Form 990-EZ

Short Form

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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

2008

OMB No 1545-1150

Department of the Treasury

Open to Public Inspection

Address change Name change Initial return Termination Amended return Application pending Address change Use IRS tabel or print or type. See Specific Instructions. Better Decisions Address change For Decisions Address change Set Instructions Better Decisions For Deci	yer ide	, 20 09 ntification number 1775155 umber					
Address change Name change Initial return Termination Application pending Address change Initial return Initial return P.O. Box 120754 P.O. Box 120754 City or town, state or country, and ZIP + 4 Nashville, TN 37212-0154 F Group Number and Street (or PO box, if mail is not delivered to street address) Room/suite E Telepton (615)							
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Application pending tions. Nashville, TN 37212-0154 Numb	Evem						
	er .						
▼ Securio Scricio provintations and Asertai i nonatembi chantable inists must attach U Accounting inc		Cash Accrual					
a completed Schedule A (Form 990 or 990-EZ). Other (specify)							
hottordooicione ora	ck ► ☐ If the organization is not ired to attach Schedule B (Form 990,						
J Organization type (check only one) —	-PF)						
not required, but if the organization chooses to file a return, be sure to file a complete return	Check ▶☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is						
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	37,3 <u>12.</u>					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruct	ons fo						
1 Contributions, gifts, grants, and similar amounts received	1	37,312.					
2 Program service revenue including government fees and contracts	2	0					
3 Membership dues and assessments	3	0					
4 Investment income	4	260.					
5a Gross amount from sale of assets other than inventory 5a 0							
b Less: cost or other basis and sales expenses							
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule).	5c	0					
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here							
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a 0							
reported on line 1)	, i						
b Less: direct expenses other than fundraising expenses 6b 0							
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0					
7a Gross sales of inventory less returns and allowances 7a 0	響き						
b Less: cost of goods sold	·à'						
Constitution of the state of th	7c	0					
8 Other revenue (describe ►)	8	0					
C Gross profit or (loss) from sales of inventory (Subfract line to from line (23)	9	37,572.					
10 Grants and similar amounts paid (attach schedule) $0.007.08.2009$	10	0					
11 Benefits paid to or for members	11	0					
12 Salaries, other compensation, and employee benefits	12	27,195.					
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance.	13	804.					
14 Occupancy, rent, utilities, and maintenance	14	2,985.					
15 Printing, publications, postage, and shipping.	15	271.					
16 Other expenses (describe ▶ program materials)	16	1,908.					
17 Total expenses. Add lines 10 through 16	17	33,163.					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,409.					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)							
end-of-year figure reported on prior year's return)	19	42,430.					
20 Other changes in net assets or fund balances (attach explanation)	20	0					
21 Net assets of fund balances at end of year. Combine lines to through 20	21	46,579.					
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 in							
(See the instructions for Part II.) (A) Beginning of y		(B) End of year					
22 Cash, savings, and investments	30. 22						
23 Land and buildings	/A 23						
	I/A 24						
24 Other assets (describe ►)	~~!						
24 Other assets (describe ►	30. 25						
24 Other assets (describe ►) 25 Total assets	/A 26	N/A					

r-om	n 990-EZ (2008)					Fage =
Pa	rt¹III Statement of Program Service Accom	plishments (See the instr	ructions for Part	III.)		Expenses
\A/b	at is the organization's primary exempt purpose? \underline{T}	eaching decision making		uired for 501(c)(3)		
Doc	scribe what was achieved in carrying out the organization	ation's exempt purposes In	and	(4) organizations 4947(a)(1) trusts;		
des	scribe what was achieved in carrying out the organization of the services provided, the number of persons bei	nefited or other relevant info		onal for others.)		
					 	
