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# **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

Department of the Treasury

inter	nai Heven	nue Service	The organization may have to use a copy of this return to satisfy state	reporting requi		inspection		
<u> </u>	For the	e 2012 cale	ndar year, or tax year beginning July 1 , 2012, and end	ing Ju	ne 30	, 20 12		
В	Check if	f applicable	C Name of organization PENCIL Foundation 2011		D Employe	er identification number		
	Address	s change	Doing Business As		58-1475675			
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telephone number			
	Initial ret	turn	421 Great Circle Road S	uite 100	615-242-3167			
$\overline{\Box}$	Termina	ited	City, town or post office, state, and ZIP code					
$\overline{\Box}$	Amende		Nashville, TN 37228		<b>G</b> Gross re	eceipts \$ 1,975,790		
$\overline{\Box}$			F Name and address of principal officer Connie Williams, Executive Director,	H(a) is this		for affiliates? Yes No		
_	тррпоис	don ponding	421 Great Circle Road, Suite 100, Nashville, TN 37228	E .		ncluded? Yes No		
_	Tay-eye	mpt status	✓ 501(c)(3)	<del></del>		list (see instructions)		
<u>'</u>	Website		w pencilfoundation.org		p exemption			
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	<del></del>	<del>`                                    </del>	of legal domicile TN		
_	art I	Summ	<del></del>	1902	IVI State	or legal dornione 114		
	1		<u> </u>					
	'		escribe the organization's mission or most significant activities: Our		nk commi	unity resources with		
ç		Nashville	Public Schools to help young people achieve academic success and pre	pare for life.		•••••		
Jan								
Activities & Governance		Chaoleth	a have North the agreement and decomposition and the analysis and decomposition and decompositions are decompositions.		050/ 05			
é	2		is box $\blacktriangleright$ if the organization discontinued its operations or disposed		1 - 1			
æ	3					44		
ies	4		of independent voting members of the governing body (Part VI, line 1)	o)	4	44		
₹	5		nber of individuals employed in calendar year 2012 (Part V, line 2a)		5	45		
Act	6		nber of volunteers (estimate if necessary)	• • •	. 6	9,692		
	7a		elated business revenue from Part VIII, column (C), line 12		7a	0		
	b	Net unre	ated business taxable income from Form 990-T, line 34	<del></del>	. 7b	0		
				Prior Y	ear	Current Year		
9	8	Contribu	1,598,562	1,638,357				
e E	9	-	service revenue (Part VIII, line 2g)	0	0			
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		20,354	17,697		
ш	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		123,295	257,285		
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,742,211	1,913,339		
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		o	0		
ý	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,326,572	1,321,408		
Expenses	16a	Profession	onal fundraising fees Part IX, column (A), line 11e)		0	0		
8	ы	Total-fun	draisinb,expenses (Part IX, column (D), line 25) ▶					
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		419,419	517,684		
	18	Total exp	penses. Add lines 13217 (must equal Part IX, column (A), line 25)		1,745,982	1,839,092		
	19	Bevenue	les experises. Subject line 18 from line 12		(3,771)	74,247		
-	3	80	<u> </u>	Beginning of C		End of Year		
Net Assets or	20	Total ass	ets (Part X, line T6)		1,390,639	1,272,885		
ASS	21	Tota Liet	ultues (Part X, fine 26)		248,988	56,987		
불	22	Net asse	ts or fund balances. Subtract line 21 from line 20		1,141,651	1,215,898		
	art II		ture Block					
			iry, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of r	my knowledge and belief, it is		
tn	ie, correc	ct, and comp	lete Declaration of prepare (other than officer) is based on all information of which prepare	rer has any knov	ledge			
	-				11211	2013		
Sig	an	Ran	ature of officer		ate	<u> </u>		
Here Lawa Ross, Finance Director					, ,			
	· - <del>-</del>	Type	e or print name and title		•			
_		<del></del>	pe preparer's name Preparer's signature	Date	10:	PTIN		
	aid				Check self-em			
	epare							
U	se On				m's EIN ▶			
NA-	ny the II		e this return with the preparer shown above? (see instructions)	Ph	one no	□ Ves □ No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

	0 (2012	·	Page Z
Part	Ш	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response to any question in this Part III	<u>. 🛚</u>
1		fly describe the organization's mission:	
		mission is to link community resources with Nashville Public Schools to help young people achieve academic success and	
	prep	are for life.	
2	Did t	the organization undertake any significant program services during the year which were not listed on the	
-		r Form 990 or 990-EZ?	7 No
		es," describe these new services on Schedule O.	_ 140
3		the organization cease conducting, or make significant changes in how it conducts, any program	
_	servi	ices?	7 No
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as measure	red by
	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 5	others,
		total expenses, and revenue, if any, for each program service reported.	·
4a	(Cod	de: ) (Expenses \$ 519,330 including grants of \$ 0 ) (Revenue \$	)
		for Tennessee Graduates (JTG):	
		er Specialists licensed by the TN Department of Career and Technical Education served 329 students in five high schools in	 1
		-12. The goal of JTG is to motivate students to graduate and successfully transition to the workforce or post-secondary	
	educ	cation or training. Specialists also provided one-year of follow-up services to 421 students after they graduated.	
	The	afterschool Career Exploration Program is based on the middle school component of JTG and provided school-to-	
	care	er and dropout prevention services to 126 students in three middle schools. Students have the opportunity to participate in	n
	care	er-related field trips, teambuilding activities and a summer camp. Students also receive academic assistance and develop s	skills
	in lea	adership and civic affairs.	
	/= -		<del></del>
4b		de: ) (Expenses \$ 263,325 including grants of \$ 0 ) (Revenue \$	)
		nville After Zone Allıance (NAZA)	
		11, PENCIL was designated as the coordinating agency for the South Central Zone of Nashville After Zone Alliance. NAZA	
		inate transportation and financial barriers for students and families who want to participate in safe and structured afterscho	
		rams. NAZA had 285 students participating in the South Central Zone during 2011-12. By facilitating partnerships between	
		Anchor Partners and more than 15 enhancement partners, students received academic assistance, took part in service lea	rning
	proje	ects, stayed active with sports and fitness and accessed a variety of enrichment opportunities.	
		•••••••••••••••••••••••••••••••••••••••	
		•	
			•••
4c	(Cod	de: ) (Expenses \$ 217,811 including grants of \$ 0 ) (Revenue \$	)
	PEN	CIL Partners	
	PEN	CIL now coordinates 768 community partnerships with 153 Metro Nashville Public Schools across the district. Each partner	rship,
	whic	h includes businesses, organizations, universities, and faith-based communities who partner with one or more Metro school	ols to
	joint	ly develop and implement a partnership plan to match the business's interest and resources to the needs of students.	
	Otha	or program convices (Describe in Schedule O.)	
4d		er program services (Describe in Schedule O.) enses \$ 601,559 including grants of \$ 0 ) (Revenue \$ )	
4e		al program service expenses ► 1,602,025	
		1,002,025	

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			/
	Part III	_5		Ľ
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		<b>✓</b>
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>✓</b>
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<b>✓</b>
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<del>- 10</del>		<del>                                     </del>
	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		-	
	complete Schedule D, Part VI	11a		<b>✓</b>
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			<u> </u>
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		/	
_	Schedule D, Parts XI and XII	12a	Ļ.	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	40.		✓
4.5		12b	<u> </u>	<del>                                     </del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	144	<del> </del>	<del>  •</del>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	<del>                                     </del>		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>/</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	

Part	Checklist of Required Schedules (continued)			
21	Did the example to report more than \$5,000 of exerts and other assistance to any appearance or example to a		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b> </b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>·</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓_	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>✓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	<b>✓</b>
			000	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>	·	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 45	]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	İ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,
	account)?	4a		<b>/</b>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	İ _		١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ŀ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	l _		
		7a	<b>✓</b>	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓_	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		ļ	,
	·	7c		-
d e	If "Yes," indicate the number of Forms 8282 filed during the year	70	-	,
_	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		/
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>-</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>  '''</del> -		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1	ļ	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	]		
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	
Section	on A. Governing Body and Management	• •	<u> </u>	<u> </u>
<del>ocom</del>	The develoining body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	<b>√</b>
6 7a	Did the organization have members or stockholders?	6 7a		<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ı
а	The governing body?	8a	✓	
þ	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>✓</b>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14	<b>*</b>	
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			_
Sacti	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed   Tennessee  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website. ☑ Another's website. ☑ Upon request. ☐ Other (explain in Schedule O)			.,
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	finte	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Laura Ross, 421 Great Circle Road, Suite 100, Nashville, TN 37228	of the	•	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization componented any ourrent officer, director, or trustee

Check this box if neither the organization no	r any relate	d orga	anız	atıc	n c	ompe	ensa	ited any curren	t officer, director	r, or trustee.
				((	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	9.5	5	Q	Ž	٩Ŧ	77	from the	related	other
	related	육호	Stit	Officer	y e	콩	Former	organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	양교	ition	٦	팔	st c	۳ ا	(W-2/1099-MISC)		organization
	below dotted line)	ੋ ਛੋਂ	lal ti	ŀ	Key employee	퓕				and related organizations
		Individual trustee or director	Institutional trustee	•	, œ	ens				Organizations
			8			Highest compensated employee				
(1) Connie Williams								-		
Executive Director	40+			✓				116,162		
(2) John Gauder	ļ									
Board Chairman	3	✓								·
(3) Denine Torr	ļ									
Vice-Chairman	2	✓			<u> </u>		L_			
(4) Kathy Nevill										
Treasurer	2	✓					<u> </u>		_	
(5) Brian Abrahamson	11	1								
(6) Scott Becker	1				<del></del>		<del>                                     </del>			
<u> </u>	†i	1								
(7) Camilla P. Benbow	1									
		✓								
(8) Beth Brill	1									<del></del> -
		✓								
(9) Don Caldwell	1									
		✓						<u> </u>		
(10) Mary Cohn	11									<del></del>
		✓		L						
(11) Bill Collier	1									
	ļ <u>.</u>	✓		_						
(12) Robert M Cook	11	ļ								
	ļ	✓	lacksquare							
(13) Elveta Cooper	11									
	ļ	✓		<u> </u>	_					
(14) Beth Curley	11			İ						
		I ✓	ı	l	l	l	1	1	l	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C)													
	(A) (B) Position (do not check more than on-				ne	(D)	(E)	(E)		F)				
	Name and title	Average		ox, unless person is both					Reportable	Reportable			nated	
		hours per week (list any	office	r and	dad	rect	or/trust	<u> </u>	compensation from	compensation t related	from		unt of her	
		hours for	욾	l Is	皇	χ <sub>e</sub>	ᆲ	For	the	organization	s	compe		n
		related	Individual trustee or director	<b>1</b>	Officer	Key employee	Pes	Former	organization	(W-2/1099-MI		fron	n the	
		organizations below dotted	용교	١١٥	•	nplc	/e c		(W-2/1099-MISC)		1		ızatıor elated	
		line)	, ţ	<u>B</u>		уее	ğ					organi		
			é	Institutional trustee			Highest compensated employee	l						
				l e			Ē							
(15) Tif	fany Curtis	1												
			✓					l			1			
(16) Ka	rl F. Dean	1												
			✓											
(17) Jo	hn Doerge	1												
			✓											
(18) Br	yan Fastenau	1												
2	<b>4</b>		✓											
(19) Ro	bert C. Fisher	1												
22			✓											
(20) Ro	ıbın Fothergill	1												
2	<del></del>		1						1	1				
(21) Br	ıan Geraghty	1												
2			✓			l								
(22) Je	ff Gregg	1												
32.			✓											
(23) Marc Hill		1												
311131111			1											
(24) Cł	nris R. Johnson	1												
32.5			1								1			
(25) Mi	chael Lomax	1											-	
*********			1				ĺ				i			
1b	Sub-total			•	•			▶	116,162					
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0			•		
d	Total (add lines 1b and 1c)							▶	116,162					
2	Total number of individuals (including but						above	=) w	ho received m	ore than \$10	0,000 c	of		
	reportable compensation from the organi													
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, o	or tr	ruste	ee,	key e	emp	oloyee, or high	est comper	sated			
	employee on line 1a? If "Yes," complete s	Schedule J	for s	uch	ındı	ıvıdı	ual					3		✓
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	and other comp	ensation fro	m the			ļ
	organization and related organizations	greater th	an \$	150,	,000	? 1	f "Ye	s,"	complete Sch	edule J for	such			i
	ındıvıdual											4		✓
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsa	tıon	fro	m any	/ un	related organia	ation or indi	vidual			
	for services rendered to the organization	? If "Yes," c	comp	lete	Sch	nedi	ule J i	for s	such person			5	_	<b>✓</b>
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than	\$100,0	000 of		
	compensation from the organization. Rep	ort compe	nsati	on fo	or th	ne c	alenc	lar y	year ending wit	h or within t	he orga	nızatıc	n's t	ax
	year.													
	(A)								(B)			(C)		
	Name and business add	Iress							Description of s	ervices	C	ompens	ation	
N/A														
-		-						1	<del></del>					
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limit	ted to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compens								0	•				

Part	VIII	Statement of Revenue					
 		Check if Schedule O contains a re	esponse to any quest	(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	1a 92,739			·	
Contributions, Gifts, Grants and Other Similar Amounts	b	· · · · · · · · · · · · · · · · · · ·	1b 0				
ا ق ت	c		1c 0				
ar A	d	- F	1d 0				ı
S,E	е		1e 684,200	ľ			
rsi	f	All other contributions, gifts, grants,					,
the but		and similar amounts not included above	1f 861,418	İ			
d d	g	Noncash contributions included in lines 1a-1	f\$				1
<u>ခ</u> င	h	Total. Add lines 1a-1f	▶	1,638,357			
ıue			Business Code				
эvе	2a						
e R	b						
vic	С						
Se	d						
Ē	е						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a–2f					<u> </u>
	3	Investment income (including of and other similar amounts)	_	47.007			47.007
		Income from investment of tax-exem		17,697			17,697
	4 5	<b>_</b>					
	"	(i) Real		*	. /		,
	6a	Gross rents					1
	ь	Less rental expenses		,	۵	<i>'</i> ,	`
	c	Rental income or (loss)			l		
	d	Net rental income or (loss) .	▶		or and a resource and a self-decision of	and the same of th	
	7a	Gross amount from sales of (i) Securities	s (ii) Other				_
		assets other than inventory		1	,	**	
	b	Less: cost or other basis		i			
		and sales expenses .		·	«· •		
	С	Gain or (loss) .			or a companion regulated bracket from the		
	d	Net gain or (loss)	<u> •  </u>				
enne	8a	Gross income from fundraising events (not including \$			*		
Other Reve		of contributions reported on line 1c See Part IV, line 18	1				
¥	ь	Less: direct expenses	b 62,451				
0	С	Net income or (loss) from fundrais		170,641			170,641
	9a	Gross income from gaming activities See Part IV, line 19			:		**************************************
		Less: direct expenses				i	
		Net income or (loss) from gaming					
	10a	Gross sales of inventory, le	1				
		returns and allowances	~ <u></u>				
	Ь	Less: cost of goods sold					
	С	Net income or (loss) from sales o					
	1	Miscellaneous Revenue	Business Code		<del>-</del>	-	
	11a	Fiscal Services		55,000	55,000		
	b	Sublease of office space	532000	31,644			31,644
	d	All other revenue					
	e	Total. Add lines 11a-11d		86,644			
	12	Total revenue See instructions		4 042 220	EE 000		210.002

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			•	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	120.004	00.000	32,005	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	126,984	88,889	38,095	
7 8	Other salaries and wages	943,925	842,003	55,183	46,739
_	section 401(k) and 403(b) employer contributions)	26,837	21,148	3,819	1,870
9	Other employee benefits	145,724	119,930	21,609	4,185
10 11	Payroll taxes	77,938	66,811	7,551	3,576
''	Management				
b	Legal				
C	Accounting				
d	Lobbying		***		
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	21,804	21,207		597
13	Office expenses	72,252	60,173	11,384	695
14	Information technology	29,487	24,346	5,059	82
15	Royalties	50,101		5,000	
16	Occupancy	95,916	64,272	31,644	
17	Travel	32,726	32,328	93	305
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,349	2,349		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	11,950	11,950		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Program Activities (inc. after-school)	201,146	201,146		
b	Professional Services	50,054	45,472	4,582	
c		35,554	10,172	.,,,,,,	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,839,092	1,602,025	179,019	58,048
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . . . . . . (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . 435,812 335,987 2 Savings and temporary cash investments 2 819,316 836,867 3 3 Pledges and grants receivable, net . . . 127,588 94,141 4 Accounts receivable, net . . 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . ß Assets Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges 9 7,923 5,890 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b **b** Less accumulated depreciation . . . . 10c 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11. 13 14 Intangible assets . . . . . . . . . . . . . . . 14 15 15 Other assets See Part IV, line 11 . . . . . . . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . 1.390.639 16 1,272,885 Accounts payable and accrued expenses . . . . . 17 74,132 17 56,987 18 18 Grants payable . . . . . . . . 19 19 Tax-exempt bond liabilities . . . . . . . . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 174,856 26 Total liabilities. Add lines 17 through 25 26 248.988 56,987 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,105,651 27 1,09<u>4,276</u> Temporarily restricted net assets . . . . . . 28 36,000 28 121,622 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 1,141,651 1,215,898 34 Total liabilities and net assets/fund balances . . 34 1,390,639 1,272,885

Page	1	2

	30 (2012)				ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		. <u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,91	13,339
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,83	39,092
3	Revenue less expenses. Subtract line 2 from line 1	3		7	74,247
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,14	41,651
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,21	15,898
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_   ,		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n /		
	Schedule O			ŀ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			. ,	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account			<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	(plaın ı	n 📗		
	Schedule O.		٠		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		n	1	
	the Single Audit Act and OMB Circular A-133?			✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	✓	
			For	m 990	(2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB № 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number **PENCIL Foundation** 58-1475675 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . 11g(ı) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (III) Type of organization (iv) is the organization (vii) Amount of monetary (v) Did you notify (vi) Is the in col (i) listed in your the organization in organization (described on lines 1-9) organization in col support col (I) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) No Yes No (A) (B) (C) (D) (E)

**Total** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 🏻	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,627,787	1,605,697	1,684,168	1,598,562	1,638,357	8,154,571
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		7,000	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3	1,627,787	1,605,697	1,684,168	1,598,562	1,638,357	8,154,571
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).		:				
6				2.7.3		\$6.4, a	0
Section 5	Public support. Subtract line 5 from line 4 on B. Total Support					1.00 P 5	8,154,571
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	1,627,787	1,605,697	1,684,168	1,598,562	1,638,357	8,154,571
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,600	58,780	34,174	20,354		167,605
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	_	's first, secon	d, third, fourth	, or fifth tax yo	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her			· · · · ·	· · · · ·	<u> </u>	<u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6		•	1, column (f))		14	98 %
15	Public support percentage from 2011 Sch					15	99 %
16a	331/3% support test—2012. If the organization qual						
ь	331/3% support test—2011. If the organ	•	•	-			_
	check this box and <b>stop here.</b> The organi				· ·		
17a	10%-facts-and-circumstances test—20	-	•	-			
174	10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumsta	nces" test, che st The organiz	eck this box ar	nd <b>stop here.</b> E as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	ion meets the eets the	facts-and-ci and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and <b>st</b> in qualifies as a	op here.
18	Private foundation. If the organization die						F
10	instructions						

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number

PENC	L Foundation		·		58-1475675
Pai	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990,			unds or	Accounts. Complete if the
		(a) Donor advise			(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv	visors in writin	g that the assets	held in	donor advised
	funds are the organization's property, subject to the or	rganization's e	xclusive legal con	trol?	· · · · 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, and	donor advisors	s in writing that g	rant fund	s can be used
	only for charitable purposes and not for the benefit o	of the donor or	donor advisor, o	r for any	other purpose
	conferring impermissible private benefit?				· · · · · 🔲 Yes 🔲 No
Par	Conservation Easements. Complete if the	organization	answered "Yes	s" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	anization (chec	k all that apply).		
	☐ Preservation of land for public use (e.g., recreation	or education)	☐ Preservation	of an his	storically important land area
	☐ Protection of natural habitat		Preservation	of a cert	ified historic structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	a qualified cons	servation contribu	ition in th	e form of a conservation
	easement on the last day of the tax year				
					Held at the End of the Tax Yea
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
С	Number of conservation easements on a certified histo				2c
d	Number of conservation easements included in (c)	acquired after	8/17/06, and no	ot on a	
	historic structure listed in the National Register				2d
3	Number of conservation easements modified, transfer tax year ▶	red, released, o	extinguished, or to	erminated	d by the organization during the
4	Number of states where property subject to conservat	non easement i	s located ►		
5	Does the organization have a written policy regard				
	violations, and enforcement of the conservation easen	nents it holds?			Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enf	orcing conservati	on easem	nents during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcin	g conservation ea	asements	during the year
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d				
	(i) and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports con-				•
	balance sheet, and include, if applicable, the text of th		he organization's	financial	statements that describes the
	organization's accounting for conservation easements				
Par	Organizations Maintaining Collections o				r Similar Assets.
	Complete if the organization answered "Ye				
1a	If the organization elected, as permitted under SFAS		•		
	works of art, historical treasures, or other similar as				
	public service, provide, in Part XIII, the text of the footi				
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as public service, provide the following amounts relating	sets held for p	public exhibition,		
	(i) Revenues included in Form 990, Part VIII, line 1				• \$
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$
2	If the organization received or held works of art, his	storical treasur	es, or other simi	lar asset	s for financial gain, provide th
	following amounts required to be reported under SFAS	3 116 (ASC 958	B) relating to these	e items:	
а	Revenues included in Form 990, Part VIII, line 1 .				<b>&gt;</b> \$
b	Assets included in Form 990, Part X				<b>•</b> •

Page 2	
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Part	III Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and o	ther recor	ds, chec	k any of the	e follov	ving that are a si	gnificant use of its
а	☐ Public exhibition		d l	☐ Loan	or exchang	e progi	rams	
b	☐ Scholarly research		e	Other	r			
C	□ Preservation for future generations							
4	Provide a description of the organizat XIII	ion's collections	and expla	an how ti	hey further	the org	anızatıon's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							r □ Yes □ No
Part								
	line 9, or reported an amoun				,			
1a	Is the organization an agent, trustee, included on Form 990, Part X?		her interm			ions or	other assets no	t Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comp					T Ar	nount
_	Beginning balance					10	<b>-</b>	
c d	Additions during the year .					1d	+	
e	Distributions during the year .	•	•			1e	<del></del>	· · =
f	Ending balance					1f		
2a	Did the organization include an amour		Part X line	212				☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa					•		
Par								10.
		(a) Current year		or year			(d) Three years back	
1a	Beginning of year balance		·					<del> </del>
b	Contributions							
С	Net investment earnings, gains, and losses					-		
d	Grants or scholarships		<del> </del>					
e	Other expenditures for facilities and programs						<del> </del>	
f	Administrative expenses	<u> </u>						
g	End of year balance		<del> </del>				·	
2	Provide the estimated percentage of t	he current vear e	nd balanc	e (line 1d	z. column (a)	)) held a	as:	1
а	Board designated or quasi-endowmen	nt ▶	%	, ,	(-)	,,		
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2		00%					
За	Are there endowment funds not in the	e possession of t	the organi	zation tha	at are held a	and ad	ministered for the	e
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations		•					3a(ii)
b	If "Yes" to 3a(II), are the related organi							3b
4_	Describe in Part XIII the intended uses							
Part		1		1				
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements .			ļ				
d	Equipment							
e	Other			<u> </u>				
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form :	990, Part X	X, columr	n (B), line 10	(c))	🕨 📗	

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.
(;	Description of security or category     (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	ıl derivatives		
	held equity interests		
(3) Other			
(A)			•
(B)	••••••		
(C)			
(D)			
(E) (F)			
(G)			
(H)			
(I)			-
	(b) must equal Form 990, Part X, col. (B) line 12)		-
Part VIII	Investments—Program Related	1 See Form 990 Part Y	line 13
Tart VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(a) Description of investment type	(b) BOOK VAIGE	Cost or end-of-year market value
(1)			
(2)	<del></del>		
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		» Y ( **
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	
	(6	a) Description	(b) Book value
(1)			
(2)			
(3)			
_(4)			
_(5)			19-15
_(6)			
(8)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	
<u>(9)</u> (10)		<del></del>	
	ımn (b) must equal Form 990, Part X, c	ol (R) line 15.)	
Part X	Other Liabilities. See Form 990,		
1.	(a) Description of liability	(b) Book value	
(1) Federal	I income taxes		-
(2)			1
(3)			1
(4)			
(5)			1
(6)			
(7)			
(8)			1
(9)			
(10)			
(11)			
	(b) must equal Form 990, Part X, col (B) line 25 ) ▶		1
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the org	ganization's financial statements that reports the organization's
iiability for u	incertain tax positions under FIN 48 (ASC /	40). Uneck here if the text of	the footnote has been provided in Part XIII

raue 🖜	Pa	a	e	4
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Part	XI Reconciliation of Revenue per Audited Financial Statem	ents '	With Revenue per	Returr	<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	2,300,081
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	386,742		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d	-		2e	386,742
3	Subtract line 2e from line 1			3	1,913,339
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b	-		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,913,339
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	r Retu	ırn
1	Total expenses and losses per audited financial statements .			1	2,225,834
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a	386,742		
b	Prior year adjustments	2b		] ]	
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d		]	
е	Add lines 2a through 2d			2e	386,742
3	Subtract line 2e from line 1			3	1,839,092
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<b>\$</b> ,,	
b	Other (Describe in Part XIII )	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	e 18.)		5	1,839,092
	XIII Supplemental Information				
Part V inform		o. Also	complete this part to	provid	e any additional
	r market value of donations of school supplies to PENCIL Box, a free school s		center where teachers	obtain	scnool supplies
	<del>-</del>				
			- <b></b>		

#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

PENC	IL Foundation					58-	1475675
Part	Fundraising Activities.				vered "Yes" to f	orm 990, Part IV, I	ine 17
r al (	Form 990-EZ filers are n						
1	Indicate whether the organization	n raised funds t					
a	Mail solicitations		e L		on of non-govern		
b	Internet and email solicitation	ıs	T L		on of governmen	~	
C	Phone solicitations		g L	」Speciai i	fundraising event	5	
d	☐ In-person solicitations				d (	Casus durantous turis	tono
2a	Did the organization have a writ or key employees listed in Form						
	If "Yes," list the ten highest paid	•	-			_	
b	compensated at least \$5,000 by			uraisers) pi	ursuant to agreer	nents under willen ti	ie idiidiaisei is to be
	compensated at least \$6,000 by	the organization	11.				
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	T		<u> </u>	(v) Amount paid to	
	(i) Name and address of individual	(II) Activity		draiser have ir control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(,,		outions?	from activity	fundraiser listed in col (i)	organization
			Yes	No			
1				<del> </del>	1		
•							
2			<del></del>				-
3							
4							
5							
			ļ	ļ .	<u></u>		
6							
			<del> </del>				
7							
			<u> </u>				
8							
9			<del></del>				
3							
10	-						<del></del>
			•	·			
Total				▶			
3	List all states in which the orga	nization is regis	stered or lic	ensed to s	solicit contribution	ns or has been notifi	ed it is exempt from
	registration or licensing.						
						·····	
			<b></b>				
						•••••	
					·····		
					·		
						••••••	

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		gross receipts greater tha	(a) Event #1  Golf Tournament (event type)	(b) Event #2  Concert (event type)	(c) Other events  Luncheon (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less. Charitable contributions	63,835	148,457	20,800	233,092
	3	Gross income (line 1 minus line 2)	63,835	148,457	20,800	233,092
	4	Cash prizes				
	5	Noncash prizes .				. <del></del>
Direct Expenses	6	Rent/facility costs		8,621		8,621
t Exp	7	Food and beverages		13,183	6,750	19,933
Direc	8	Entertainment	8,000	0	0	8,000
	9	Other direct expenses .	10,470	8,209	7,688	25,897
Do	10 11 rt III	Direct expense summary. Ac Net income summary. Comb <b>Gaming.</b> Complete if the	ine line 3, column (d), a	nd line 10		( 62,451 ) 170,641
		than \$15,000 on Form 9			o, raitiv, iiie 19, 011	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>8</u>	1	Gross revenue .				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes		<del></del> -		
Direct	4	Rent/facility costs				
_	5	Other direct expenses		☐ Yes %	□ Ves %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes %	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7 .	•	
	a Is	nter the state(s) in which the or the organization licensed to o "No," explain:		in each of these states		. Yes No
10		ere any of the organization's g	jaming licenses revoked	l, suspended or termina	ated during the tax year	? . 🗌 Yes 🗌 No

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

### **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

**PENCIL Foundation** 

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

► See the Instructions for Form 990.

Employer identification number 58 1475675 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

							1	!	Estimated
Average hours per week					that ap		Reportable compensation	compensation compensation	
	ndividual trustee r director	stitutional trustee	fficer	ey employee	ighest compensated	ormer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
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# SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

20**12** 

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

**PENCIL Foundation** 58-1475675 Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art . . . . 2 Art—Historical treasures . . . Art-Fractional interests . . 3 Books and publications . . . 4 5 Clothing and household goods . . . . . 6 Cars and other vehicles Boats and planes . . . . 7 8 Intellectual property . . . . 9 Securities - Publicly traded . . 10 Securities - Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . Securities-Miscellaneous . 12 13 Qualified conservation contribution-Historic structures . . . 14 Qualified conservation contribution-Other 15 Real estate-Residential . . . 16 Real estate—Commercial . 17 Real estate—Other . . . . Collectibles . . . . . . . 18 Food inventory . . . . . . 19 20 Drugs and medical supplies . . Taxidermy . . . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . . 25 Other ► ( School Supplies ) 210 26 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PENCIL rec	eives donations of new school supplies or gently used office supplies to be distributed to teachers through our free school
supply cent	er. This year, approximately 210 businesses and individuals donated a wide variety of supplies for distribution throughout the
2011-12 sch	ool year. These supplies are then used in the classrooms and given to students who could not afford them otherwise
	······································

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**PENCIL Foundation** 

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

58-1475675

Math Partners - helps students strengthen basic math skills and concepts with a special emphasis on solving word problems. A total of 240
volunteers donated 5,800 hours of tutoring services to 725 students in 2011-12.
Reading Partners - the goal of Reading Partners is to increase the reading ability, comprehension and enjoyment of students in grades K-6
who score 'below proficient' in reading on the state's standardized tests. Trained volunteers and college work-study students served a total
of 1,628 students and donated over 10,235 hours of volunteer tutoring time. 92% of students improved by two or more reading levels.
LP PENCIL Box - gets supplies into the hands of children who need them through generous community donations. The free school supply
store provides basic school supplies and gently used office supplies to teachers for the students. During 2011-12, \$400,000 in school
supplies were distributed to classrooms across Nashville and 2,500 teachers visited the store.
St. Thomas Science Scholars - awarded placement to 35 sophomores who have an interest in science and healthcare professions. Students
participated in six Saturday sessions at St. Thomas Hospital, learning hands-on the various aspects of working in a healthcare environment
participated in six Saturday sessions at St. Homas rospital, learning flatus-on the various aspects of working in a fleatificate environment.
Financial Literacy & Homebuyer Education - PENCIL offers two programs that empower low to moderate income students and adults with
the ability to make informed financial decisions as part of the American dream. Ten volunteer facilitators were placed in five schools to lead
students in grades 10-12 through FDIC 'Money Smart' training. In addition, 72 low and moderate income adults participated in eight hours of
group training to earn the certification required for down-payment assistance programs as a first-time homebuyer
Family Resource Centers
PENCIL now operates five school-based centers to help connect families with resources throughout the city. Services include food,
clothing, assistance with utility bills; helping parents find employment, learn English or GED preparation Students can turn to the FRC for
assistance such as teen parenting classes and academic assistance.
College-Career Mentors - recruits adult volunteers to mentor small groups of 9th grade students about post-secondary options and future
careers. In 2011-12, 41 mentors donated 617 hours of volunteer time assisting 184 students.

Screeding O (10111 950 01 950-122) (2011)	rage Z
Name of the organization PENCIL Foundation	Employer identification number 58-1475675
Part VI, Line 11b	
PENCIL's form 990 is reviewed annually by members of PENCIL's Finance Committee, an active subco	mmittee of PENCIL's Board of
Directors and chaired by the board treasurer.	
Part VI, Line 15	
The annual performance review of the Executive Director is reviewed and evaluated each year by a cor	nbination of the current year's board
chair and the prior year's board chair. The salary is continuously evaluated by use of data provided by	
Management for similarly qualified persons serving in the Executive Director's role within nonprofit or	
of services.	
Part VI, Line 19	
A disclosure file that contains application for exemption and three years of 990 filings is maintained by	the Finance Director. Audited
financial statements are available upon request and is a matter of public record through GivingMatters	.com, the on-line non-profit website
housed by the Community Foundation of Middle Tennessee GivingMatters is also linked to Guide Sta	r.