> religious, charitable,	
religious, charitable, etc, contributions	of \$5,000 or more during the year.).	> \$	
Caution: Organizations that are not covered 990-PF) but they must check the box in the not meet the filing requirements of Scheduler	ed by the General Rule and/or the Special Rules do not file S ne heading of their Form 990, Form 990-EZ, or on line 2 of th ule B (Form 990, 990-EZ, or 990-PF).	Schedule B (Form 990, 990-EZ, or neir Form 990-PF, to certify that they do	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (200

Compensation of Current Officers, Directors, Key Employees, Etc.

Name as Shown on Return	Employer Identification No.
Nashville Public Television, Inc.	62-1740928

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Ben R. Rechter		0.			
Richard F. Warren		0.			
T. Scott Fillebrown, Jr		0.			
Kathleen E. Harkey		0.			
See Compensation					
Total Compensation					
Received		280,148.		280,148.	

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Ben R. Rechter Richard F. Warren T. Scott Fillebrown, Jr Kathleen E. Harkey See Employee Benefit Plans 8	Defe	0. 0. 0. 0. rred Compensation	on Plans		
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		26,618.		26,618.	

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Ben R. Rechter Richard F. Warren T. Scott Fillebrown, Jr Kathleen E. Harkey See Expense Account and Oth	ner All	0. 0. 0. 0. pwances			
Total Expense Account and Other Allowances Total to Part II, Line 25a ▶		306,766.		306,766.	

Nashville Public Television, I	nc.	62-174	0928					
Form 990, Page 1, Line 7 Other Investment Income St	atement							
Other investment income (de Loss/Gain on Endowme PBS NDI LLC K-1 Inco	nt	ne	2,07					
Total		_	-4,37	11.				
Form 990, Page 2, Part II, Lie Other Expenses Stmt	ne 43							,
Other expenses not covered above (itemize):	Tot	-	(B) Progra servic	am	(0 Manag and ge	ement		(D) draising
Film & Processing Prod Serv & Captioning Copier Services Advertising Association Dues PR & Hospitality Interconnect - Internet	56 56 41 41	79. , 906. , 580. , 651. , 289. , 775.	55, 37,	79. 906. 0. 651. 381. 442. 789.	3	0. 0. 5,580. 0. 8,574. 1,376.		0. 0. 0. 1,000. 334. 6,957.
CC, Bank, Payroll Fees Software Support Award Entry Fees CC Late Fees	75 40 2	,694. ,396. ,104. 0.	3,	200. 861. 104.		5,197. 554. 0. 0.		19,297. 35,981. 0.
Insurance Other Expenses Freelance/Consultants Audience Research Air Time - Chatt Cable	22 116 63	,595. ,674. ,260. ,783. 150.	12, 44, 63,	315. 117. 381. 783.	10	0,280. 3,330. 0,172. 0.	6	0. 2,227. 51,707. 0.
Non-capital Equipment Maint Sup & Exp Bad Debts	3	25,883. 23,015. 0. 13,536. 0.		3	2,693. 3,413. 3,536.		175. 0. 0.	
Total	582	,557.	298,	174.	126	,705.	15	57,678.
Form 990, Page 5, Part V-A List of Officers, Directors, Tr	ustees, &	Key Em	oloyees Sta	itement				
(A) Name and address		Titl averag per wee	(B) e and ge hours ek devoted osition	Compe (if no	c) ensation ot paid, er -0-)	Contrib to emp benefit and de comper	outions ployee plans ferred	(E) Expense account and other allowances
Business Person . Damien Creavin One Century Place Nashville TN Business X Person . Rev.V.H. "Sonnye" Dixe 1107 Chapel Avenue Nashville TN	37214 on, Jr.	Dir	.00		0.		0.	0.

Continued

2

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(A) (B) (C) (D) (E) Name and address Title and Contributions Compensation Expense average hours (if not paid, to employee account per week devoted enter -0-) benefit plans and other to position and deferred allowances compensation Business X Person Barbara G. Chazen Dir 3826 Bedford Avenue Nashville <u>TN</u> 37215 0.00 0. 0. 0. Business Person Todd Bottorff 200 4th Avenue North 0. Nashville TN 37219 0.00 0. 0. Business X Person Anne Davis 3420 Hampton Avenue Dir Nashville 0.00 0. TN 37215 0. 0. Business X Person Arthur J Rebrovick Jr 95 White Bridge Road Dir Nashville 0.00 0. 0. 0. TN 37205 Business X | Person Judy Turner 4415 Tyne Blvd. Dir Nashville TN 37215 0.00 0. 0. 0. Business Person X Thomas G Cigarran 701 Cool Springs Blvd. Dir Franklin TN 37067 0.00 0. 0. 0. Business X Person Howard Gentry 211 Commerce Street Dir Nashville 0. 0.00 0. 0. <u>TN</u> 37201 Business Person David Williams II 305 Kirkland Hall Dir 0.00 0. 0. Nashville TN 37240 0. Business X | Person Elizabeth T. Curley 161 Rains Ave. Dir Pres CEO 0. Nashville 195,416. 19,193. TN 37203 40.00 Business X Person Charles Brumbelow 161 Rains Ave. Treasurer Nashville TN 37203 84,732. 7,425. 0. 40.00 Business X Person Michael Hollis 95 White Bridge Road Dir Interin TN 37205 Nashville 0.00 0. 0. 0. Business X Person Debby Dale Mason 211 Commerce Street 0. 0. Nashville TN 37201 0.00 0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Directors, Trustees, & Key Employees Statement

(B)	(C)	(D)	(E)
Title and	Compensation	Contributions	Expense
1	, , , , , , , , , , , , , , , , , , ,		account
1 '	enter -0-)	•	and other
to position			allowances
		compensation	
Dir			
0.00	0.	0.	0.
	_		
0.00	0.	<u> </u>	0.
	_	•	
0.00		<u> </u>	0.
Dir			
	0	0	0.
			<u>.</u>
Dir.			
0.00	0.	0.	0.
	Title and average hours per week devoted to position Dir	Title and average hours per week devoted to position Dir	Title and average hours per week devoted to position Dir

Form 990. Part	VI, Page	7, Line	90a
States Filed In			

Tennessee

Form 990, Page 8, Part VII, Line 93 Program Service Revenue Stmt

	l -	Inrelated ness income	1	xcluded by 512, 513, or 514	
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	(E) Related or exempt function income
Program service revenue:					
Pledge event etc Outreach Part					1,500. 84,928.
Production Services Royalties Video, TL					297,677. 79,122.
Cable Royalties Promotion Services					24,484. 25,996.

Foirm 990, Part II. Line 25a

Compensation

Compensation

Name Charles W. Cook, Jr Damien Creavin Rev.v.H. "Sonnye" Dixon, Jr. Barbara G. Chazen Todd Bottorff Anne Davis Arthur J Rebrovick Jr Judy Turner Thomas G Cigarran Howard Gentry David Williams II Elizabeth T. Curley Charles Brumbelow Michael Hollis Debby Dale Mason Peggy Warner Byron Trauger Susannah Brown Scott-Barnes Chervl W Mason Charles W. Cook, Jr Total Program Services O. Management and general Fundraising O. D. Do. Management and general Fundraising Compensation								
Damien Creavin	Name	ifa	1 ' '	Program	Management			
Ken Bissell 0.	Damien Creavin Rev.V.H. "Sonnye" Dixon, Jr. Barbara G. Chazen Todd Bottorff Anne Davis Arthur J Rebrovick Jr Judy Turner Thomas G Cigarran Howard Gentry David Williams II Elizabeth T. Curley Charles Brumbelow Michael Hollis Debby Dale Mason Peggy Warner Byron Trauger Susannah Brown Scott-Barnes Cheryl W Mason		0. 0. 0. 0. 0. 0. 0. 0. 195,416. 84,732. 0. 0. 0.					

Total

280,148.

280,148.

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Charles W. Cook, Jr		0.			
Damien Creavin		0.			
Rev.V.H. "Sonnye" Dixon, Jr.		0.			
Barbara G. Chazen		0.			
Todd Bottorff		0.			
Anne Davis		0.			
Arthur J Rebrovick Jr		0.			
Judy Turner		0.			
Thomas G Cigarran		0.			
Howard Gentry		0.			
David Williams II		0.			
Elizabeth T. Curley		19,193.		19,193.	
Charles Brumbelow		7,425.		7,425.	
Michael Hollis		0.			
Debby Dale Mason		0.			
Peggy Warner		0.			
Byron Trauger		0.			
Susannah Brown Scott-Barnes		0.			

Form 990, Part II, Line 25a

mnlovee	Renefit	Plans &	Deferred	Compensation	Plan
IIIDIOVEE	Deneni	rialis ox	Delelleu	CUIIIDEIISauuii	ган

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(,)	ntı	n	ued
\sim	1111	111	ucu

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Cheryl W Mason Ken Bissell		0.			

Total

26,618.

26,618.

Form 990, Part II. Line 25a

Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Charles W. Cook, Jr Damien Creavin Rev.V.H. "Sonnye" Dixon, Jr. Barbara G. Chazen		0. 0. 0.			
Todd Bottorff Anne Davis Arthur J Rebrovick Jr Judy Turner		0. 0. 0.			
Thomas G Cigarran Howard Gentry David Williams II Elizabeth T. Curley		0. 0. 0.			
Charles Brumbelow Michael Hollis Debby Dale Mason		0.			
Peggy Warner Byron Trauger Susannah Brown Scott-Barnes Cheryl W Mason		0. 0. 0.			
Ken Bissell		0.			

Total

0.

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
Certificate of Deposit - Union Planters Certificate of Deposit - AmSouth	Cost	342,477. 500,000.	352,720.

Total

842,477.

352,720.

Form 990, Page 4, Part IV, Line 56 Investments - Other Statement

Description	Cost or FMV	Beginning of Year	End of Year
Limited Partnership	FMV	55,596.	61,096.
Community Foundation Account	FMV	67,394.	69,465.
Beneficial Interest - Trust	FMV	57,004.	50,563.

Total <u>179,994.</u> <u>181,124.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	120,000.	0.	120,000.
Building & Improvements	2,315,758.	1,431,757.	884,001.
Editing Equipment	266,654.	227,811.	38,843.
Computer Systems	198,441.	171,438.	27,003.
Vehicles	61,367.	42,852.	18,515.
Furniture & Fixtures	211,172.	181,142.	30,030.
MCR/Broadcast Equipment	3,625,116.	2,115,221.	1,509,895.
Studio Production Equipment	1,278,770.	956,903.	321,867.
Field Production Equipment	149,733.	125,732.	24,001.
Art/Print Equipment	0.	0.	0.
Shop Equipment	835.	835.	0.
Monitors & VCRs	5,078.	1,969.	3,109.
Other "Fixed" Assets	0.	0.	0.
145000 Work in Process	959,151.	0.	959,151.

Total 9,192,075. 5,255,660. 3,936,415.

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Copyrights, Trademarks, Etc. (net of amortization)	13,899.	12,162.
Total	13,899.	12,162.

Schedule A, Part IV-A, Line 22

Other Income

Description	(a)	(b)	(c)	(d)	(e)
	2006	2005	2004	2003	Total
Other investment Other revenue	12,232.		7,426.	31,844. 1,941.	51,502. 1,941.

Schedule A, Part IV-A, Line 22

Other Income

Continued

Description	(a)	(b)	(c)	(d)	(e)
	2006	2005	2004	2003	Total
Total	12,232.		7,426.	33,785.	53,443.

Explanation Statement

Form/Line: Schedule A, Page 6, Part VI-B

Explanation of: Lobbying Activity by Nonelecting Public Charities

Nashville Public Television participates with the other Tennessee public television stations in production and other activities.

These stations receive a significant portion of their operating budgets from the State of Tennessee, and as a group employ a lobbyist or legislative consultant to speak on their behalf to the state legislature and governor. If that funding was to disappear or be greatly reduced, some stations might go out of business.

All the nation's public television stations receive significant amounts from the federal government through the Corporation for Public Broadcasting, as well as equipment grants from other agencies. Moreover, non-funding activities of the federal government can have significant impact on public broadcasting.

As a group, the stations employ an organization which provides broadcasters ongoing information on federal activities which might affect them and communicates to government officials the concerns of the public television stations.

Form 990 p 1/Line 1b

Description	Amount
Membership	2,086,022.
Major Gifts - Operating	299,905.
Miscellaneous	0.
Major Gifts - Capital Campaign net of PV	713,493.
Mark Campaign Pledges to present value	0.
Equipment Grant - Local Business	9,776.
Corporate Support - Underwriting	204,143.
Foundations less office rentals	268,912.
42012 Corp Membership	5,000.
42020 membershop challenge	2,000.
42010 Program Underwriting(from St colleges)	9,770.
42010 Program Underwriting(from private colleges)	16,500.
47700 Used car donations	6,366.
Total	3,621,887.

Supporting Statement of:

Form 990 p 1/Line 1c

Description	Amount
Corporation for Public Broadcasting	
Community Service Grant	809,511.
Metrocast Digital Research Grant	55,892.
Interconnection Grant	17,104.
69210 CPB DDF 10 Transmitter Revenue	151,461.
Total	1,033,968.

Supporting Statement of:

Form 990 p 1/Line 1d

Description	Amount
40210 State of Tennessee Operating	508,085.
69100 State of Tennessee Equipment Grant	476,902.
69060 Federal - PTFP	325,441.
45610 Operations Support Services	100,000.
42010 Program Underwriting (from State)	114,125.
69100 Other Government Equipment Grant	5,985.

Total ____1,530,538.

Form 990 p 1/Line 1e - Cash

Description	Amount
Total of Line le	6,186,393.
Less non-cash amount	-321,451.

Total

5,864,942.

Supporting Statement of:

Form 990 p 1/Line le - Noncash

Description	Amount
Campaign Pledge Receivable net increase for FY 2008	321,451.
Total	321,451.

Supporting Statement of:

Form 990 p 2/Line 30 column (D)

Description	Amount
54160 Telemarketing	56,526.
54180 Answering Serice	37,354.
54220 DM Acquistion	70,635.
54240 DM Add Gift	56,173.
54260 DM Lapsed	54,398.
54280 DM Renewal	30,947.

Total 306,033.

Supporting Statement of:

Form 990 p 2/Line 31 column (C)

Description	Amount
54040 Auditing/Accounting	23,200.

Total

23,200.

Sch	Δ	990	n	4/Line	10
SCn.	Α.	330	ъ	4/Line	18-a

Description	Amount
Part I line 4 Interest	23,573.
Total	23,573.

Supporting Statement of:

Sch. A, 990 p 4/Line 20-a

Description	Amount
Part I line 1c indirect public support Part I line 1d Government contributions	1,016,580.
Total	1,703,490.

Supporting Statement of:

Sch. A, 990 p 4/Line 17-b

Description	Amount
Program Service Revenue	488,517.
Gross Rents	117,752.
	1

Total _____606,269.

Supporting Statement of:

Sch. A, 990 p 4/Line 17-c

Description	Amount
Program Service Revenues	592,460.
Gross Rents	44,492.

Total _____636,952.

Supporting Statement of:

Sch. A, 990 p 4/Line 17-d

Description	Amount		
Program Service Revenues	576,502.		
Gross Rents	33,278.		

Nashville Public Television, Inc. 62-1740928	33
Supporting Statement of:	Continued
Sch. A, 990 p 4/Line 17-d	
Description	Amount
Total	609,780.
Supporting Statement of:	
Sch. A, 990 p 7/Line 51d Column (b) Amt-1	·····
Description	Amount
2020 52360 TPTC fees	15,835.
Total	15,835.
Supporting Statement of:	
Sch. B-Part I (Non-Government Sources)/Contr	ibution amount-1
Description	Amount
Capital Campaign	200,000.
Total	200,000.
Supporting Statement of:	
Sch. B-Part I (Non-Government Sources)/Contr	ibution amount-2
Description	Amount
Capital Campaign	166,667.
Total	166,667.

Sch. B-Part I (Non-Government Sources)/Contribution amount-3

Description	Amount
Capital Campaign	200,000.
Total	200.000

Sch. B-Part I (Government Sources)/Contribution amount-1

Description	Amount
Community Service Grant	809,511.
Metrocast Digital Research Grant	55,892.
Iterconnection Grant	17,104.
69210 CPB DDF 10 Transmitter Revenue	151,461.

Supporting Statement of:

Sch. B-Part I (Government Sources)/Contribution amount-2

Description	Amount				
State of Tennessee Operating	508,085.				
Equipment Grant	476,902.				
Total	984 987				

Total 984,987.

Supporting Statement of:

Sch. B-Part I (Government Sources)/Contribution amount-3

Description	Amount
69060 Federal PTFP	325,441.
Total	325,441.

Supporting Statement of:

Other Notes, Loans Receivable & Invest/Line 54a End of Year-1

Description	Amount
160200 Union Planters CD	352,720.
Total	352,720.

Supporting Statement of:

Other Notes, Loans Receivable & Invest/Line 54a End of Year-2

Description	Amount		
160300 Amsouth CD	0.		

Continued

Supporting	Statement	of:
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Supporting	Statement of:
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Other	Notes.	Loans	Receivable &	Invest	/Line	54a	End	of	Year-2
0 01161	110000	21 0 0212	Wecct Ampte a	T11460C	/ # + * * *	J 14		\sim	1041-4

Description	Amount
Total	

Supporting Statement of:

Other Notes, Loans Receivable & Invest/Line 56 End of Year-1

Description	Amount
162100 CSRG Digital, LLP	61,096.
Total	61.096.

Supporting Statement of:

Other Notes, Loans Receivable & Invest/Line 56 End of Year-2

Description	Amount
160400 Investment with Community Foundation	69,465.
Total	69,465.

Supporting Statement of:

Other Notes, Loans Receivable & Invest/Line 56 End of Year-3

Description	Amount		
160410 William Warren Jenkins Charitable Trust	50,563.		
Total	50,563.		

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-2

181000 Accum. Dep. Building	1,302,593.
181200 Accum. Dep. Bldg Improve	123,914.
181500 Accum. Dep. Leasehold Improve	5,250.

Total 1,431,757.

T.and	Buildings	c.	Equipment/Lir	57	Cost /Other	Radid_3
Land,	Bulldings	œ	Eduioment/Lir	le 5/,	COST/Utner	Basis-3

Description	Amount
172000 Editing Equipment	266,654.
Total	266,654.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-3

Description	Amount
182000 Accum. Dep. Editing Equipment	227,811.
Total	227,811.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-4

Description	Amount
182500 Accum. Dep. Computer Systems	171,438.
Total	171,438.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-5

Description	Amount
173000 Vehicles	61,367.
Total	61,367.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-5

Description	Amount
183000 Accum. Dep. Vehicles	42,852.
Total	42.852.

Land.	Buildings	&	Equipment	/Line	57.	Cost/Other	Basis-6

Description	Amount
Furn & Fix	116,695.
Furn & Fix Also	94,477.
Total	211,172.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-6

Description	Amount
183500 Acumm. Dep. Furn. & Fix. 187000 Accu. Dep. Furn. & Fix Also	86,665. 94,477.
Total	181,142.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-7

Description	Amount
174000 MCR/Broadcast Equipment	3,625,116.
Total	3,625,116.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-7

Description		Amount
184000 Accum.	Dep. MCR/ Broadcast Equip.	2,115,221.
Total		2,115,221.

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-8

Description	Amount
174500 Studio Production Equipment	1,278,770.
Total	1,278,770.

1,969.

1,969.

Supporting Statement of:	
Land, Buildings & Equipment/Line 57, Accum Dep	r-8
Description	Amount
184500 Accum. Dep. Field Prod. Equipment	956,903.
Total	956,903.
Supporting Statement of:	
Land, Buildings & Equipment/Line 57, Cost/Othe	r Basis-9
Description	Amount
175000 Field Production Equipment	149,733.
Total	149,733.
Supporting Statement of: Land, Buildings & Equipment/Line 57, Accum Depr-9 Description Amount	
185000 Accum. Dep. Field Prod. Equipment	125,732.
Total	125,732.
Supporting Statement of: Land, Buildings & Equipment/Line 57, Accum Dep	
Description	Amount
186000 Accum. Dep. Workshop Equip.	835.
Total	835.
Supporting Statement of:	
Land, Buildings & Equipment/Line 57, Accum Depr-12	
Description	Amount

187500 Accum. Dep. Monitor/VCR Offices

Total

Land, Buildings & Equipment/Line 57, Cost/Other Basis-14

Description	Amount
145000 Work in Process	959,151.
Total	959,151.

Supporting Statement of:

Other Assets and Liabilities/Line 58 End of Year-1

Description	Amount
163000 Intangible Asset - Call Letters	26,061.
163900 Accum. Amort. Intangibles	-13,899.
Total	12,162.