28	Community volunteers are trained to teach a stru	ictured curriculum that ru	ilis loi o weeks. I	innate		
	students are each paired with a volunteer. Inmate					
	their volunteer partner. The program serves 70-9	0 inmates a year at TN Pri	ison for Women (TPW).		
	(Grants \$ N/A) If this amount inclu	udes foreign grants, check	here	. 🕨 🗆	28a	24,900.
	None					
29						
			0			
	(Grants \$) If this amount incli	ides foreign grants, check	nere	<u>. ▶ □</u>	29a	
30	None					
	(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ 🗆	30a	0
31						
٠.	. •	udes foreign grants, check			31a	0
20	Total program service expenses (add lines 28a th				32	24,900.
_						
P	art IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
	(a) Namo and address	devoted to position	enter -0)	deferred compe	nsation	other allowances
Pe	ggy West	President - 4 hours				
	82 Dunkeld Ct., Franklin, TN 37069	riesident - 4 nours	0		0	0
_	onda Saarlata					
	Wyn Oak, Nashville, TN 37205	Treasurer - 2 hours	o		0	0
			· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	thy Masulis	Program Director - 25	40.070	۔ ا	220	0
21	06 19th Ave. S., Nashville, TN 37212	hrs	19,373.	•	,338.	<u> </u>
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<u>'</u>		
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			-,
	Did the organization file Form 1120-POL for this year?	37b	ļ	1
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	:	V
	If "Yes," complete Schedule L, Part II and enter the total amount involved		3 to 1	
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A	, , t	\$.	/
	Initiation fees and capital contributions included on line 9	1 ; 1	1	3
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	***		
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A	- ,		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40b		1
	L, Part I	400	-	•
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization ▶		° 4, -	2 4
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	λe	✓
41	List the states with which a copy of this return is filed. ▶ Tennessee			
42a	The books are in care of ▶ Rhonda Scarlata Located at ▶ 59 Wyn Oak, Nashville, TN ZIP + 4 ▶ 3	7205	92-28 -5000	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	140
	account)?	42D	2 2	<u> </u>
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			, ;
_	and Financial Accounts.	42c	<u></u>	-
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	ł	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•	•	₽
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	>4.n	1	1
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	~	1
		m 99	0-EZ	(2008)

Form 990-l	EZ (2008)						P	age 4
Part V	Section 501(c)(3) organizations only and complete the tables for lines 50 a		rganiz	ations mu	st answer quest	ons 46) 4 9	
46 Did	the organization engage in direct or indirect p		s on he	half of or in	opposition to		Yes	No
car	ididates for public office? If "Yes," complete S	chedule C. Part 1				46		√
	the organization engage in lobbying activities					47		1
	he organization operating a school as describe					48		✓_
	the organization make any transfers to an exe					49a		✓
	Yes," was the related organization(s) a section					49b		✓_
	mplete this table for the five highest compensate received more than \$100,000 of compensate					y emplo	yees)) who
(a	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) C	ompensation	(d) Contributions to employee benefit plans & deferred compensation	acco	Expension an allowan	d
None								
						-		
Total nur	mber of other employees paid over \$100,000 ▶		1					
51 Co	mplete this table for the five highest compensation from the organization. If there is no	ated independent contract	ors wh	o each rece	eived more than \$	100,000	of	
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Con	pensal	tion
None				-				
Total nu	mber of other independent contractors each re	eceiving over \$100,000 .	. ▶					
Sign	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declarate	ned this return, including accompion of preparer (other than office	panying s	chedules and ed on all inform	statements, and to the nation of which prepar	er has an	y know	vledge vledge
Here	Signature of officer Rhonda Scarlata, Treasurer			(Date			4
	Tune or prot name and title				_			

Preparer's Identifying Number (See instructions)

Check if self- employed ▶ □

EIN

Phone no. ▶ (

Date

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Paid Preparer's

Use Only

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number **Better Decisions** 775155 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 331/2 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 a 🗌 Type I **b** Type II e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) is the (described on lines 1-9 in col. (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes Yes No No Yes No

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Fart II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 Gifts, grants, contributions, and membership fees received. (Do not 30.802. 37,312. 172,929. 25,774. 42,384 36.657. include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the n organization without charge 172.929. 25,774. 42,384. 36,657. 30.802. 37.312. Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or 13 publicly supported organization) included on line 1 that exceeds 2% of the amount 20,000 shown on line 11, column (f) . 152,929 Public support. Subtract line 5 from line 4. - 3 Jan ě. Section B. Total Support (a) 2004 (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) > 36,657. 30,802. 37,312. 172,929. 25,774. 42,384. Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 260. 1,239. 185. 331 463 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or loss from the sale of capital assets 0 n 0 0 n 0 (Explain in Part IV.) Ą. 174.168. Total support. Add lines 7 through 10 . 0 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 88.7 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test -- 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33/6 % or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □